Missouri Long Term Care Facilities Directory

ABBEY SENIOR HEALTH		m		
206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit	No
O'FALLON	MO 63366-2299	Level of Care: SNF	Bed Capacity	55
Mailing Address 206 NORTH MAIN S		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number	27367
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit	NO
O'FALLON	MO 63366-	Level of Care: ALF**	Bed Capacity	10
Mailing Address 206 NORTH MAIN S		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5	Facility Number	27367
ABERDEEN HEIGHTS				
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	Yes
KIRKWOOD	MO 63122-5536	Level of Care: ICF	Bed Capacity	16
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number	27570
ABERDEEN HEIGHTS				
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care: ALF**	Bed Capacity	36
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number	27570
ABERDEEN HEIGHTS				
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care: SNF	Bed Capacity	38
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7 Medicare/Medicaid	Facility Number	27570
ABUNDANT ACRES CARE AND RE	ЕНАВ			
13277 STATE ROUTE D		Telephone (816) 324-5991	Alzheimer's Unit	NO
SAVANNAH	MO 64485-9431	Level of Care: SNF	Bed Capacity	88
Mailing Address 13277 STATE ROUT	TE D	County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-9431	Region 4 Medicare/Medicaid	Facility Number	07147
ADAIR VILLAGE				
1801 N GAINES DR		Telephone (660) 885-8196	Alzheimer's Unit	Yes
CLINTON	MO 64735-1127	Level of Care: SNF	Bed Capacity	120
Mailing Address 1801 N GAINES DR		County HENRY	DMH Licensed	No
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	Facility Number	08521
ADDINGTON PLACE OF LEE'S SU	MMIT			
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 PARE	KWAY	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number	28136

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

Wednesday, June 4, 2025 Page 1 of 139

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

ADDINGTON PLACE OF SHOAL C	REEK			
9601 NORTH TULLIS DR		Telephone (816) 407-9667	Alzheimer's Unit Ye	S
KANSAS CITY	MO 64157-7890	Level of Care: ALF**	Bed Capacity 83	8
Mailing Address 9601 NORTH TULLI	S DR	County CLAY	DMH Licensed No	o
KANSAS CITY	MO 64157-7890	Region 4	Facility Number 28129	9
ADVANCE ASSISTED LIVING				
252 PAYTON PLACE		Telephone (573) 722-5200	Alzheimer's Unit No	0
ADVANCE	MO 63730-7251	Level of Care: ALF	Bed Capacity 4	
Mailing Address PO BOX 790	WIO 03730-7231	County STODDARD	DMH Licensed No	
ADVANCE	MO 62720 0700	- · · · · ·		
ADVANCE	MO 63730-0790	Region 2	Facility Number 28420	5
ADVANCED CARE OF ST JOSEPH		Tolonhone (914) 244 4200	Alzheimer's Unit No	
3002 N 18TH ST	MO (4505 1972	Telephone (816) 364-4200		
SAINT JOSEPH	MO 64505-1872	Level of Care: SNF	Bed Capacity 180	
Mailing Address 3002 N 18TH ST	150 44505 4050	County BUCHANAN	DMH Licensed No	
SAINT JOSEPH	MO 64505-1872	Region 4 Medicare/Medicaid	Facility Number 08000	0
A E CARC THE A TOTAL TOT	A TOTAL			
AEGIS HEALTH AND REHABILITA	ATION			
1441 CHARIC DR		Telephone (636) 394-2522	Alzheimer's Unit No	
WILDWOOD	MO 63021-2001	Level of Care: SNF	Bed Capacity 60	
Mailing Address 1441 CHARIC DR		County SAINT LOUIS COUNTY	DMH Licensed No	O
WILDWOOD	MO 63021-2001	Region 7 Medicare/Medicaid	Facility Number 1788	7
AKINS HEALTH CARE, INC				
4432 WEST BELLE PL		Telephone (314) 652-8908	Alzheimer's Unit No	
SAINT LOUIS	MO 63108-2617	Level of Care: RCF	Bed Capacity 20	
Mailing Address 4432 WEST BELLE I		County SAINT LOUIS CITY	DMH Licensed Ye	
SAINT LOUIS	MO 63108-2617	Region 7	Facility Number 00078	8
ALLEGRO				
ALLEGRO 1055 BELLEVUE AVENUE		Telephone (314) 332-8372	Alzheimer's Unit Ye	
RICHMOND HEIGHTS	MO 63117-1827	Level of Care: ALF**	Bed Capacity 88	
Mailing Address 1055 BELLEVUE AV		County SAINT LOUIS COUNTY		
RICHMOND HEIGHTS	MO 63117-1827	Region 7	Facility Number 3143	/
ALPINE BREEZE HEALTH AND W	FI I NESS			
6124 RAYTOWN RD	1200	Telephone (816) 358-8222	Alzheimer's Unit Ye	·c
RAYTOWN	MO 64122 4007	-		
	MO 64133-4007		Bed Capacity 154	
Mailing Address 6124 RAYTOWN RD		County JACKSON	DMH Licensed No	
RAYTOWN	MO 64133-4007	Region 3 Medicare/Medicaid	Facility Number 00768	8
AMBERWOOD ESTATES NURSING	AND REHABILITATION			
5303 BERMUDA DR	MU REHADILHATION	Telephone (314) 385-0910	Alzheimer's Unit No	0
NORMANDY	MO 63121-1407	Level of Care: SNF	Bed Capacity 113	
Mailing Address 5303 BERMUDA DR		County SAINT LOUIS COUNTY	DMH Licensed No.	
•		·		
NORMANDY	MO 63121-1407	Region 7 Medicare/Medicaid	Facility Number 01238	0

Wednesday, June 4, 2025 Page 2 of 139

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

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

AMERICAN HOUSE BURLINGTON	CREEK			
6311 NORTH COSBY AVENUE		Telephone (816) 527-8504	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-2344	Level of Care: ALF**	Bed Capacity	110
Mailing Address 6311 NORTH COSB	Y AVENUE	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-2344	Region 4	Facility Number	30198
AMERICAN HOUSE TOWN & COU	NITDV			
1020 WOODS MILL ROAD	NIKI	Telephone (636) 251-4944	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-0603	Level of Care: ALF**	Bed Capacity	95
Mailing Address 1020 WOODS MILL		County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-0603	Region 7	Facility Number	30612
TOWN AND COUNTRY	WIO 03017-0003	Region /	racinty Number	30012
AMERICAN HOUSE WILDWOOD V	VILLAGE			
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 SAINT LOUIS COUNTY	DMH Licensed	No
WILDWOOD	MO 63040-1203	Region 7	Facility Number	31049
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		County BENTON	DMH Licensed	No
COLE CAMP	MO 65325-0252	Region 6	Facility Number	26313
ANNA DODCON HOME				
ANNA DODSON HOME		T-1	A 1-1	NT-
4616 HIGHWAY D	MO 62640 7241	Telephone (573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care: RCF	Bed Capacity	17 V
Mailing Address 4616 HWY D	MO (2640 7241	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number	02160
ANNA DODSON HOME				
4616 HIGHWAY D		Telephone (573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care: RCF*	Bed Capacity	20
Mailing Address 4616 HWY D		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number	02160
ANNIE'S HOUSE INC				
25228 BUZZARD DRIVE		Telephone (573) 238-1300	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care: RCF	Bed Capacity	40
Mailing Address 25228 BUZZARD DE		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	30984
	2 00.0.7.00	August 2	- women a territor	50704
APPLE RIDGE CARE CENTER		m 1 1		•-
100 WEST THOMAS AVE	MO (400) 0142	Telephone (660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 188	MO (400 (0100	County LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	Region 3 Medicare/Medicaid	Facility Number	08823

Wednesday, June 4, 2025 Page 3 of 139

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

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

APPLETON CITY MANOR			
600 NORTH OHIO ST	Telephone (660) 476-2128	Alzheimer's Unit	No
APPLETON CITY MO 64724-1609	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 98	County SAINT CLAIR	DMH Licensed	No
APPLETON CITY MO 64724-0098	Region 1 Medicare/Medicaid	Facility Number	01637
A DDOD MAN A CAMADONIC AND DEWA DWATTA TYON CENTER			
ARBOR HILLS NURSING AND REHABILITATION CENTER		Alzheimer's Unit	No
800 CHAMBERS RD FERGUSON MO 63135-2133	Telephone (314) 524-1111		No
	Level of Care: SNF	Bed Capacity DMH Licensed	150 No
Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133	County SAINT LOUIS COUNTY		
FERGUSON MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number	01435
ARBOR VIEW NURSING AND REHABILITATION			
6400 THE CEDARS COURT	Telephone (636) 274-1777	Alzheimer's Unit	NO
CEDAR HILL MO 63016-2220	Level of Care: SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS CT	County JEFFERSON	DMH Licensed	No
CEDAR HILL MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number	12647
		•	
ARBORS AT DUNSFORD COURT- MEMORY CARE ASSISTE	ED LIVING BY AMERICARE		
775 DUNSFORD ROAD	Telephone (573) 468-2600	Alzheimer's Unit	Yes
SULLIVAN MO 63080-1270	Level of Care: ALF**	Bed Capacity	50
Mailing Address 775 DUNSFORD RD	County FRANKLIN	DMH Licensed	No
SULLIVAN MO 63080-1270	Region 6	Facility Number	16094
			100).
ARBORS AT GLENDALE GARDENS - MEMORY CARE BY A	MERICARE THE		
1300 SOUTH MAIN	Telephone (660) 885-2272	Alzheimer's Unit	Yes
CLINTON MO 64735-2728	Level of Care: ALF**	Bed Capacity	42
Mailing Address 1300 S MAIN	County HENRY	DMH Licensed	No
CLINTON MO 64735-2728	Region 1	Facility Number	17054
			1,00.
ARBORS AT HARMONY GARDENS-MEMORY CARE BY AM	MEDICADE 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	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-1228	Region 3	Facility Number	31389
WINNELISBONG INO 040/3 1220	Region 5	racincy rumber	31307
ARBORS AT HIGHLAND CREST-MEMORY CARE ASSISTE	D LIVING BY AMERICARE, THE		
620 GILASPY ROAD	Telephone (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE MO 63501-4678	Level of Care: ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD	County ADAIR	DMH Licensed	No
KIRKSVILLE MO 63501-4678	Region 5	Facility Number	23608
	· · · · · · · · · · · · · · · · · · ·	J	
ARBORS AT LAKEVIEW BEND - ASSISTED LIVING BY AM	ERICARE, THE		
1700 ASBURY CIRCLE WEST	Telephone (573) 581-8777	Alzheimer's Unit	Yes
MEXICO MO 65265-1400	Level of Care: ALF**	Bed Capacity	39
Mailing Address 1722 HUNTINGFIELD DR	County AUDRAIN	DMH Licensed	No
MEXICO MO 65265-3808	Region 5	Facility Number	13544

Wednesday, June 4, 2025 Page 4 of 139

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

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

ARBORS AT MOUNT CARMEL, TH	Œ				
723 FIRST CAPITOL DR		Telephone	(636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care:	ALF**	Bed Capacity	30
Mailing Address 723 FIRST CAPITOL		•	NT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5		Facility Number	29396
	Y CARE ASSISTED LIVING BY AMER		(550) 054 0500		
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	150 - 55 104 - 1500	0.00000	ELPS	DMH Licensed	No
ROLLA	MO 65401-4600	Region 6		Facility Number	13589
ARRORS AT VICTORIAN PLACE O	OF CUBA, MEMORY CARE ASSISTED	LIVING RV AM	FRICARE THE		
903 HWY DD	2 COM, MEMORI CARE ACCIONED	Telephone	(573) 885-0551	Alzheimer's Unit	Yes
CUBA	MO 65453-8089	Level of Care:	ALF**	Bed Capacity	32
Mailing Address 903 HWY DD	110 00 100 0005		AWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6	TWI GILD	Facility Number	27071
CODIT	110 03 133 0005	Kegion 0		Tuesday Tumber	27071
ARBORS AT VICTORIAN PLACE O	OF WASHINGTON, MEMORY CARE A	ASSISTED LIVIN	G BY AMERICARE, T	гне	
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	DR	County FRA	ANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6711	Region 6		Facility Number	28065
	CE 1-MEMORY CARE ASSISTED LIV		*		
3409 NORTH 10 MILE DR		Telephone	(573) 556-5648	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0530	Level of Care:	ALF**	Bed Capacity	26
Mailing Address 3409 NORTH 10 MIL		County CO	LE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region 6		Facility Number	27914
ARRORS AT WESTRROOK TERRA	CE II-MEMORY CARE ASSISTED LI	VING RY AMERI	ICARE. THE		
3335 NORTH TEN MILE DR	CE II-MEMORT CARE ASSISTED EL	Telephone	(573) 635-2600	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0528	Level of Care:	ALF**	Bed Capacity	36
Mailing Address 3335 NORTH TEN M		County CO		DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	Region 6		Facility Number	20440
JET ERBOT CITT	110 0310) 0320	Kegion 0		Tuelling Tullinger	20440
ARBORS AT WESTRIDGE PLACE -	MEMORY CARE ASSISTED LIVING	BY AMERICAR	E, THE		
539 NORTH WEST ST		Telephone	(573) 471-6484	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5443	Level of Care:	ALF**	Bed Capacity	28
Mailing Address 539 NORTH WEST S	T	County SCC	OTT	DMH Licensed	No
SIKESTON	MO 63801-5443	Region 2		Facility Number	12693
ADIZONA CADE CENTED					
ARIZONA CARE CENTER 101 ARIZONA ST		Telephone	(573) 237-4830	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1210	Level of Care:	(573) 237-4830 ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST	1410 03000-1210		ANKLIN	DMH Licensed	Yes
Maning Audi Cos 101 ANIZONA S1		County FRA	MINTHA	Divili Licenseu	1 08

Region 6

Facility Number

19080

MO 63068-1210

NEW HAVEN

Wednesday, June 4, 2025 Page 5 of 139

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

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

ARMOUR OAKS SENIOR LIVING	COMMUNITY			
8100 WORNALL RD		Telephone (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care: SNF	Bed Capacity	38
Mailing Address 8100 WORNALL RD)	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number	00199
ADMOUD OAKS SENIOD I WING	COMMUNITES			
ARMOUR OAKS SENIOR LIVING (8100 WORNALL RD	COMMUNITY	T-1 (016) 262 5141	Alabainanta Tirit	No
KANSAS CITY	MO 64114-5806	Telephone (816) 363-5141 Level of Care: ALF	Alzheimer's Unit	No 47
			Bed Capacity	No
Mailing Address 8100 WORNALL RD KANSAS CITY	MO 64114-5806		DMH Licensed	
KANSAS CII I	MO 04114-3800	Region 3	Facility Number	00199
ARROWHEAD SENIOR LIVING CO	OMMUNITY			
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-2754	Level of Care: SNF	Bed Capacity	80
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number	31536
ARROWHEAD SENIOR LIVING CO	OMMUNITY			
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit	Yes
OSAGE BEACH	MO 65065-2754	Level of Care: ALF**	Bed Capacity	90
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2754	Region 6	Facility Number	31536
		_		
ASH GROVE HEALTHCARE FACE	LITY	F. I. I. (415) 551 0555		***
401 NORTH MEDICAL DR	NO 65604 1004	Telephone (417) 751-2575	Alzheimer's Unit	Yes
ASH GROVE	MO 65604-1004	Level of Care: SNF	Bed Capacity	82
Mailing Address PO BOX 247		County GREENE	DMH Licensed	No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medicaid	Facility Number	00200
ASHBROOK - ASSISTED LIVING B	BY AMERICARE			
500 ASHBROOK DR		Telephone (573) 756-5544	Alzheimer's Unit	No
FARMINGTON	MO 63640-9235	Level of Care: ALF**	Bed Capacity	72
Mailing Address 500 ASHBROOK DR	R	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-9235	Region 2	Facility Number	18138
ASHBURY HEIGHTS OF CHILLIC	ОТНЕ			
603 ST LOUIS ST		Telephone (660) 707-1270	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-2438	Level of Care: RCF	Bed Capacity	12
Mailing Address 603 ST LOUIS ST		County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-2438	Region 4	Facility Number	23909
		_	-	
VERBIDA REIGRAC VE EYASEAR	7			
ASHBURY HEIGHTS OF FAYETTE 200 GROCE ST	ע	Telephone (660) 248-3603	Alzheimer's Unit	No
FAYETTE	MO 65248-9813	Level of Care: RCF	Bed Capacity	12
Mailing Address 200 GROCE ST	WIO 03240-7013	County HOWARD	DMH Licensed	No
FAYETTE	MO 65248 0813	•		
PAIEIIE	MO 65248-9813	Region 5	Facility Number	23894

Wednesday, June 4, 2025 Page 6 of 139

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

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

ASHBURY HEIGHTS OF FULTON		T. I		
704 WEST CHESTNUT	MO (505) 1054	Telephone (573) 642-201		No
FULTON	MO 65251-1254	Level of Care: RCF	Bed Capacity	12 N
Mailing Address 704 WEST CHESTN		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1254	Region 6	Facility Number	23923
ASHBURY HEIGHTS OF JEFFERSO	ON CITY			
834 WEATHERED ROCK COURT	011 011 1	Telephone (573) 634-740	2 Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care: RCF	Bed Capacity	12
Mailing Address 834 WEATHERED R		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
ASHBURY HEIGHTS OF LAURIE				
299 HIGHWAY RA		Telephone (573) 374-007	76 Alzheimer's Unit	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
		8	•	
ASHBURY HEIGHTS OF MONTGO	MERY CITY			
625 WEST 2ND ST		Telephone (573) 564-338	36 Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care: RCF	Bed Capacity	12
Mailing Address 625 WEST 2ND ST		County MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number	20160
ASHBURY HEIGHTS OF TIPTON				
908 SOUTH PARK		Telephone (660) 433-649	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
ASHLAND VILLA - ASSISTED LIVI	ING BY AMERICARE	T. 1 . (572) (57. 103		
301 SOUTH HENRY CLAY BLVD	MO (5010 0420	Telephone (573) 657-192		No
ASHLAND	MO 65010-9439	Level of Care: ALF**	Bed Capacity	72 N-
Mailing Address 301 SOUTH HENRY		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-9439	Region 6	Facility Number	20303
ASHLEY MANOR HEALTH & REH	ABILITATION			
1630 RADIO HILL ROAD		Telephone (660) 882-658	34 Alzheimer's Unit	No
BOONVILLE	MO 65233-1957	Level of Care: SNF	Bed Capacity	52
Mailing Address 1630 RADIO HILL R	OAD	County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1957	Region 6 Medicare/Medi	caid Facility Number	00216
ASHTON ON THE PLAZA, THE				
2 EMANUEL CLEAVER II BLVD		Telephone (816) 505-303	30 Alzheimer's Unit	Yes
KANSAS CITY	MO 64112-1712	Level of Care: ALF**	Bed Capacity	96
Mailing Address 2 EMANUEL CLEAV		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64112-1712	Region 3	Facility Number	31791
		<u> </u>	.	

Wednesday, June 4, 2025 Page 7 of 139

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

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

ASPEN POINT HEALTH AND REHA	ABILITATION			
2840 WEST CLAY ST		Telephone (636) 946-6100	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2536	Level of Care: SNF	Bed Capacity	180
Mailing Address 2840 WEST CLAY ST	Γ	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2536	Region 5 Medicare/Medicaid	Facility Number	01521
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 STRI		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3549	Region 6	Facility Number	32779
		Region	Tuestay Transpor	32117
ASPEN VALLEY FOX CREST				
2694 FOX CREST DRIVE		Telephone (636) 346-9634	Alzheimer's Unit	YES
WASHINGTON	MO 63090-5694	Level of Care: ALF**	Bed Capacity	12
Mailing Address 2694 FOX CREST DR	RIVE	County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-5694	Region 6	Facility Number	33537
			v	
ASPIRE SENIOR LIVING ADVANCE	E			
315 SOUTH TILLEY ST		Telephone (573) 649-3551	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 PRA	AIDIE			
186 MILLAR RD	AIRIE	Telephone (573) 649-3551	Alzheimer's Unit	No
EAST PRAIRIE	MO 63845-1180	Level of Care: SNF	Bed Capacity	70
Mailing Address PO BOX 299	WO 03043-1100	County MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE	MO 63845-0299	·	Facility Number	12083
EAST FRAIRIE	MO 03843-0299	Region 2 Medicare/Medicaid	racinty Number	12083
ASPIRE SENIOR LIVING EXCELSION	OR SPRINGS			
1003 MEADOWLARK LN		Telephone (816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care: SNF	Bed Capacity	108
Mailing Address 1003 MEADOWLARI	K LN	County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number	19197
			·	
ASPIRE SENIOR LIVING JONESBU	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		County MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number	13265
ASPIRE SENIOR LIVING MALDEN				
1209 STOKELAN	110 (20) (20)	Telephone (573) 276-5115	Alzheimer's Unit	Yes
MALDEN	MO 63863-1335	Level of Care: SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN		County DUNKLIN	DMH Licensed	No

Region 2

Medicare/Medicaid

Facility Number

12465

MO 63863-1335

MALDEN

Wednesday, June 4, 2025 Page 8 of 139

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

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

ASPIRE SENIOR LIVING MOBERI	LY			
700 EAST URBANDALE DR		Telephone (660) 263-9060	Alzheimer's Unit Yes	i
MOBERLY	MO 65270-1966	Level of Care: SNF	Bed Capacity 120)
Mailing Address 700 EAST URBAND	DALE DR	County RANDOLPH	DMH Licensed No)
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number 12523	į
ASPIRE SENIOR LIVING NEW FLO	ORENCE			
515 PICNIC ST		Telephone (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	l
ASPIRE SENIOR LIVING NEW FLO	ODENCE			
515 PICNIC ST	ORENCE	Telephone (573) 415-9333	Alzheimer's Unit No	
NEW FLORENCE	MO 63363-2223	Level of Care: SNF	Bed Capacity 87	
Mailing Address 515 PICNIC ST	WO 03303-2223	County MONTGOMERY	DMH Licensed No	
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number 05723	
NEW TEORENCE	WIO 03303-2223	Region o Medicare/Medicard	racinty Number 03723	
ASPIRE SENIOR LIVING OAK GR	OVE			
2108 SW MITCHELL STREET		Telephone (816) 690-4118	Alzheimer's Unit Yes	;
OAK GROVE	MO 64075-9472	Level of Care: SNF	Bed Capacity 90)
Mailing Address 2108 S MITCHELL		County JACKSON	DMH Licensed No)
OAK GROVE	MO 64075-9472	Region 3 Medicare/Medicaid	Facility Number 05849)
ACRIDE CENTOR LIVING BY A TEE	CITY			
ASPIRE SENIOR LIVING PLATTE	CITY	T-1	Al-Laineaula III-i4 Na	
220 O'ROURKE DRIVE PLATTE CITY	MO 64079-9360	Telephone (816) 858-5222 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 120	
Mailing Address PO BOX 1310	MO 04079-9300	County PLATTE	Bed Capacity 120 DMH Licensed No	
PLATTE CITY	MO 64079-1310	Region 4 Medicare/Medicaid	Facility Number 12655	
TEATTE CITT	WIO 04079-1310	Region + Medicare/Medicaid	racinty Number 12033	
ASPIRE SENIOR LIVING POPLAR	BLUFF			
3001 MAY ST		Telephone (573) 686-6999	Alzheimer's Unit No	,
POPLAR BLUFF	MO 63901-1942	Level of Care: SNF	Bed Capacity 120)
Mailing Address 3001 MAY ST		County BUTLER	DMH Licensed No)
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number 16013	l
ASSISTED LIVING AT CHARLESS	VILLAGE			
5943 TELEGRAPH RD	VIEE/IGE	Telephone (314) 846-2002	Alzheimer's Unit No)
SAINT LOUIS	MO 63129-4715	Level of Care: ALF**	Bed Capacity 18	
Mailing Address 5943 TELEGRAPH I		County SAINT LOUIS COUNTY	DMH Licensed No	
SAINT LOUIS	MO 63129-4715	Region 7	Facility Number 05586	
2.2	301270		05500	
ASSISTED LIVING AT THE MEAD	OWLANDS			
135 MEADOWLANDS ESTATES LN		Telephone (636) 978-3600	Alzheimer's Unit Yes	
O'FALLON	MO 63366-4591	Level of Care: ALF**	Bed Capacity 86)
Mailing Address 135 MEADOWLANI		County SAINT CHARLES	DMH Licensed No)
O'FALLON	MO 63366-4591	Region 5	Facility Number 26475	i

Wednesday, June 4, 2025 Page 9 of 139

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

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

ATHENE NURSING AND REHABI	LITATION			
13995 CLAYTON RD		Telephone (636) 227-5070	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-8400	Level of Care: SNF	Bed Capacity	282
Mailing Address 13995 CLAYTON R	RD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-8400	Region 7 Medicare/Medicaid	Facility Number	01508
ATRIUM PLACE HEALTH AND R	EHADII ITATION			
2600 REDMAN RD	EHABILITATION	Telephone (314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-5863	Level of Care: SNF	Bed Capacity	120
Mailing Address 2600 REDMAN RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63136-5863	•	Facility Number	
SAINT LOUIS	WO 03130-3803	Region 7 Medicare/Medicaid	Facility Number	18697
AUBURN CREEK - ASSISTED LIV	ING BY AMERICARE			
2910 BEAVER CREEK DR		Telephone (573) 651-0199	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63701-1732	Level of Care: ALF	Bed Capacity	53
Mailing Address 2910 BEAVER CRE		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-1732	Region 2	Facility Number	19892
AUBURN RIDGE LIVING CENTEI	R			
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 W	AY	County COLE	DMH Licensed	No
WARDSVILLE	MO 65101-1007	Region 6	Facility Number	31832
AURORA HEALTH AND REHABI	LITATION			
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		County PHELPS	DMH Licensed	No
ROLLA	MO 65401-2615	Region 6 Medicare/Medicaid	Facility Number	08862
		region a medicare, medicare		00002
AURORA NURSING		T. 1 (417) 679 2165	A1 1	37
1700 SOUTH HUDSON AVE	110 (55) 55	Telephone (417) 678-2165	Alzheimer's Unit	Yes
AURORA	MO 65605-2717	Level of Care: SNF	Bed Capacity	125
Mailing Address 1700 S HUDSON A		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1 Medicare/Medicaid	Facility Number	00234
AUTUMN OAKS CARING CENTE	R			
1310 HOVIS ST		Telephone (417) 926-5128	Alzheimer's Unit	Yes
MOUNTAIN GROVE	MO 65711-1219	Level of Care: SNF	Bed Capacity	120
Mailing Address 1310 HOVIS ST		County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE	MO 65711-1219	Region 1 Medicare/Medicaid	Facility Number	07970
AUTUMN PLACE RESIDENTIAL	CARE OF JOPLIN			
2030 E ZORA ST		Telephone (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
			•	

Wednesday, June 4, 2025 Page 10 of 139

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

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

AUTUMN RIDGE RESIDENCES			
300 AUTUMN RIDGE DR		Telephone (636) 931-8400	Alzheimer's Unit No
	MO 63048-1506	Level of Care: RCF*	Bed Capacity 81
Mailing Address 300 AUTUMN RIDGE		County JEFFERSON	DMH Licensed Yes
HERCULANEUM	MO 63048-1506	Region 2	Facility Number 15845
AUTUMN VIEW GARDENS			
16219 AUTUMN VIEW TERRACE DR		Telephone (636) 458-5225	Alzheimer's Unit Yes
ELLISVILLE	MO 63011-4743	Level of Care: ALF**	Bed Capacity 150
Mailing Address 16219 AUTUMN VIEW	TERRACE DR	County SAINT LOUIS COUNTY	DMH Licensed No
8	MO 63011-4743	Region 7	Facility Number 20751
AUTUMN VIEW GARDENS AT SCHU	ETZ ROAD	T. 1 (24 t) 222 222	
11210 SCHUETZ RD		Telephone (314) 993-9888	Alzheimer's Unit Yes
	MO 63146-4933	Level of Care: ALF**	Bed Capacity 110
Mailing Address 11210 SCHUETZ RD	NO (2146 4022	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4933	Region 7	Facility Number 22909
AUTUMN WOODS, INC			
5500 NW HOUSTON LAKE DR		Telephone (816) 587-2263	Alzheimer's Unit No
KANSAS CITY	MO 64151-3472	Level of Care: RCF*	Bed Capacity 28
Mailing Address PO BOX 12008		County PLATTE	DMH Licensed Yes
S .	MO 64152-0008	Region 4	Facility Number 10857
			•
AVA PLACE			
1101 LYLE STREET		Telephone (417) 683-6999	Alzheimer's Unit No
	MO 65608-1269	Level of Care: RCF*	Bed Capacity 40
Mailing Address PO BOX 1269	MO (55000 1000	County DOUGLAS	DMH Licensed Yes
AVA	MO 65608-1269	Region 1	Facility Number 20718
AVALON MEMORY CARE			
5342 BUTLER HILL ROAD		Telephone (314) 849-2985	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-4152	Level of Care: ALF**	Bed Capacity 30
Mailing Address 5342 BUTLER HILL RO	OAD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4152	Region 7	Facility Number 30425
AVALON VIEW HEALTH AND WELI	UNESS		
1200 WEST COLLEGE ST		Telephone (816) 781-3020	Alzheimer's Unit Yes
	MO 64068-1036	Level of Care: SNF	Bed Capacity 140
Mailing Address 1200 WEST COLLEGE		County CLAY	DMH Licensed No
_	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number 01961
	2.000.000	- Medical Chiculcalu	
BAILEY HOUSE			
102 BAILEY ST		Telephone (573) 218-9125	Alzheimer's Unit No
	MO 63640-1819	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 BAILEY ST	10 50 50 50 50 5	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number 00256

Wednesday, June 4, 2025 Page 11 of 139

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

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

BAISCH NURSING CENTER				
3260 BAISCH DR		Telephone (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care: SNF	Bed Capacity	61
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-5046	Region 2 Medicare/Medicaid	Facility Number	00910
BAISCH NURSING CENTER				
3260 BAISCH DR		Telephone (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care: RCF*	Bed Capacity	18
Mailing Address 3260 BAISCH DR	WO 03020-3040	County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-5046	Region 2	Facility Number	00910
DE 3010	NIO 03020-3040	Region 2	racinty Number	00910
BAPTIST HOMES OF ADRIAN				
402 WEST 1ST STREET		Telephone (816) 297-8901	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care: SNF	Bed Capacity	38
Mailing Address 402 WEST 1ST STRE	EET	County BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3 Medicare/Medicaid	Facility Number	00032
BAPTIST HOMES OF ARCADIA VA	ALLEY			
101 RIGGS-SCOTT LN		Telephone (573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care: ICF	Bed Capacity	49
Mailing Address PO BOX 87		County IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number	00274
BAPTIST HOMES OF ARCADIA VA	ALLEY			
101 RIGGS-SCOTT LN	ALDE I	Telephone (573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care: ALF	Bed Capacity	56
Mailing Address PO BOX 87	110 03030 1330	County IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2	Facility Number	00274
IKONTON	NIC 03030 0007	Region 2	racinty runiber	00274
BAPTIST HOMES OF INDEPENDENT		T. I. 1 (017) 272 7705	A1 1	NO
17451 MEDICAL CENTER PARKWAY		Telephone (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
BAPTIST HOMES OF INDEPENDEN	NCE			
17451 MEDICAL CENTER PARKWAY	Y	Telephone (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care: SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL CE	NTER PRKWY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
BAPTIST HOMES OF OZARK				
1625 WEST GARTON RD		Telephone (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care: ALF**	Bed Capacity	30
Mailing Address PO BOX 1040		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509

Wednesday, June 4, 2025 Page 12 of 139

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

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

BAPTIST HOMES OF OZARK				
1625 WEST GARTON RD		Telephone (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care: ICF	Bed Capacity	33
Mailing Address PO BOX 1040		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509
BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD		Telephone (573) 594-6467	Alzheimer's Unit	No
VANDALIA	MO 63382-1252	Level of Care: RCF	Bed Capacity	20
Mailing Address 601 NORTH GALLO		County AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	Region 5	Facility Number	08096
				00070
BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD		Telephone (573) 594-6467	Alzheimer's Unit	Yes
VANDALIA	MO 63382-1252	Level of Care: SNF	Bed Capacity	90
Mailing Address 601 NORTH GALLO		County AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	Region 5 Medicare/Medicaid	Facility Number	
VANDALIA	WO 03382-1232	Region 5 Medicare/Medicaid	racinty Number	08096
BARATHAVEN ALZHEIMER'S SPE	CIAL CARE CENTER			
1030 BARATHAVEN DR	CIAL CARE CENTER	Telephone (636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care: ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVEN		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number	26902
DARDENNETRAIRE	WO 03300-0000	Kegion 5	racinty Number	20902
BARNABAS ACRES				
210 FRANKS LN		Telephone (573) 270-8887	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
				05150
BARNABAS REDWOOD MANOR				
1194 LANDON RD		Telephone (573) 468-8150	Alzheimer's Unit	No
BOURBON	MO 65441-8218	Level of Care: RCF	Bed Capacity	47
Mailing Address 1194 LANDON RD		County CRAWFORD	DMH Licensed	Yes
BOURBON	MO 65441-8218	Region 6	Facility Number	08609
			·	
BARNES-JEWISH EXTENDED CAR	Œ			
401 CORPORATE PARK DR		Telephone (314) 725-7447	Alzheimer's Unit	No
SAINT LOUIS	MO 63105-4201	Level of Care: SNF	Bed Capacity	120
Mailing Address 401 CORPORATE PA	ARK DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63105-4201	Region 7 Medicare/Medicaid	Facility Number	15878
			·	
BAYLESS BOARDING HOME				
3719 SAND CREEK ROAD		Telephone (573) 747-0889	Alzheimer's Unit	No
FARMINGTON	MO 63640-7349	Level of Care: RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK	RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number	17300

Wednesday, June 4, 2025 Page 13 of 139

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

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

DEACON HILL DECIDENTIAL CAD	P.			
BEACON HILL RESIDENTIAL CARD 2905 CAMPBELL	E.	Telephone (816) 531-6168	Alzheimer's Unit	lо
KANSAS CITY	MO 64109-1417	Level of Care: RCF*		37
Mailing Address 2905 CAMPBELL	1410 04109-1417	County JACKSON		es
KANSAS CITY	MO 64109-1417	Region 3	Facility Number 0032	
KANSAS CII I	WO 04103-1417	Region 5	racinty Number 0032	29
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		Telephone (816) 331-0781	Alzheimer's Unit	lо
BELTON	MO 64012-3703	Level of Care: ALF		55
Mailing Address 1003 S CEDAR ST	110 01012 3703	County CASS		No.
BELTON	MO 64012-3703	Region 3	Facility Number 0034	
BEBTOIT	1110 01012 3703	Region 5	racincy runner 003-	T-2
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		Telephone (816) 331-0781	Alzheimer's Unit	lo
BELTON	MO 64012-3703	Level of Care: SNF	Bed Capacity 12	26
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	lo
BELTON	MO 64012-3703	Region 3 Medicare/Medicaid	Facility Number 0034	12
BEAUVAIS REHAB AND HEALTHC	ARE CENTER			
3625 MAGNOLIA AVE		Telephone (314) 771-2990	Alzheimer's Unit Y	es
SAINT LOUIS	MO 63110-4048	Level of Care: SNF	Bed Capacity 18	34
Mailing Address 3625 MAGNOLIA AV	E	County SAINT LOUIS CITY	DMH Licensed	Ю
SAINT LOUIS	MO 63110-4048	Region 7 Medicare/Medicaid	Facility Number 0952	28
BEEHIVE HOMES OF GRAIN VALL	EY			
101 CROSS CREEK DR		TE 1 1 (01.6) 22.4 27.00		
	MO (4020 0561	Telephone (816) 224-2700		No No
GRAIN VALLEY	MO 64029-9561	Level of Care: ALF**	Bed Capacity	32
GRAIN VALLEY Mailing Address 101 CROSS CREEK D	OR .	Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed	32 No
GRAIN VALLEY		Level of Care: ALF**	Bed Capacity	32 No
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY	OR .	Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed	32 No
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER	OR .	Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number 242	32 No
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY	OR .	Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Y	32 No 79
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	32 No 79 es
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	32 No 79 es 90
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN R	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	32 No 79 es 90
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN R	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	32 No 79 es 90
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN I SAINT JOSEPH	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 1034 Alzheimer's Unit	32 No 79 es 90
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER	MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 1034 Alzheimer's Unit	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD	MO 64507-2527 RD MO 64508-2527 MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 1034 Alzheimer's Unit Bed Capacity Alzheimer's Unit Bed Capacity	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH	MO 64507-2527 RD MO 64508-2527 MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 1034 Alzheimer's Unit Bed Capacity Alzheimer's Unit Bed Capacity	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH	MO 64507-2527 RD MO 64508-2527 MO 64508-2527 MO 64507-2527 RD MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF County BUCHANAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Y	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW VALLEY NURSING HO	MO 64507-2527 RD MO 64508-2527 MO 64508-2527 MO 64507-2527 RD MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF County BUCHANAN Region 4	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Y Facility Number 1034	32 No 79 es 90 No 46 Vo es 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW VALLEY NURSING HO 23144 HIGHWAY 32	MO 64507-2527 RD MO 64508-2527 MO 64507-2527 RD MO 64507-2527 RD MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF County BUCHANAN Region 4 Telephone (573) 697-5311	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 Y Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Y Facility Number	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW VALLEY NURSING HO 23144 HIGHWAY 32 BELLEVIEW	MO 64507-2527 RD MO 64508-2527 MO 64508-2527 MO 64507-2527 RD MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF County BUCHANAN Region 4 Telephone (573) 697-5311 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity Alzheimer's Unit Bed Capacity Alzheimer's Unit Bed Capacity	32 No 79 es 90 No 46
GRAIN VALLEY Mailing Address 101 CROSS CREEK D GRAIN VALLEY BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW CARE CENTER 1616 WEISENBORN RD SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH Mailing Address 1616 WEISENBORN D SAINT JOSEPH BELLEVIEW VALLEY NURSING HO 23144 HIGHWAY 32	MO 64507-2527 RD MO 64508-2527 MO 64507-2527 RD MO 64507-2527 RD MO 64507-2527	Level of Care: ALF** County JACKSON Region 3 Telephone (816) 232-9874 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 232-9874 Level of Care: ALF County BUCHANAN Region 4 Telephone (573) 697-5311	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 79 es 90 No 46 No 22 No

Wednesday, June 4, 2025 Page 14 of 139

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

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

BELOVED HEALTH AND REHABI	ILITATION CENTER			
328 MUNGER LANE		Telephone (573) 577-2100	Alzheimer's Unit	No
HANNIBAL	MO 63401-2361	Level of Care: SNF	Bed Capacity	111
Mailing Address 328 MUNGER LANI	Е	County MARION	DMH Licensed	No
HANNIBAL	MO 63401-2361	Region 5 Medicare/Medicaid	Facility Number	03340
BENEDICT JOSEPH LABRE CENT	NED.			
3863 CLEVELAND	EK	T-11 (214) 664 2027	A 1-1: TI:4	No
SAINT LOUIS	MO 63110-4009	Telephone (314) 664-3927 Level of Care: RCF	Alzheimer's Unit Bed Capacity	15
Mailing Address 3863 CLEVELAND	MO 03110-4009		DMH Licensed	Yes
SAINT LOUIS	MO 63110-4009	•		
SAINI LOUIS	MO 03110-4009	Region 7	Facility Number	21163
BENTLEYS EXTENDED CARE				
3060 ASHBY ROAD		Telephone (314) 426-0433	Alzheimer's Unit	No
OVERLAND	MO 63114-1342	Level of Care: SNF	Bed Capacity	72
Mailing Address 3060 ASHBY RD		County SAINT LOUIS COUNTY	DMH Licensed	No
OVERLAND	MO 63114-1342	Region 7 Medicare/Medicaid	Facility Number	22613
BENTON HOUSE OF BLUE SPRING	GS			
1701 NW JEFFERSON ST		Telephone (816) 224-2727	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64015-7229	Level of Care: ALF**	Bed Capacity	95
Mailing Address 1701 NW JEFFERSO	ON ST	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-7229	Region 3	Facility Number	29729
BENTON HOUSE OF RAYMORE				
2100 JOHNSTON DR		Telephone (816) 322-2111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-8122	Level of Care: ALF**	Bed Capacity	95
Mailing Address 2100 JOHNSTON DI		County CASS	DMH Licensed	No
RAYMORE	MO 64083-8122	Region 3	Facility Number	29896
KATWOKE	WO 04003-0122	Region	Pacificy Number	29090
BENTON HOUSE OF STALEY HIL	LS			
11071 N WOODLAND AVE		Telephone (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1552	Level of Care: ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAN		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1552	Region 4	Facility Number	30774
BENTON HOUSE OF TIFFANY SPI	RINGS			
5901 NW 88TH ST		Telephone (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
BENTWOOD NURSING & REHAB				
1501 CHARBONIER RD		Telephone (314) 921-2700	Alzheimer's Unit	No
FLORISSANT	MO 63031-5308	Level of Care: SNF	Bed Capacity	116
Mailing Address 1501 CHARBONIER	R RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-5308	Region 7 Medicare/Medicaid	Facility Number	14817

Wednesday, June 4, 2025 Page 15 of 139

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

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

BERNARD CARE CENTER					
4335 WEST PINE BLVD		Telephone	(314) 371-0200	Alzheimer's Unit	No
SAINT LOUIS MO	63108-2205	Level of Care:	SNF	Bed Capacity	141
Mailing Address 4335 WEST PINE BLVD		County SA	AINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO	63108-2205	Region 7	Medicare/Medicaid	Facility Number	00436
		Ü			
BERTRAND NURSING AND REHAB CEN	TED				
603 WEST HIGHWAY 62	ILK	Telephone	(573) 683-4290	Alzheimer's Unit	No
	63823-9738	Level of Care:		Bed Capacity	60
Mailing Address 603 WEST HIGHWAY 62	03023-9730		ISSISSIPPI	DMH Licensed	No
o .	63823-9738				
BERTRAND	03623-9736	Region 2	Medicare/Medicaid	Facility Number	00440
DETH HAVEN MUDGING HOME					
BETH HAVEN NURSING HOME 2500 PLEASANT ST		Tolonhana	(572) 221 6500	Alzhoimon's IInit	Yes
	c2401 2c00	Telephone	(573) 221-6500	Alzheimer's Unit	
	63401-2600	Level of Care:		Bed Capacity	105
Mailing Address 2500 PLEASANT ST	(2401.2600		ARION	DMH Licensed	No
HANNIBAL MO	63401-2600	Region 5	Medicare/Medicaid	Facility Number	00469
DETAILED A DIT WORTH					
BETHESDA DILWORTH		m 1 1	(214) 069 5460	A11	Yes
9645 BIG BEND BLVD	(2122 (521	Telephone	(314) 968-5460	Alzheimer's Unit	400
	63122-6521	Level of Care:		Bed Capacity	
Mailing Address 9645 BIG BEND BLVD	(2122 (521	•	AINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63122-6521	Region 7	Medicare/Medicaid	Facility Number	00508
BETHESDA HAWTHORNE PLACE					
1111 SOUTH BERRY ROAD		Telephone	(314) 942-5750	Alzheimer's Unit	Yes
	63122-6598	Level of Care:	` '	Bed Capacity	66
Mailing Address 1111 SOUTH BERRY ROA			AINT LOUIS COUNTY	DMH Licensed	No
	63122-6598	•	AINT LOUIS COUNTT	Facility Number	
SAINT LOUIS MO	03122-0398	Region 7		racinty Number	30509
BETHESDA SOUTHGATE					
5943 TELEGRAPH RD		Telephone	(314) 846-2000	Alzheimer's Unit	Yes
	63129-4715	Level of Care:		Bed Capacity	192
Mailing Address 5943 TELEGRAPH RD			AINT LOUIS COUNTY	DMH Licensed	No
g .	63129-4715	Region 7	Medicare/Medicaid	Facility Number	05586
S.M.Y Books	03127 1713	Region /	Wiculcai o Wiculcaid	Tuestity Tumber	03300
BIG BEND RETREAT					
620 NORTH EMMERSON		Telephone	(660) 529-2237	Alzheimer's Unit	No
	65349-1157	Level of Care:		Bed Capacity	60
Mailing Address 620 NORTH EMMERSON			ALINE	DMH Licensed	No
-	65349-1157	Region 5		Facility Number	00546
				• • • • •	
BIG BEND RETREAT					
620 NORTH EMMERSON		Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER MO	65349-1157	Level of Care:	RCF*	Bed Capacity	10
Mailing Address 620 NORTH EMMERSON		County SA	ALINE	DMH Licensed	No
		_			

Region 5

Facility Number

00546

MO 65349-1157

SLATER

Wednesday, June 4, 2025 Page 16 of 139

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

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

BIG BEND WOODS HEALTHCARE CE	ENTER			
110 HIGHLAND AVE		Telephone (636) 529-8300	Alzheimer's Unit	No
VALLEY PARK M	IO 63088-1422	Level of Care: SNF	Bed Capacity	135
Mailing Address 110 HIGHLAND AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK M	1O 63088-1422	Region 7 Medicare/Medicaid	Facility Number	01170
BIG SPRING CARE CENTER FOR REI	HAB AND HEALTHCARE			
202 EAST MILL ST		Telephone (417) 754-8711	Alzheimer's Unit	No
HUMANSVILLE M	1O 65674-8507	Level of Care: SNF	Bed Capacity	60
Mailing Address 202 EAST MILL ST		County POLK	DMH Licensed	No
HUMANSVILLE M	1O 65674-8507	Region 1 Medicare/Medicaid	Facility Number	18672
BIRCH POINTE HEALTH AND REHAI	RILITATION			
3705 S JEFFERSON AVE		Telephone (417) 889-0773	Alzheimer's Unit	Yes
	1O 65807-5880	Level of Care: SNF	Bed Capacity	120
Mailing Address 3705 S JEFFERSON AVI		County GREENE	DMH Licensed	No
_	1O 65807-5880	Region 1 Medicare/Medicaid	Facility Number	31013
SI KINGI ILLE	10 03007 3000	Region 1 Medical e/Medicald	racinty rumber	31013
BISHOP SPENCER PLACE, INC, THE				
4301 MADISON AVE		Telephone (816) 931-4277	Alzheimer's Unit	No
	IO 64111-3491	Level of Care: ALF**	Bed Capacity	40
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed	No
KANSAS CITY N	IO 64111-3491	Region 3	Facility Number	20635
BISHOP SPENCER PLACE, INC, THE				
4301 MADISON AVE		Telephone (816) 931-4277	Alzheimer's Unit	No
	IO 64111-3491	Level of Care: SNF	Bed Capacity	57
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed	No
KANSAS CITY N	IO 64111-3491	Region 3 Medicare/Medicaid	Facility Number	20635
BLESSING CENTER, THE				
302 NORTH MAIN		Telephone (660) 397-2293	Alzheimer's Unit	No
	IO 63537-1353	Level of Care: RCF	Bed Capacity	51
Mailing Address 302 NORTH MAIN		County KNOX	DMH Licensed	Yes
EDINA N	IO 63537-1353	Region 5	Facility Number	03728
BLUE CASTLE BOLIVAR LLC				
1830 E LAVERNE ST		Telephone (417) 777-2583	Alzheimer's Unit	No
BOLIVAR M	IO 65613-1488	Level of Care: RCF*	Bed Capacity	30
Mailing Address 1830 E LAVERNE ST		County POLK	DMH Licensed	Yes
BOLIVAR M	MO 65613-1488	Region 1	Facility Number	24698
BLUE CIRCLE REHAB AND NURSING	;			
2939 MAGAZINE STREET		Telephone (314) 531-0500	Alzheimer's Unit	No
SAINT LOUIS M	IO 63106-1245	Level of Care: SNF	Bed Capacity	90
Mailing Address 2939 MAGAZINE STRE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS M	IO 63106-1245	Region 7 Medicare/Medicaid	Facility Number	15258

Wednesday, June 4, 2025 Page 17 of 139

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

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

BLUE HILLS REST HOME, INC				
2207 NORTH BLUE MILLS RD		Telephone (816) 796-3376	Alzheimer's Unit	No
INDEPENDENCE	MO 64058-2022	Level of Care: ALF**	Bed Capacity	63
Mailing Address 2207 N BLUE MILI	LS RD	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64058-2022	Region 3	Facility Number	11146
BLUE SPRINGS WELLNESS & RE	HABILITATION			
930 NORTH EAST DUNCAN RD		Telephone (816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2173	Level of Care: SNF	Bed Capacity	120
Mailing Address 930 NORTH EAST	DUNCAN RD	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2173	Region 3 Medicare/Medicaid	Facility Number	00677
BLUEBIRD WELLNESS AND REH	ABILITATION			
9350 GREEN PARK ROAD		Telephone (314) 845-0900	Alzheimer's Unit	YES
SAINT LOUIS	MO 63123-7211	Level of Care: SNF	Bed Capacity	188
Mailing Address 9350 GREEN PARK	CROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63123-7211	Region 7 Medicare/Medicaid	Facility Number	17565
			•	
DI LIECDACC TEDDACE				
BLUEGRASS TERRACE 102 REDTAIL DR		T-1 (572) 657 0800	A 1-1	No
	MO (5010 1170	Telephone (573) 657-0899	Alzheimer's Unit	No
ASHLAND	MO 65010-1179	Level of Care: RCF County BOONE	Bed Capacity	16 No
Mailing Address 102 REDTAIL DR ASHLAND	MO 65010-1179		DMH Licensed	
ASHLAND	MO 63010-1179	Region 6	Facility Number	25731
BLUFF CREEK TERRACE - ASSIS	TED LIVING BY AMERICARE			
3104 BLUFF CREEK DR		Telephone (573) 815-9111	Alzheimer's Unit	Yes
3104 BLUFF CREEK DR COLUMBIA	MO 65201-3524	Level of Care: ALF**	Bed Capacity	48
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE	MO 65201-3524 K DR	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	48 No
3104 BLUFF CREEK DR COLUMBIA	MO 65201-3524	Level of Care: ALF**	Bed Capacity	48
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE	MO 65201-3524 K DR	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	48 No
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE	MO 65201-3524 K DR	Level of Care: ALF** County BOONE Region 6	Bed Capacity DMH Licensed Facility Number	48 No 20625
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR	MO 65201-3524 K DR MO 65201-3524	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	48 No 20625 Yes
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	48 No 20625 Yes 132
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	48 No 20625 Yes 132 No
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	48 No 20625 Yes 132
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	48 No 20625 Yes 132 No
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	48 No 20625 Yes 132 No
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	48 No 20625 Yes 132 No
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 20625 Yes 132 No 00754
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 20625 Yes 132 No 00754
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	48 No 20625 Yes 132 No 00754
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND Mailing Address 9444 MIDLAND BL	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	48 No 20625 Yes 132 No 00754 No 40 Yes
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND Mailing Address 9444 MIDLAND BL OVERLAND BOLIVAR MANOR HOUSE	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 20625 Yes 132 No 00754 No 40 Yes 00709
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND Mailing Address 9444 MIDLAND BL OVERLAND BOLIVAR MANOR HOUSE 404 EAST BROADWAY	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328 JVD MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (417) 327-5790	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 20625 Yes 132 No 00754 No 40 Yes 00709
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND Mailing Address 9444 MIDLAND BL OVERLAND BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (417) 327-5790 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	48 No 20625 Yes 132 No 00754 No 40 Yes 00709
3104 BLUFF CREEK DR COLUMBIA Mailing Address 3104 BLUFF CREE COLUMBIA BLUFFS, THE 3105 BLUFF CREEK DR COLUMBIA Mailing Address 3105 BLUFF CREE COLUMBIA BOARDING INN, THE 9444 MIDLAND BLVD OVERLAND Mailing Address 9444 MIDLAND BL OVERLAND BOLIVAR MANOR HOUSE 404 EAST BROADWAY	MO 65201-3524 K DR MO 65201-3524 MO 65201-3529 K DR MO 65201-3529 MO 63114-3328 JVD MO 63114-3328	Level of Care: ALF** County BOONE Region 6 Telephone (573) 442-6060 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (314) 426-0091 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (417) 327-5790	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 20625 Yes 132 No 00754 No 40 Yes 00709

Wednesday, June 4, 2025 Page 18 of 139

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

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

BOULEVARD SENIOR LIVING OF S	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 ROA		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-4087	Region 5	Facility Number	31029
BOULEVARD SENIOR LIVING OF S	ST PETERS. THE			
500 BLUFFSTONE CIRCLE	,	Telephone (636) 626-2520	Alzheimer's Unit	Yes
SAINT PETERS	MO 63304-2736	Level of Care: ALF**	Bed Capacity	74
Mailing Address 500 BLUFFSTONE CI	IRCLE	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63304-2736	Region 5	Facility Number	33475
BOULEVARD SENIOR LIVING OF V	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 BO	DULEVARD	County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-4719	Region 5	Facility Number	31404
			• • • • • • • • • • • • • • • • • • • •	51.0.
BOWLING GREEN RESIDENTIAL O	CARE			
119 WEST CENTENNIAL AVE		Telephone (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care: RCF*	Bed Capacity	35
Mailing Address 119 WEST CENTENN	NIAL AVE	County PIKE	DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number	07712
BRADFORD COURT - ASSISTED LI	VINC DV AMEDICADE			
902 NORTH MAIN	VING DI AMERICARE	Telephone (417) 725-0177	Alzheimer's Unit	No
NIXA	MO 65714-9384	Level of Care: ALF**	Bed Capacity	50
Mailing Address 902 NORTH MAIN	MO 03/14-9384	County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9384	·	Facility Number	
NIAA	MO 03714-9364	Region 1	Facility Number	17732
BRENT B TINNIN MANOR				
220 EUEL POLK DR		Telephone (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
DDENITMOOD DETRIBETATENT COAS	MUNITV			
9600 DELMAR BLVD	WIUNIII	Tolonhono (214) 005 2011	Alahoimoula II:4	Mo
8600 DELMAR BLVD	MO 62124 1072	Telephone (314) 995-3811 Level of Care: ALF**	Alzheimer's Unit	No 36
SAINT LOUIS Molling Address 8600 DELMAR BLVE	MO 63124-1973		Bed Capacity	
Mailing Address 8600 DELMAR BLVE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1973	Region 7	Facility Number	19968
BRIDGEWOOD HEALTH CARE CE	NTER			
11515 TROOST		Telephone (816) 943-0101	Alzheimer's Unit	NO
KANSAS CITY	MO 64131-3769	Level of Care: SNF	Bed Capacity	166
Mailing Address 11515 TROOST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number	06555

Wednesday, June 4, 2025 Page 19 of 139

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

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

BRISTOL MANOR OF AURORA					
740 SOUTH HUDSON		`	,	Alzheimer's Unit	No
		Level of Care: RCI		Bed Capacity	12
Mailing Address 740 SOUTH HUDSON		County LAWREN		DMH Licensed	No
AURORA MO	65605-2512	Region 1	1	Facility Number	20352
BRISTOL MANOR OF BETHANY					
811 SOUTH 24TH ST	ר	Telephone (660	0) 425-7133	Alzheimer's Unit	No
BETHANY MO	64424-2631 I	Level of Care: RCI	F I	Bed Capacity	12
Mailing Address 811 SOUTH 24TH ST	(County HARRIS	ON I	DMH Licensed	No
	64424-2631 I	Region 4	1	Facility Number	19068
DDICTOL MANOD OF DOONSHILLE					
BRISTOL MANOR OF BOONVILLE 1290 ASHLEY RD	7	Folombono (66)	0) 992 2202	Alzheimer's Unit	No
		Telephone (660 Level of Care: RCI	,	Bed Capacity	No 12
Mailing Address 1290 ASHLEY RD		County COOPER		DMH Licensed	No
_		•		Facility Number	
BOONVILLE	03233-2108	Region 6	,	racinty Number	17310
BRISTOL MANOR OF BROOKFIELD					
338 THOMPSON	ר	Telephone (660	0) 258-5065 A	Alzheimer's Unit	No
BROOKFIELD MO	64628-2419 I	Level of Care: RCI		Bed Capacity	12
Mailing Address 338 THOMPSON	(County LINN	I	DMH Licensed	No
BROOKFIELD MO	64628-2419 F	Region 5	1	Facility Number	18666
BRISTOL MANOR OF BUFFALO					
	7	Telephone (417	7) 345-5500	Alzheimer's Unit	No
1002 SOUTH BIRCH		Telephone (417) Level of Care: RCI	,		No 12
1002 SOUTH BIRCH	65622-9455 I	•	F I	Alzheimer's Unit Bed Capacity DMH Licensed	
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH	65622-9455 I	Level of Care: RCI	F I	Bed Capacity	12
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH	65622-9455 I	Level of Care: RCI County DALLAS	F I	Bed Capacity DMH Licensed	12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO	65622-9455 I	Level of Care: RCI County DALLAS	F I	Bed Capacity DMH Licensed	12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER	65622-9455 I	Level of Care: RCI County DALLAS Region 1	F I	Bed Capacity DMH Licensed Facility Number	12 No 18142
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE	65622-9455 I G 65622-9455 I H	Level of Care: RCI County DALLAS Region 1 Telephone (660	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 18142 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO	65622-9455 I G 65622-9455 I G 65622-9455 I G 64730-2311 I I	Level of Care: RCI County DALLAS Region 1 Felephone (660 Level of Care: RCI	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18142 No 12
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Celephone (660 Level of Care: RCI County BATES	F I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Felephone (660 Level of Care: RCI	F I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18142 No 12
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Celephone (660 Level of Care: RCI County BATES	F I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Celephone (660 Level of Care: RCI County BATES	F I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO	65622-9455 I G G G G G G G G G G G G G G G G G G	Cevel of Care: RCI County DALLAS Region 1 Felephone (660 Cevel of Care: RCI County BATES Region 3	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO Mailing Address 410 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR	65622-9455 I G G G G G G G G G G G G G G G G G G	Cevel of Care: RCI County DALLAS Region 1 Felephone (660 Cevel of Care: RCI County BATES Region 3	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No 18817
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO Mailing Address 410 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR	65622-9455 I G G G G G G G G G G G G G G G G G G	Cevel of Care: RCI County DALLAS Region 1 Celephone (660 Cevel of Care: RCI County BATES Region 3	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No 18817
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Felephone (660 Level of Care: RCI County BATES Region 3	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18142 No 12 No 18817
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Felephone (660 Level of Care: RCI County BATES Region 3 Felephone (573 Level of Care: RCI County MONITE	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No 18817
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR CALIFORNIA MO	65622-9455 I G G G G G G G G G G G G G G G G G G	Level of Care: RCI County DALLAS Region 1 Felephone (660 Level of Care: RCI County BATES Region 3 Felephone (573 Level of Care: RCI County MONITE	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No 18817
1002 SOUTH BIRCH BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR	65622-9455 65622-9455 F 64730-2311 64730-2311 65018-2001 65018-2001 F	Cevel of Care: RCI County DALLAS Region 1 Celephone (666 Cevel of Care: RCI County BATES Region 3 Celephone (573 Cevel of Care: RCI County MONITE Region 6	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18142 No 12 No 18817
BUFFALO MO Mailing Address 1002 SOUTH BIRCH BUFFALO MO BRISTOL MANOR OF BUTLER 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO Mailing Address 411 SOUTH DELAWARE BUTLER MO BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR CALIFORNIA MO BRISTOL MANOR OF CAMDENTON 75 FOURTH ST	65622-9455 65622-9455 64730-2311 64730-2311 65018-2001 65018-2001 7	Cevel of Care: RCI County DALLAS Region 1 Celephone (666 Cevel of Care: RCI County BATES Region 3 Celephone (573 Cevel of Care: RCI County MONITE Region 6	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No 18817 No 12 No 17401
BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR CALIFORNIA MO BRISTOL MANOR OF CAMDENTON 75 FOURTH ST CAMDENTON MO M	65622-9455 65622-9455 666622-9455 64730-2311 64730-2311 65018-2001 65018-2001 65018-2001 65018-2001 1065018-2001 1065018-2001 107665020-6891	Cevel of Care: RCI County DALLAS Region 1 Celephone (660 Cevel of Care: RCI County BATES Region 3 Celephone (573 Cevel of Care: RCI County MONITE Region 6	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No 18817 No 12 No 17401
BRISTOL MANOR OF CALIFORNIA 605 PARKVIEW DR CALIFORNIA MO Mailing Address 605 PARKVIEW DR CALIFORNIA CALIFORNIA BRISTOL MANOR OF CAMDENTON 75 FOURTH ST CAMDENTON MO Mailing Address 75 FOURTH ST	65622-9455 65622-9455 64730-2311 64730-2311 65018-2001 65018-2001 65020-6891 1	Cevel of Care: RCI County DALLAS Region 1 Celephone (666 Cevel of Care: RCI County BATES Region 3 Celephone (573 Cevel of Care: RCI County MONITE Region 6	F I I I I I I I I I I I I I I I I I I I	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18142 No 12 No 18817 No 12 No 17401

Wednesday, June 4, 2025 Page 20 of 139

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

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

BRISTOL MANOR OF CAMERON			
920 NORTH HARRIS		Telephone (816) 632-6133	Alzheimer's Unit No
CAMERON MC	0 64429-1145	Level of Care: RCF	Bed Capacity 12
Mailing Address 920 NORTH HARRIS		County CLINTON	DMH Licensed No
CAMERON MC	0 64429-1145	Region 4	Facility Number 18295
		3	
BRISTOL MANOR OF CARROLLTON			
1016 EAST 10TH ST		Telephone (660) 542-2349	Alzheimer's Unit No
	0 64633-9348	Level of Care: RCF	Bed Capacity 12
Mailing Address 1016 EAST 10TH ST	9 04033-7340	County CARROLL	DMH Licensed No
_	0 64633-9348		
CARROLLION) 04033-9348	Region 4	Facility Number 18316
DDISTOL MANOD OF CARTHACE			
BRISTOL MANOR OF CARTHAGE		Tolonhone (417) 250 0700	Alabaimant-Ti
2131 SOUTH RIVER AVE		Telephone (417) 358-9788	Alzheimer's Unit No
	0 64836-3350	Level of Care: RCF	Bed Capacity 12
Mailing Address 2131 S RIVER AVE		County JASPER	DMH Licensed Yes
CARTHAGE MC	0 64836-3350	Region 1	Facility Number 20858
DDICTOL MANOD OF CENTED ALLA			
BRISTOL MANOR OF CENTRALIA		m (572) 502 5012	
610 NORTH JEFFERSON ST		Telephone (573) 682-5913	Alzheimer's Unit No
	0 65240-1178	Level of Care: RCF	Bed Capacity 12
Mailing Address 610 NORTH JEFFERSON		County BOONE	DMH Licensed No
CENTRALIA MO	0 65240-1178	Region 6	Facility Number 18286
BRISTOL MANOR OF CLINTON			
1402 EAST FRANKLIN		Telephone (660) 885-8391	Alzheimer's Unit No
	O 64735-1768	Level of Care: RCF	Bed Capacity 12
	9 04/33-1/08		DMH Licensed No
Mailing Address 1402 EAST FRANKLIN) (4725 1760	•	
CLINTON MC	0 64735-1768	Region 1	Facility Number 16656
BRISTOL MANOR OF ELDON			
1201 EAST NORTH ST		Telephone (573) 392-1200	Alzheimer's Unit No
	0 65026-2651	Level of Care: RCF	Bed Capacity 12
Mailing Address 1201 EAST NORTH ST	03020 2031	County MILLER	DMH Licensed No
· ·	0 65026-2651	Region 6	Facility Number 17701
ELDON	03020-2031	Region 0	racinty (valide)
BRISTOL MANOR OF ELSBERRY			
1402 RIVERVIEW DR		Telephone (573) 898-5955	Alzheimer's Unit No
ELSBERRY MC	0 63343-1612	Level of Care: RCF	Bed Capacity 12
Mailing Address 1402 RIVERVIEW DR		County LINCOLN	DMH Licensed No
· ·	0 63343-1612	Region 5	Facility Number 20015
ELECTRICAL INC.	- 055TJ 1012	region 5	20013
BRISTOL MANOR OF FULTON			
750 SIGN PAINTER ROAD		Telephone (573) 642-7557	Alzheimer's Unit No
FULTON MC	0 65251-2514	Level of Care: RCF	Bed Capacity 12
Mailing Address 750 SIGN PAINTER RD		County CALLAWAY	DMH Licensed No
_			
FULTON MC	0 65251-2514	Region 6	Facility Number 18575

Wednesday, June 4, 2025 Page 21 of 139

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

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

BRISTOL MANOR OF HOLDEN			
501 WEST SECOND		Telephone (816) 732-6789	Alzheimer's Unit No
	MO 64040-1205	Level of Care: RCF	Bed Capacity 12
Mailing Address 501 WEST SECOND		County JOHNSON	DMH Licensed No
HOLDEN	MO 64040-1205	Region 3	Facility Number 17951
BRISTOL MANOR OF JEFFERSON C	ITY		
510 KENSINGTON PARK		Telephone (573) 761-5772	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-6247	Level of Care: RCF	Bed Capacity 12
Mailing Address 510 KENSINGTON PAI	RK	County COLE	DMH Licensed No
	MO 65109-6247	Region 6	Facility Number 20116
		9	·
BRISTOL MANOR OF LAMAR		m	
603 EAST 17TH ST		Telephone (417) 682-6762	Alzheimer's Unit No
	MO 64759-2303	Level of Care: RCF	Bed Capacity 12
Mailing Address 603 EAST 17TH ST	MO (4750 2202	County BARTON	DMH Licensed No
LAMAR	MO 64759-2303	Region 1	Facility Number 18951
BRISTOL MANOR OF LEXINGTON			
2615 MAIN ST		Telephone (660) 259-6655	Alzheimer's Unit No
LEXINGTON	MO 64067-1974	Level of Care: RCF	Bed Capacity 12
Mailing Address 2615 MAIN ST		County LAFAYETTE	DMH Licensed No
LEXINGTON	MO 64067-1974	Region 3	Facility Number 17543
BRISTOL MANOR OF LINCOLN			
204 SOUTH HIGHWAY 65		Telephone (660) 547-2580	Alzheimer's Unit No
	MO 65338-2587	Level of Care: RCF	Bed Capacity 12
Mailing Address 204 SOUTH HIGHWAY		County BENTON	DMH Licensed No
	MO 65338-2587	Region 6	Facility Number 18092
20,002.		Region 5	10072
BRISTOL MANOR OF MACON			
707 RANCHLAND DR		Telephone (660) 385-3020	Alzheimer's Unit No
	MO 63552-1994	Level of Care: RCF	Bed Capacity 12
Mailing Address 707 RANCHLAND DR		County MACON	DMH Licensed No
MACON	MO 63552-1994	Region 5	Facility Number 17865
BRISTOL MANOR OF MARCELINE			
102 EAST HAYDEN		Telephone (660) 376-2210	Alzheimer's Unit No
MARCELINE	MO 64658-2003	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 EAST HAYDEN		County LINN	DMH Licensed No
MARCELINE I	MO 64658-2003	Region 5	Facility Number 17764
		-	•
BRICKOT MANOR OF TAXABLE			
BRISTOL MANOR OF MARYVILLE		Telephone (CCO) 502 4121	Alabaimania IIi4
323 EAST SUMMIT DR	MO (4469-2610	Telephone (660) 582-4131	Alzheimer's Unit No
	MO 64468-3619	Level of Care: RCF	Bed Capacity 12
Mailing Address 323 EAST SUMMIT DR		County NODAWAY	DMH Licensed No Facility Number 10842
MARYVILLE I	MO 64468-3619	Region 4	Facility Number 19843

Wednesday, June 4, 2025 Page 22 of 139

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

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

BRISTOL MANOR OF MONROE CI 1017 EAST LAWN ST	TY	Telephone (573) 735-3068	Alzheimer's Unit No
MONROE CITY	MO 63456-1433	Telephone (573) 735-3068 Level of Care: RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address 1017 EAST LAWN S		County MONROE	DMH Licensed Yes
MONROE CITY	MO 63456-1433	Region 5	Facility Number 20045
MONROE CITT	110 03430-1433	Kegion 5	racinty Number 20045
BRISTOL MANOR OF NEVADA			
401 EAST WALNUT		Telephone (417) 667-5700	Alzheimer's Unit No
NEVADA	MO 64772-2457	Level of Care: RCF	Bed Capacity 12
Mailing Address 401 EAST WALNUT		County VERNON	DMH Licensed Yes
NEVADA	MO 64772-2457	Region 1	Facility Number 18471
BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN	Ε	Telephone (816) 625-8691	Alzheimer's Unit No
OAK GROVE	MO 64075-8109	Level of Care: RCF	Bed Capacity 12
Mailing Address 300 N AUSTIN	MO 01073 0107	County JACKSON	DMH Licensed No
OAK GROVE	MO 64075-8109	Region 3	Facility Number 16552
		Region	10002
BRISTOL MANOR OF ODESSA			
115 SOUTH 5TH ST		Telephone (816) 633-8692	Alzheimer's Unit No
ODESSA	MO 64076-1330	Level of Care: RCF	Bed Capacity 12
Mailing Address 115 S 5TH ST		County LAFAYETTE	DMH Licensed No
ODESSA	MO 64076-1330	Region 3	Facility Number 16547
BRISTOL MANOR OF PACIFIC 2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC	MO 63069-1165 MO 63069-1165	Telephone (636) 257-8020 Level of Care: RCF County FRANKLIN Region 6	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20237
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN		Level of Care: RCF County FRANKLIN	Bed Capacity 12 DMH Licensed No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC		Level of Care: RCF County FRANKLIN	Bed Capacity 12 DMH Licensed No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA		Level of Care: RCF County FRANKLIN Region 6	Bed Capacity12DMH LicensedNoFacility Number20237
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN	MO 63069-1165	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA	MO 63069-1165	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN	MO 63069-1165 MO 63461-1961 MO 63461-1961	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT II 2124 HIGHRIDGE PLEASANT HILL	MO 63069-1165 MO 63461-1961 MO 63461-1961	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20260 Alzheimer's Unit No Bed Capacity 12
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT I 2124 HIGHRIDGE PLEASANT HILL Mailing Address 2124 HIGHRIDGE	MO 63069-1165 MO 63461-1961 MO 63461-1961 HILL MO 64080-1912	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF County CASS	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20260 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT II 2124 HIGHRIDGE PLEASANT HILL	MO 63069-1165 MO 63461-1961 MO 63461-1961	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20260 Alzheimer's Unit No Bed Capacity 12
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT I 2124 HIGHRIDGE PLEASANT HILL Mailing Address 2124 HIGHRIDGE PLEASANT HILL BRISTOL MANOR OF PRINCETON	MO 63069-1165 MO 63461-1961 MO 63461-1961 HILL MO 64080-1912 MO 64080-1912	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF County CASS Region 3	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 12 DMH Licensed No Facility Number 16538
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT I 2124 HIGHRIDGE PLEASANT HILL Mailing Address 2124 HIGHRIDGE PLEASANT HILL BRISTOL MANOR OF PRINCETON 200 NORTH FULLERTON	MO 63069-1165 MO 63461-1961 MO 63461-1961 HILL MO 64080-1912 MO 64080-1912	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF County CASS Region 3	Bed Capacity DMH Licensed Roo Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity 12 DMH Licensed No Facility Number 12 DMH Licensed No Facility Number No Facility Number No Facility Number No
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT I 2124 HIGHRIDGE PLEASANT HILL Mailing Address 2124 HIGHRIDGE PLEASANT HILL BRISTOL MANOR OF PRINCETON 200 NORTH FULLERTON PRINCETON	MO 63069-1165 MO 63461-1961 MO 63461-1961 HILL MO 64080-1912 MO 64080-1912	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF County CASS Region 3 Telephone (660) 748-4354 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 20237 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20260 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 16538 Alzheimer's Unit No Facility Number 16538
2049 ROSE LN PACIFIC Mailing Address 2049 ROSE LN PACIFIC BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 SOUTH MAIN PALMYRA BRISTOL MANOR OF PLEASANT I 2124 HIGHRIDGE PLEASANT HILL Mailing Address 2124 HIGHRIDGE PLEASANT HILL BRISTOL MANOR OF PRINCETON 200 NORTH FULLERTON	MO 63069-1165 MO 63461-1961 MO 63461-1961 HILL MO 64080-1912 MO 64080-1912	Level of Care: RCF County FRANKLIN Region 6 Telephone (573) 769-2127 Level of Care: RCF County MARION Region 5 Telephone (816) 987-2562 Level of Care: RCF County CASS Region 3	Bed Capacity DMH Licensed Roo Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity 12 DMH Licensed No Facility Number 12 DMH Licensed No Facility Number No Facility Number No Facility Number No

Wednesday, June 4, 2025 Page 23 of 139

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

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

BRISTOL MANOR OF RAYMORE	T. 1 (01.5) 222 5722		
604 EAST SUNRISE DR	Telephone (816) 322-6782	Alzheimer's Unit	No
RAYMORE MO 64083-9037	Level of Care: RCF	Bed Capacity	12
Mailing Address 604 EAST SUNRISE DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9037	Region 3	Facility Number	19730
BRISTOL MANOR OF REPUBLIC			
634 EAST HIGHWAY 174	Telephone (417) 732-8998	Alzheimer's Unit	No
REPUBLIC MO 65738-1124	Level of Care: RCF	Bed Capacity	12
Mailing Address 634 EAST HWY 174	County GREENE	DMH Licensed	No
REPUBLIC MO 65738-1124	Region 1		20841
BRISTOL MANOR OF SALISBURY 102 NORTH WILLIE ST	Telephone (660) 388-5728	Alzheimer's Unit	No
SALISBURY MO 65281-1458	Level of Care: RCF	Bed Capacity	12
		DMH Licensed	No
Mailing Address 102 NORTH WILLIE ST SALISBURY MO 65281-1458	·		
SALISBURY MO 65281-1458	Region 5	Facility Number	18325
BRISTOL MANOR OF SEDALIA			
1208 EAST 24TH ST	Telephone (660) 827-2028	Alzheimer's Unit	No
SEDALIA MO 65301-8231	Level of Care: RCF	Bed Capacity	12
Mailing Address 1208 EAST 24TH ST	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-8231	Region 6	Facility Number	5808
BRISTOL MANOR OF SMITHVILLE			
1502 SOUTH COMMERCIAL	Telephone (816) 532-4490	Alzheimer's Unit	No
SMITHVILLE MO 64089-8474	Level of Care: RCF	Bed Capacity	12
Mailing Address 1502 S COMMERCIAL	County CLAY	DMH Licensed	No
SMITHVILLE MO 64089-8474	Region 4	Facility Number	17515
BRISTOL MANOR OF STOVER			
607 WEST 4TH ST	Telephone (573) 377-4519	Alzheimer's Unit	No
STOVER MO 65078-0807	Level of Care: RCF	Bed Capacity	12
Mailing Address 607 WEST 4TH ST	County MORGAN	DMH Licensed	No
STOVER MO 65078-0807	Region 6	Facility Number	18863
BRIGTOL MANOR OF TRENTON			
BRISTOL MANOR OF TRENTON	T-1	Allahatan ada XI ata	NT-
1701 EAST 28TH ST	Telephone (660) 359-5599	Alzheimer's Unit	No
TRENTON MO 64683-1177	Level of Care: RCF	Bed Capacity	12 N-
Mailing Address 1701 EAST 28TH ST	County GRUNDY	DMH Licensed	No
TRENTON MO 64683-1177	Region 4	Facility Number	18597
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
Molling Address 715 NODTH 22ND CT HWW 5 NODTH			
Mailing Address 715 NORTH 22ND ST, HWY 5 NORTH	County PUTNAM	DMH Licensed	No
UNIONVILLE MO 63565-1142	County PUTNAM Region 5		No 19153

Wednesday, June 4, 2025 Page 24 of 139

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

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

BRISTOL MANOR OF WARRENSB	URG		
603 CREACH		Telephone (660) 747-8319	Alzheimer's Unit No
WARRENSBURG	MO 64093-1994	Level of Care: RCF	Bed Capacity 12
Mailing Address 603 CREACH		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-1994	Region 3	Facility Number 16599
WINKENSBORG	1110 040/3 1//4	Region 5	Tacinty Number 10377
BRISTOL MANOR OF WARRENTO	ON		
815 WOOLF ROAD		Telephone (636) 456-1437	Alzheimer's Unit No
WARRENTON	MO 63383-6184	Level of Care: RCF	Bed Capacity 12
Mailing Address 815 WOOLF RD		County WARREN	DMH Licensed No
WARRENTON	MO 63383-6184	Region 6	Facility Number 19954
BRISTOL MANOR OF WARSAW			
1600 ESTATE DR		Telephone (660) 438-7173	Alzheimer's Unit No
WARSAW	MO 65355-3061	Level of Care: RCF	Bed Capacity 12
Mailing Address 1600 ESTATE DR		County BENTON	DMH Licensed No
WARSAW	MO 65355-3061	Region 6	Facility Number 16343
WINDIW	WO 0333 3001	region 0	Tacinty Number 10343
BRISTOL MANOR OF WASHINGTO	ON		
100 WEST 12TH ST		Telephone (636) 390-0050	Alzheimer's Unit No
WASHINGTON	MO 63090-4445	Level of Care: RCF	Bed Capacity 12
Mailing Address 100 WEST 12TH ST		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-4445	Region 6	Facility Number 20138
DDICTOL MANOD OF WEDD CITY			
BRISTOL MANOR OF WEBB CITY		T-l (417) 672 4221	Al-L-:
1803 NORTH MAIN, HIGHWAY D	NO 64070 1102	Telephone (417) 673-4231	Alzheimer's Unit No
WEBB CITY	MO 64870-1193	Level of Care: RCF	Bed Capacity 12
Mailing Address 1803 NORTH MAIN,		County JASPER	DMH Licensed No
WEBB CITY	MO 64870-1193	Region 1	Facility Number 20537
BRISTOL MANOR OF WENTZVILI	LE		
840 WEST NORTHVIEW		Telephone (636) 639-6777	Alzheimer's Unit No
WENTZVILLE	MO 63385-1036	Level of Care: RCF	Bed Capacity 12
Mailing Address 840 W NORTHVIEW	7	County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-1036	Region 5	Facility Number 20397
BRISTOL MANOR OF WESTON			
178 WALNUT		Telephone (816) 386-5507	Algheimen's This
	MO (4000 1220	• '	Alzheimer's Unit No
WESTON	MO 64098-1328	Level of Care: RCF	Bed Capacity 12
Mailing Address 178 WALNUT		County PLATTE	DMH Licensed No
WESTON	MO 64098-1328	Region 4	Facility Number 16741
BRISTOL MANOR OF WILLARD			
511 WATSON		Telephone (417) 742-0090	Alzheimer's Unit No
WILLARD	MO 65781-8314	Level of Care: RCF	Bed Capacity 12
Mailing Address 511 WATSON		County GREENE	DMH Licensed No
WILLARD	MO 65781-8314	Region 1	Facility Number 20838
		<u> </u>	•

Wednesday, June 4, 2025 Page 25 of 139

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

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

BROOK CHERITH ASSISTED LIVI	NG			
104 EAST ELM ST		Telephone (660) 277-4439	Alzheimer's Unit	No
HUNTSVILLE	MO 65259-1111	Level of Care: ALF	Bed Capacity	38
Mailing Address 104 EAST ELM ST		County RANDOLPH	DMH Licensed	Yes
HUNTSVILLE	MO 65259-1111	Region 5	Facility Number	10918
BROOKDALE CREVE COEUR				
ONE NEW BALLAS PLACE		Telephone (314) 432-5200	Alzheimer's Unit	No
CREVE COEUR	MO 63146-8700	Level of Care: ALF**	Bed Capacity	46
Mailing Address ONE NEW BALLAS	PLACE	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63146-8700	Region 7	Facility Number	26178
BROOKDALE WEST COUNTY				
785 HENRY AVE		Telephone (636) 527-5700	Alzheimer's Unit	Yes
BALLWIN	MO 63011-2736	Level of Care: ALF**	Bed Capacity	98
Mailing Address 785 HENRY AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63011-2736	Region 7	Facility Number	28149
			•	
BROOKDALE WORNALL PLACE				
501 WEST 107TH ST		Telephone (816) 941-7777	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5919	Level of Care: ALF**	Bed Capacity	68
Mailing Address 501 WEST 107TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5919	Region 3	Facility Number	29304
Militaria ciri	110 01111 3717	Region 5	racinty rumber	27304
BROOKE HAVEN HEALTHCARE				
1410 NORTH KENTUCKY AVE		Telephone (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care: SNF	Bed Capacity	120
Mailing Address 1410 NORTH KENT		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 2 Medicare/Medicaid	Facility Number	06253
WESTTEANS	WIO 03773-1022	Region 2 Medical e/Medicald	racinty Number	00233
BROOKFIELD HEALTH CARE CE	NTED			
215 EAST PRATT	NIEK	Telephone (660) 675-0600	Alzheimer's Unit	No
BROOKFIELD	MO 64628-1300	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 129	112 01020 1300	County LINN	DMH Licensed	No
BROOKFIELD	MO 64628-0129	Region 5 Medicare/Medicaid	Facility Number	05220
		Region 5 Medicare/Medicard	1 delity 1 (diliber	03220
BROOKHAVEN NURSING & REHA	.B			
3405 WEST MT VERNON		Telephone (417) 874-9600	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-5241	Level of Care: SNF	Bed Capacity	90
Mailing Address 3405 WEST MT VER		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number	09512
of Killol ILLD	03002 3271	region i ivicuicale/ivicuicald	2 demis 1 dimber	09314
BROOKING PARK				
307 SOUTH WOODS MILL RD		Telephone (314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-3418	Level of Care: SNF	Bed Capacity	97
Mailing Address 307 SOUTH WOODS		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7 Medicare/Medicaid	Facility Number	14661
				001

Wednesday, June 4, 2025 Page 26 of 139

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

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

BROOKING PARK				
307 SOUTH WOODS MILL RD	Telephone	(314) 576-5545	Alzheimer's Unit	Yes
	017-3418 Level of Ca		Bed Capacity	93
Mailing Address 307 SOUTH WOODS MILL RD	•	SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD MO 630	017-3418 Region 7		Facility Number	14661
PROOFSIDE WANGE RESPENSIVE CARE	H.C			
BROOKSIDE MANOR RESIDENTIAL CARE,		(572) 756 6424	A1 1	NI-
2434 HIGHWAY H	Telephone	(573) 756-6434	Alzheimer's Unit	No
	640-7033 Level of Ca		Bed Capacity	20
Mailing Address 2434 HIGHWAY H	County	SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 636	640-7033 Region 2		Facility Number	20034
BRUNSWICK HEALTH CARE CENTER				
721 W HARRISON ST	Telephone	(660) 548-3182	Alzheimer's Unit	No
	236-1096 Level of C	* '	Bed Capacity	60
Mailing Address 721 W HARRISON ST	County	CHARITON	DMH Licensed	No
•	236-1096 Region 5	Medicare/Medicaid	Facility Number	03123
	Region o	Wiedical C/Wiedicald	T woning T value of	03123
BUFFALO PRAIRIE CENTER FOR REHAB A	AND HEALTHCARE			
631 WEST MAIN ST	Telephone	(417) 345-5422	Alzheimer's Unit	NO
BUFFALO MO 656	622-7496 Level of Ca	are: SNF	Bed Capacity	60
Mailing Address 631 WEST MAIN ST	County	DALLAS	DMH Licensed	No
BUFFALO MO 656	622-7496 Region 1	Medicare/Medicaid	Facility Number	16700
BUNGALOWS AT BRANSON MEADOWS, TH	НЕ			
5351 GRETNA ROAD	Telephone	(417) 334-3336	Alzheimer's Unit	No
BRANSON MO 656	616-7298 Level of C	, ,	Bed Capacity	104
Mailing Address 5351 GRETNA RD	County	TANEY	DMH Licensed	No
•	616-7298 Region 1		Facility Number	23683
BUNGALOWS AT CHESTERFIELD VILLAGE	· ·			
2410 WEST CHESTERFIELD BLVD	Telephone	(417) 886-4000	Alzheimer's Unit	No
	807-8631 Level of Ca		Bed Capacity	92
Mailing Address 2410 W CHESTERFIELD BLVI	D County	GREENE	DMH Licensed	No
SPRINGFIELD MO 658	807-8631 Region 1		Facility Number	22584
BUNGALOWS AT NEVADA , THE				
640 EAST HIGHLAND	Telephone	(417) 667-3883	Alzheimer's Unit	No
	772-1091 Level of C :		Bed Capacity	37
Mailing Address 640 EAST HIGHLAND	County	VERNON	DMH Licensed	No
•	·	VERNON	Facility Number	
MEVADA MO 04	772-1091 Region 1		racinty Number	23732
BUNGALOWS AT SPRINGFIELD EAST, THE	E			
3540 EAST CHEROKEE	Telephone	(417) 889-2222	Alzheimer's Unit	No
SPRINGFIELD MO 658	809-2828 Level of Ca	are: RCF	Bed Capacity	67
Mailing Address 3540 EAST CHEROKEE	County	GREENE	DMH Licensed	No
SPRINGFIELD MO 658	809-2828 Region 1		Facility Number	21025

Wednesday, June 4, 2025 Page 27 of 139

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

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

BUNKER RESIDENTIAL HOME				
500 CULLER AVE		Telephone (573) 689-1392	Alzheimer's Unit	No
BUNKER	MO 63629-	Level of Care: RCF	Bed Capacity	15
Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed	Yes
BUNKER	MO 63629-0276	Region 2	Facility Number 168	882
BUTLER REHAB AND HEALTHCA	ARE CENTER			
416 SOUTH HIGH ST		Telephone (660) 679-6158		ON
BUTLER	MO 64730-1827	Level of Care: SNF		98
Mailing Address 416 SOUTH HIGH S		County BATES		No
BUTLER	MO 64730-1827	Region 3 Medicare/Medicaid	Facility Number 086	527
DIFFEDERELD DECIDENTIAL CA	DE CENTED			
BUTTERFIELD RESIDENTIAL CA 1120 NORTH BUTTERFIELD RD	RE CENTER	Telephone (417) 326-5200	Alzheimer's Unit	No
BOLIVAR	MO 65613-1000	Level of Care: RCF*		66
Mailing Address 1120 N BUTTERFII		County POLK		No
BOLIVAR	MO 65613-1000	·		
DOLIVAR	MO 03013-1000	Region 1	Facility Number 144	.30
BUTTERFIELD RESIDENTIAL CA	RE CENTER			
1120 NORTH BUTTERFIELD RD		Telephone (417) 326-5200	Alzheimer's Unit	No
BOLIVAR	MO 65613-1000	Level of Care: RCF	Bed Capacity	24
Mailing Address 1120 N BUTTERFII	ELD RD	County POLK	= :	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 144	136
		G		
CALIFORNIA CARE CENTER				
1106 SOUTH OAK, ROUTE 3		Telephone (573) 796-3127	Alzheimer's Unit	No
CALIFORNIA	MO 65018-1462	Level of Care: SNF	Bed Capacity	60
Mailing Address 1106 SOUTH OAK,	ROUTE 3	County MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-1462	Region 6 Medicare/Medicaid	Facility Number 104	137
CAMDENTON WINDSOR ESTATE	S			
2042 N BUSINESS ROUTE 5		Telephone (573) 346-5654		No
CAMDENTON	MO 65020-2611	Level of Care: SNF		82
Mailing Address 2042 N BUSINESS I		County CAMDEN		No
CAMDENTON	MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number 086	588
CAMELOT NURSING AND REHAM	BILITATION CENTER			
705 GRAND CANYON DRIVE		Telephone (573) 756-8911	Alzheimer's Unit	ON
FARMINGTON	MO 63640-2161	Level of Care: SNF		97
Mailing Address 705 GRAND CANY		County SAINT FRANCOIS		No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number 009	
17Hdill(0101)	05070 2101	region 2 Medical e/Medicald	Tacinty Number 009	10
CAMERON NURSING CENTER				
801 EUCLID AVE		Telephone (816) 632-7254	Alzheimer's Unit	No
CAMERON	MO 64429-2003	Level of Care: SNF	Bed Capacity 1	20
Mailing Address PO BOX 438		County CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number 009	183

Wednesday, June 4, 2025 Page 28 of 139

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

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

CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62	IOR LIVING	Talankana (572) 246 2155	Alakaimania Visita Vas
-,	MO 50000 5000	Telephone (573) 246-2155	Alzheimer's Unit Yes
CAMPBELL	MO 63933-6383	Level of Care: SNF	Bed Capacity 90
Mailing Address 17108 US HWY 62	MO 50000 5000	County DUNKLIN	DMH Licensed No
CAMPBELL	MO 63933-6383	Region 2 Medicare/Medicaid	Facility Number 02820
CAPE ALBEON			
3300 LAKE BEND DR		Telephone (636) 861-3200	Alzheimer's Unit Yes
VALLEY PARK	MO 63088-2524	Level of Care: ALF**	Bed Capacity 100
Mailing Address 3300 LAKE BEND D		County SAINT LOUIS COUNTY	DMH Licensed No
VALLEY PARK	MO 63088-2524	Region 7	Facility Number 22838
VALLETTAKK	WO 03000-2324	Region /	racinty Number 22030
CAPETOWN ASSISTED LIVING			
2857 CAPE LACROIX RD		Telephone (573) 334-4855	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8588	Level of Care: ALF**	Bed Capacity 48
Mailing Address 2857 CAPE LACROI	X RD	County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8588	Region 2	Facility Number 23989
CARE NETWORK AT LINDELL			
4336 LINDELL BLVD		T-1 (214) 652 4828	Al-beim out Timia No
SAINT LOUIS	MO (2109 2702	Telephone (314) 652-4828 Level of Care: RCF*	Alzheimer's Unit No Bed Capacity 20
	MO 63108-2702		
Mailing Address PO BOX 525	140 (545)	County SAINT LOUIS CITY	DMH Licensed Yes
CUBA	MO 65453-	Region 7	Facility Number 10470
CARE NETWORK AT WATERMAN			
5143 WATERMAN BLVD		Telephone (314) 367-5620	Alzheimer's Unit No
SAINT LOUIS	MO 63108-1103	Level of Care: RCF*	Bed Capacity 40
Mailing Address 5143 WATERMAN B	SLVD	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-1103	Region 7	Facility Number 02785
CARE NETWORK OF CUBA			
5349 HIGHWAY P		Telephone (573) 885-3661	Alzheimer's Unit No
CUBA	MO 65453-6281	Level of Care: RCF*	Bed Capacity 34
Mailing Address PO BOX 647		County CRAWFORD	DMH Licensed Yes
CUBA	MO 65453-0647	Region 6	Facility Number 17894
CARE NETWORK OF GLADSTONE	,		
		T-1 (816) 454 5120	Al-baimanta Tinia No
3000 NE 64TH ST	MO (4110 1500	Telephone (816) 454-5130	Alzheimer's Unit No
GLADSTONE CATTLY ST	MO 64119-1569	Level of Care: ALF**	Bed Capacity 60
Mailing Address 3000 NE 64TH ST	MO (4110 1560	County CLAY	DMH Licensed No
GLADSTONE	MO 64119-1569	Region 4	Facility Number 12510
CARE NETWORK OF PLATTE CIT	Y		
15 WALLINGFORD DR		Telephone (816) 858-2182	Alzheimer's Unit No
PLATTE CITY	MO 64079-9604	Level of Care: RCF*	Bed Capacity 30
Mailing Address 15 WALLINGFORD I		County PLATTE	DMH Licensed No
PLATTE CITY	MO 64079-9604	Region 4	Facility Number 13182

Wednesday, June 4, 2025 Page 29 of 139

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

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

CARE NETWORK OF SOUTH COUN	TY		
1204 TELEGRAPH RD		Telephone (314) 631-2003	Alzheimer's Unit No
	MO 63125-2528	Level of Care: RCF*	Bed Capacity 38
Mailing Address 1204 TELEGRAPH RD		County SAINT LOUIS COUNTY	DMH Licensed Yes
SAINT LOUIS	MO 63125-2528	Region 7	Facility Number 14409
CARE NETWORK OF ST ANN			
10441 INTERNATIONAL PLAZA DR		Telephone (314) 423-1254	Alzheimer's Unit No
	MO 63074-1805	Level of Care: ALF	Bed Capacity 40
Mailing Address 10441 INTERNATION	AL PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT ANN	MO 63074-1805	Region 7	Facility Number 21994
		S	•
CARE METAWORK OF TROM			
CARE NETWORK OF TROY		T. I. I. (626) 460 4015	A11.
350 CAP AU GRIS	MO (2270 1771	Telephone (636) 462-4915 Level of Care: RCF*	Alzheimer's Unit No Bed Capacity 23
	MO 63379-1761		
Mailing Address PO BOX 271 TROY	MO 62270 0271	•	
TROY	MO 63379-0271	Region 5	Facility Number 08129
CAREGIVERS INN			
1297 FEISE RD		Telephone (636) 240-7979	Alzheimer's Unit Yes
	MO 63368-6710	Level of Care: ALF**	Bed Capacity 30
Mailing Address 1297 FEISE RD		County SAINT CHARLES	DMH Licensed No
DARDENNE PRAIRIE	MO 63368-6710	Region 5	Facility Number 15342
CARL JUNCTION RESIDENTIAL CA	RE		
201 FIR RD		Telephone (417) 782-5659	Alzheimer's Unit No
	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
CARACT WALLSTON AND A DEVI	A DAY ATT A TEXAN		
CARMEL HILLS WELLNESS & REH	ABILITATION	T 1 1 (01c) 4c1 0c00	A11
810 EAST WALNUT ST	MO (4050 4025	Telephone (816) 461-9600	Alzheimer's Unit Yes
	MO 64050-4025	Level of Care: SNF	Bed Capacity 194
Mailing Address 810 EAST WALNUT S INDEPENDENCE		County JACKSON	DMH Licensed No
INDEFENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number 23422
CARNEGIE VILLAGE REHABILITA	TION & HEALTH CARE CENTER, I	LLC	
105 BERNARD DRIVE		Telephone (816) 348-8815	Alzheimer's Unit No
BELTON	MO 64012-6181	Level of Care: SNF	Bed Capacity 78
Mailing Address 105 BERNARD DRIVE	E	County CASS	DMH Licensed No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number 30531
CARNEGIE VILLAGE SENIOR LIVI	NG COMMUNITY		
103 BERNARD DR		Telephone (816) 322-0844	Alzheimer's Unit No
	MO 64012-6182	Level of Care: ALF**	Bed Capacity 85
Mailing Address 103 BERNARD DR		County CASS	DMH Licensed No
-	MO 64012-6182	Region 3	Facility Number 25482
DELION			

Wednesday, June 4, 2025 Page 30 of 139

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

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

CARONDELET RETIREMENT MA	ANOR			
6811 MICHIGAN		Telephone (314) 353-9552	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2834	Level of Care: RCF*	Bed Capacity	34
Mailing Address PO BOX 37073		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63141-1573	Region 7	Facility Number	01058
CARRIAGE REGIDENTIAL CARE	CENTER II C			
CARRIAGE RESIDENTIAL CARE	CENTER LLC	m 1 1 (572) 757 9140	A1 1	NT-
508 NORTH WASHINGTON ST	MO (2640 1756	Telephone (573) 756-8140	Alzheimer's Unit	No 20
FARMINGTON A DE POY 272	MO 63640-1756	Level of Care: RCF*	Bed Capacity	20
Mailing Address PO BOX 272	MO (2640 0675	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	07824
CARRIAGE SQUARE REHAB ANI	D HEALTHCARE CENTER			
4009 GENE FIELD RD		Telephone (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Level of Care: RCF*	Bed Capacity	32
Mailing Address 4009 GENE FIELD		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-1864	Region 4	Facility Number	01061
SAMAT VOSELTI	110 01300 1001	Region	Tuenty Number	01001
CARRIAGE SQUARE REHAB ANI	D HEALTHCARE CENTER			
4009 GENE FIELD RD		Telephone (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Level of Care: SNF	Bed Capacity	130
Mailing Address 4009 GENE FIELD	RD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-1864	Region 4 Medicare/Medicaid	Facility Number	01061
CARRIE DUMAS LONG TERM CA	ARE FACILITY			
2836 BENTON BLVD				NI.o.
		Telephone (816) 924-5017	Alzheimer's Unit	No
KANSAS CITY	MO 64128-1140	Level of Care: ALF	Bed Capacity	34
Mailing Address 2836 BENTON BLV	VD	Level of Care: ALF County JACKSON	Bed Capacity DMH Licensed	
		Level of Care: ALF	Bed Capacity	34
Mailing Address 2836 BENTON BLY KANSAS CITY	MO 64128-1140	Level of Care: ALF County JACKSON	Bed Capacity DMH Licensed	34 Yes
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI	MO 64128-1140	Level of Care: ALF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number	34 Yes 18550
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY	MO 64128-1140 EALTH CARE CENTER	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	34 Yes 18550 No
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	34 Yes 18550 No 130
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	34 Yes 18550 No 130 No
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	34 Yes 18550 No 130
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	34 Yes 18550 No 130 No
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	34 Yes 18550 No 130 No
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE	MO 64128-1140 EALTH CARE CENTER MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	34 Yes 18550 No 130 No 02877
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	34 Yes 18550 No 130 No 02877
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	34 Yes 18550 No 130 No 02877
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015 MO 64633-2265 MO 64633-2265	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF County CARROLL	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	34 Yes 18550 No 130 No 02877
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HIS 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWAY SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON CARROLLTON CARTHAGE HEALTH AND REHA	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015 MO 64633-2265 MO 64633-2265	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF County CARROLL Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	34 Yes 18550 No 130 No 02877 No 63 No 22027
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON CARTHAGE HEALTH AND REHA 1901 BUENA VISTA AVE	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015 MO 64633-2265 MO 64633-2265 ABILITATION CENTER	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF County CARROLL Region 4 Medicare/Medicaid Telephone (417) 358-1937	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	34 Yes 18550 No 130 No 02877 No 63 No 22027
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON CARTHAGE HEALTH AND REHA 1901 BUENA VISTA AVE CARTHAGE	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015 MO 64633-2265 MO 64633-2265 ABILITATION CENTER MO 64836-3178	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF County CARROLL Region 4 Medicare/Medicaid Telephone (417) 358-1937 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	34 Yes 18550 No 130 No 02877 No 63 No 22027
Mailing Address 2836 BENTON BLY KANSAS CITY CARRIE ELLIGSON GIETNER HI 5000 SOUTH BROADWAY SAINT LOUIS Mailing Address 5000 S BROADWA SAINT LOUIS CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON CARTHAGE HEALTH AND REHA 1901 BUENA VISTA AVE	MO 64128-1140 EALTH CARE CENTER MO 63111-2015 Y MO 63111-2015 MO 64633-2265 MO 64633-2265 ABILITATION CENTER MO 64836-3178	Level of Care: ALF County JACKSON Region 3 Telephone (314) 752-0000 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (660) 542-1599 Level of Care: SNF County CARROLL Region 4 Medicare/Medicaid Telephone (417) 358-1937	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	34 Yes 18550 No 130 No 02877 No 63 No 22027

Wednesday, June 4, 2025 Page 31 of 139

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

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

CACCUILLE HEALTH CENTED FOI	D DELLAD AND HEAT THEADE		
CASSVILLE HEALTH CENTER FOR	R REHAB AND HEALTHCARE	T. 1. 1. (417) 047 2204	
1300 COUNTY FARM RD		Telephone (417) 847-3386	Alzheimer's Unit No
CASSVILLE	MO 65625-1726	Level of Care: SNF	Bed Capacity 60
Mailing Address 1300 COUNTY FARM	M RD	County BARRY	DMH Licensed No
CASSVILLE	MO 65625-1726	Region 1 Medicare/Medicaid	Facility Number 01097
CASTLEWOOD SENIOR LIVING TH	не		
1538 N OLD CASTLE ROAD		Telephone (417) 724-8188	Alzheimer's Unit Yes
NIXA	MO 65714-9902	Level of Care: ALF**	Bed Capacity 66
Mailing Address 1538 N OLD CASTLE	FROAD	County CHRISTIAN	DMH Licensed No
NIXA	MO 65714-9902	Region 1	Facility Number 30722
NIAA	MO 03/14-9902	Region 1	racinty Number 30722
CEDAR POINTE			
1800 WHITE COLUMNS DR		Telephone (573) 364-7766	Alzheimer's Unit Yes
ROLLA	MO 65401 2044	• '	
	MO 65401-2044	Level of Care: SNF	Bed Capacity 102
Mailing Address 1800 WHITE COLUM		County PHELPS	DMH Licensed No
ROLLA	MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number 06801
CEDAR RIDGE CARE CENTER, LL	C		
71 SYCAMORE		Telephone (417) 847-5546	Alzheimer's Unit No
	MO 65605 1755	•	
CASSVILLE	MO 65625-1755	Level of Care: RCF*	Bed Capacity 30
Mailing Address PO BOX 633		County BARRY	DMH Licensed Yes
CASSVILLE	MO 65625-0633	Region 1	Facility Number 15295
CEDARGATE HEALTHCARE			
2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit No
	MO 63901-4036		
POPLAR BLUFF			
Mailing Address 2350 KANELL BLVD		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number 01182
CEDARGATE HEALTHCARE			
2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4036	Level of Care: ALF	Bed Capacity 16
			• •
Mailing Address 2350 KANELL BLVD		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4036	Region 2	Facility Number 01182
CEDARHURST OF ARNOLD			
2069 MISSOURI STATE ROAD		Telephone (636) 333-3004	Alzheimer's Unit Yes
ARNOLD	MO 63010-4809	Level of Care: ALF**	Bed Capacity 94
Mailing Address 2069 MISSOURI STA		County JEFFERSON	DMH Licensed No
-		•	
ARNOLD	MO 63010-4809	Region 2	Facility Number 32428
CEDARHURST OF BLUE SPRINGS			
20551 E TRINITY PLACE		Telephone (816) 988-4545	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64015-9501	Level of Care: ALF**	Bed Capacity 89
Mailing Address 20551 E TRINITY PL		County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64015-9501	Region 3	Facility Number 31581
DECE SI KIIAGS	1410 04013-7301	region 3	racinty number 51501

Wednesday, June 4, 2025 Page 32 of 139

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

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

CEDARHURST OF COLUMBIA		
2333 CHAPEL HILL RD	Telephone (573) 234-1091 Alzheimer's Unit	Yes
COLUMBIA MO 65203-15	Level of Care: ALF** Bed Capacity	127
Mailing Address 2333 CHAPEL HILL RD	County BOONE DMH Licensed	No
COLUMBIA MO 65203-15	Region 6 Facility Number	29874
CEDARHURST OF DES PERES		
12826 DAYLIGHT CIRCLE	Telephone (314) 916-6614 Alzheimer's Unit	Yes
SAINT LOUIS MO 63131-18	•	76
Mailing Address 12826 DAYLIGHT CIRCLE	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63131-18	•	30351
110 00 10 10 10 10 10 10 10 10 10 10 10	Region / Tuenty runner	30331
CEDARHURST OF FARMINGTON		
200 MAPLE VALLEY DRIVE	Telephone (573) 713-9150 Alzheimer's Unit	Yes
FARMINGTON MO 63640-73		84
Mailing Address 200 MAPLE VALLEY DRIVE	County SAINT FRANCOIS DMH Licensed	No
FARMINGTON MO 63640-73	Region 2 Facility Number	32159
CEDARHURST OF LEBANON ASSISTED LIVING	& MEMORY CARE	
842 LYNN STREET	Telephone (417) 815-0122 Alzheimer's Unit	Yes
LEBANON MO 65536-38	Level of Care: ALF** Bed Capacity	90
Mailing Address 842 LYNN STREET	County LACLEDE DMH Licensed	No
LEBANON MO 65536-38	Region 1 Facility Number	31890
CEDA BHI IDST OF SPRINGEIEI D		
CEDARHURST OF SPRINGFIELD	Talanhana (417) 885 9050 Alzhaimar's Unit	Vac
1146 EAST LAKEWOOD ST	Telephone (417) 885-9050 Alzheimer's Unit	Yes
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26	Level of Care: ALF** Bed Capacity	66
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST	Level of Care: ALF** Bed Capacity County GREENE DMH Licensed	66 No
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26	Level of Care: ALF** Bed Capacity County GREENE DMH Licensed	66
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST	Level of Care: ALF** Bed Capacity County GREENE DMH Licensed	66 No
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST	Level of Care: ALF** Bed Capacity County GREENE DMH Licensed Region 1 Facility Number	66 No
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26	Level of Care: ALF** Bed Capacity County GREENE DMH Licensed Region 1 Facility Number	66 No
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Alzheimer's Unit	66 No 28295
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed	66 No 28295 Yes
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number Alzheimer's Unit Bed Capacity DMH Licensed	66 No 28295 Yes 155
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed	66 No 28295 Yes 155 No
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed	66 No 28295 Yes 155 No
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVIT 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number	66 No 28295 Yes 155 No
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number Alzheimer's Unit Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Alzheimer's Unit	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Alzheimer's Unit	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVE 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Region 5 Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVING 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Region 5 Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVIT 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-21	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Region 5 Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVIT 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-21 CEDARHURST OF WENTZVILLE	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Region 5 Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number Telephone (314) 849-1366 Region 7 Facility Number	66 No 28295 Yes 155 No 30676 No 108 No 13663
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVIT 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-21 CEDARHURST OF WENTZVILLE 1290 WENTZVILLE PARKWAY	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES MH Licensed Facility Number Telephone (314) 849-1366 Region 5 Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number Telephone (314) 849-1366 Alzheimer's Unit Facility Number Telephone (636) 205-3444 Alzheimer's Unit	66 No 28295 Yes 155 No 30676 No 108 No 13663
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVID 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-21 CEDARHURST OF WENTZVILLE 1290 WENTZVILLE PARKWAY WENTZVILLE MO 63385-39	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Alzheimer's Unit Level of Care: ALF** County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Facility Number Telephone (636) 205-3444 Alzheimer's Unit Level of Care: ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676 No 108 No 13663
SPRINGFIELD MO 65810-26 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-26 CEDARHURST OF ST. CHARLES ASSISTED LIVIT 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-16 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-21 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-21 CEDARHURST OF WENTZVILLE 1290 WENTZVILLE PARKWAY	Level of Care: ALF** County GREENE DMH Licensed Facility Number NG & MEMORY CARE Telephone (636) 255-8094 Alzheimer's Unit Level of Care: ALF** County SAINT CHARLES DMH Licensed Facility Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number Telephone (314) 849-1366 Alzheimer's Unit Level of Care: ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Facility Number Telephone (636) 205-3444 Alzheimer's Unit Level of Care: ALF** Bed Capacity Number	66 No 28295 Yes 155 No 30676 No 108 No 13663

Wednesday, June 4, 2025 Page 33 of 139

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

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

CED A DAVIDOR OF WEED DA AND			
CEDARHURST OF WEST PLAINS	Talankana	(417) 272 9040	A 1-1
1521 US HIGHWAY 63	Telephone	` '	Alzheimer's Unit Yes Bed Capacity 84
	65775-9809 Level of Ca		Bed Capacity 84 DMH Licensed No
Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO	•		
WEST PLAINS MO	65775-9809 Region 2		Facility Number 32028
CENTRAL GARDENS INC			
302 NORTH ELM ST	Telephone	(573) 624-0011	Alzheimer's Unit No
	63841-1773 Level of C	` '	Bed Capacity 83
Mailing Address 302 NORTH ELM ST	County		DMH Licensed No
	63841-1773 Region 2		Facility Number 18858
CENTURY PINES ASSISTED LIVING			
709 EAST MCCRACKEN RD	Telephone	(417) 581-7278	Alzheimer's Unit No
	65721-9499 Level of C	· · ·	Bed Capacity 80
Mailing Address 709 EAST MCCRACKEN R			DMH Licensed Yes
_	•		
OZAKK MO	65721-9499 Region 1	1	Facility Number 01200
CENTURY PINES ASSISTED LIVING			
709 EAST MCCRACKEN RD	Telephone	(417) 581-7278	Alzheimer's Unit No
OZARK MO	65721-9499 Level of C	are: ALF**	Bed Capacity 23
Mailing Address 709 EAST MCCRACKEN R	D County		DMH Licensed No
OZARK MO	65721-9499 Region 1]	Facility Number 01200
	223		•
CVV. PEPE NVIDANIA ATNABA			
CHAFFEE NURSING CENTER			
12273 STATE HIGHWAY 77	Telephone	` '	Alzheimer's Unit No
12273 STATE HIGHWAY 77 CHAFFEE MO	63740-8219 Level of C	are: SNF I	Bed Capacity 71
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 7	63740-8219 Level of C 7 County	are: SNF I	Bed Capacity 71 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 7	63740-8219 Level of C	are: SNF I	Bed Capacity 71
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO	63740-8219 Level of C 7 County	are: SNF I	Bed Capacity 71 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN	63740-8219 Level of County 63740-8219 Region 2	nre: SNF I SCOTT I Medicare/Medicaid	Bed Capacity 71 DMH Licensed No Facility Number 13652
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN	63740-8219 Level of Canal Cana	nre: SNF I SCOTT I Medicare/Medicaid	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 Level of Ca	re: SNF I SCOTT I Medicare/Medicaid I (630) 766-5800 Are: ALF**	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN	63740-8219 Level of Canal Cana	re: SNF I SCOTT I Medicare/Medicaid (630) 766-5800 Are: ALF** I JASPER I	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN	63740-8219 County Region 2 Telephone Level of Ca County Region 2	re: SNF I SCOTT I Medicare/Medicaid (630) 766-5800 Are: ALF** I JASPER I	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN	63740-8219 County 63740-8219 Region 2 Telephone Level of County 64801-8426 County Region 1	re: SNF I SCOTT I Medicare/Medicaid (630) 766-5800 Are: ALF** I JASPER I	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO	63740-8219 County 63740-8219 Region 2 Telephone Level of County 64801-8426 County Region 1	SCOTT I Medicare/Medicaid (630) 766-5800 Are: ALF** I JASPER	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 County 64801-8426 Region 1	(630) 766-5800 Are: ALF** JASPER J	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 County 64801-8426 Region 1 ER Telephone	SCOTT	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 Level of Canaly County Region 1 ER Telephone Level of Canaly County Region 1	SCOTT	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR SALISBURY MO	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 Level of Canda County Region 1 ER Telephone Level of Canda County County County County County County County County	SCOTT	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR SALISBURY MO CHATEAU ANN MARIE	63740-8219 7 County 63740-8219 Region 2 Telephone 64801-8426 Level of Ca County Region 1 ER Telephone Level of Ca County Region 1 ER 65281-1236 County Region 5	CHARITON Medicare/Medicaid (630) 766-5800 (630) 766-5800 (660) 388-6486 (660) 388-6486 Medicare/Medicaid	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR SALISBURY MO CHATEAU ANN MARIE 7700 MINNESOTA AVE	63740-8219 County 63740-8219 Region 2 Telephone 64801-8426 Level of Canda County Region 1 ER Telephone Level of Canda County County County County County County County County	SCOTT	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469 Alzheimer's Unit No
12273 STATE HIGHWAY 77 CHAFFEE MO Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE MO CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR SALISBURY MO CHATEAU ANN MARIE 7700 MINNESOTA AVE SAINT LOUIS MO	63740-8219 7 County 63740-8219 Region 2 Telephone 64801-8426 County 64801-8426 ER Telephone 65281-1236 County Region 5 Telephone Level of Canda County Region 5	SCOTT	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469
CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN MO Mailing Address 201 S NORTHPARK LN JOPLIN MO CHARITON PARK HEALTH CARE CENT 902 MANOR DR SALISBURY MO Mailing Address 902 MANOR DR SALISBURY MO CHATEAU ANN MARIE 7700 MINNESOTA AVE SAINT LOUIS MO Mailing Address 7700 MINNESOTA AVE	63740-8219 7 County 63740-8219 Region 2 Telephone 64801-8426 64801-8426 ER Telephone 65281-1236 County 65281-1236 County Region 5 Telephone Level of Canada County Region 5	(630) 766-5800 (630) 766-5800 (630) 766-5800 (are: ALF** JASPER (660) 388-6486	Bed Capacity 71 DMH Licensed No Facility Number 13652 Alzheimer's Unit Yes Bed Capacity 93 DMH Licensed No Facility Number 14251 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469 Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 06469

Wednesday, June 4, 2025 Page 34 of 139

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

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

CHATEAU GIRARDEAU				
3120 INDEPENDENCE ST		Telephone (573) 335-1281	Alzheimer's Unit No	
CAPE GIRARDEAU	MO 63703-5043	Level of Care: SNF	Bed Capacity 75	
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	DMH Licensed No	
CAPE GIRARDEAU	MO 63703-5043	Region 2 Medicare/Medicaid	Facility Number 01386	ı
CHATEAU GIRARDEAU				
3120 INDEPENDENCE ST		Telephone (573) 335-1281	Alzheimer's Unit Yes	
CAPE GIRARDEAU	MO 63703-5043	Level of Care: ALF**	Bed Capacity 62	
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	DMH Licensed No	
CAPE GIRARDEAU	MO 63703-5043	Region 2	Facility Number 01386	
CAI E GIRARDEAU	NIO 03703-30 4 3	Kegion 2	racinty Number 01380	
CHEROKEE RESIDENTIAL CARE	ACQUISITION, LLC			
3409 MISSOURI AVE		Telephone (314) 771-8360	Alzheimer's Unit No	,
SAINT LOUIS	MO 63118-3236	Level of Care: RCF*	Bed Capacity 34	ŀ
Mailing Address 3409 MISSOURI AV	E	County SAINT LOUIS CITY	DMH Licensed Yes	;
SAINT LOUIS	MO 63118-3236	Region 7	Facility Number 14047	
CHECTEDELE DATE AG				
CHESTERFIELD VILLAS		T. 1. 1. (62.6) 522 020.6		
14901 N OUTER 40 RD	MO (2017 (024	Telephone (636) 532-9296 Level of Care: ALF	Alzheimer's Unit No Bed Capacity 54	
CHESTERFIELD Mailing Address 14001 NOUTER 40	MO 63017-6034			
Mailing Address 14901 N OUTER 40 CHESTERFIELD	MO 63017-6034	•		
CHESTERFIELD	WO 03017-0034	Region 7	Facility Number 29067	
CHESTNUT GLENN - ASSISTED L	IVING BY AMERICARE			
121 KLONDIKE CROSSING		Telephone (636) 928-4200	Alzheimer's Unit Yes	i
SAINT PETERS	MO 63376-5394	Level of Care: ALF**	Bed Capacity 74	H
Mailing Address 121 KLONDIKE CR	OSSING	County SAINT CHARLES	DMH Licensed No	,
SAINT PETERS	MO 63376-5394	Region 5	Facility Number 25446	i
CHESTNUT REHAB AND NURSING	a.			
10954 KENNERLY RD	G.	Telephone (314) 843-4242	Alzheimer's Unit No	
SAINT LOUIS	MO 63128-2018	Level of Care: SNF	Bed Capacity 167	
Mailing Address 10954 KENNERLY 1		County SAINT LOUIS COUNTY	DMH Licensed No	
SAINT LOUIS	MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number 03182	
		Anglori Managara Mana		
CHILLICOTHE MANOR I LLC				
1301 MONROE ST		Telephone (660) 646-5180	Alzheimer's Unit No	
CHILLICOTHE	MO 64601-1345	Level of Care: RCF*	Bed Capacity 64	
Mailing Address 1301 MONROE ST		County LIVINGSTON	DMH Licensed Yes	
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number 04632	,
CHRISTIAN EXTENDED CARE & 1	REHABILITATION			
11160 VILLAGE NORTH DR		Telephone (314) 355-8010	Alzheimer's Unit No	,
SAINT LOUIS	MO 63136-6159	Level of Care: SNF	Bed Capacity 60)
Mailing Address 11160 VILLAGE NO	ORTH DR	County SAINT LOUIS COUNTY	DMH Licensed No)
SAINT LOUIS	MO 63136-6159	Region 7 Medicare/Medicaid	Facility Number 08300	ı

Wednesday, June 4, 2025 Page 35 of 139

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

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

CHURCHILL TERRACE - ASSISTE	D LIVING BY AMERICARE			
120 HOSPITAL DR		Telephone (573) 642-5222	Alzheimer's Unit	No
FULTON	MO 65251-2511	Level of Care: ALF**	Bed Capacity	57
Mailing Address 120 HOSPITAL DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2511	Region 6	Facility Number	20783
			·	
CITIZENS MEMORIAL HEALTH C	ARE FACILITY			
1218 W LOCUST ST		Telephone (417) 326-7648	Alzheimer's Unit	No
BOLIVAR	MO 65613-1312	Level of Care: SNF	Bed Capacity	111
Mailing Address PO BOX 590	WIO 03013-1312		DMH Licensed	No
e e	MO 65612 0500			
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid	Facility Number	00710
CLADA MANOD NUDSING HOME				
CLARA MANOR NURSING HOME 3621 WARWICK BLVD		Telephone (816) 756-1593	Alzheimer's Unit	No
	MO (4111 1402			
KANSAS CITY	MO 64111-1403	Level of Care: SNF	Bed Capacity	90 N
Mailing Address 3621 WARWICK BL		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-1403	Region 3 Medicaid	Facility Number	14102
CLARENCE CARE CENTER				
111 EAST ST		Telephone (660) 699-2118	Alzheimer's Unit	No
CLARENCE	MO 62427 1002	• '		60
	MO 63437-1902		Bed Capacity	
Mailing Address 111 EAST ST	150 50407 4000	County SHELBY	DMH Licensed	No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number	01475
CLARENDALE CLAYTON				
7651 CLAYTON ROAD		Telephone (314) 390-9399	Alzheimer's Unit	Yes
CLAYTON	MO 63117-1419	Level of Care: ALF**	Bed Capacity	98
Mailing Address 7651 CLAYTON ROA		County SAINT LOUIS COUNTY	DMH Licensed	No
CLAYTON	MO 63117-1419	Region 7	Facility Number	
CLATION	WO 03117-1419	Kegion /	racinty Number	32528
CLARENDALE OF ST PETERS				
10 DUBRAY DRIVE		Telephone (636)706-5100	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3558	Level of Care: ALF**	Bed Capacity	110
Mailing Address 10 DUBRAY DRIVE		County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3558	Region 5	Facility Number	32095
S/M/11B1EAG	MG 03370 3330	Region 5	Tuelley Tulliger	32073
CLARK CARE CENTER - ONE				
1505 EAST ASHLAND ST		Telephone (417) 667-3900	Alzheimer's Unit	No
NEVADA	MO 64772-4025	Level of Care: RCF*	Bed Capacity	38
Mailing Address PO BOX 246		County VERNON	DMH Licensed	Yes
NEVADA	MO 64772-0246	Region 1	Facility Number	20206
	*****	9		20200
CLARK COUNTY NURSING HOME				
1260 N JOHNSON ST		Telephone (660) 727-3303	Alzheimer's Unit	No
KAHOKA	MO 63445-1100	Level of Care: SNF	Bed Capacity	103
Mailing Address 1260 N JOHNSON ST	Γ	County CLARK	DMH Licensed	No
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number	01480
		-		

Wednesday, June 4, 2025 Page 36 of 139

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

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

CLARK'S MOUNTAIN NURSING C	ENTER			
2100 BARNES		Telephone (573) 223-4297	Alzheimer's Unit	No
PIEDMONT	MO 63957-1008	Level of Care: SNF	Bed Capacity	91
Mailing Address 2100 BARNES	110 03/37 1000	County WAYNE	DMH Licensed	No
PIEDMONT	MO 63957-1008	Region 2 Medicare/Medicaid	Facility Number	01496
TEDMONT	MO 03937-1006	kegion 2 Medicare/Medicaid	racinty Number	01490
CLARU DEVILLE NURSING CENT	ER			
105 SPRUCE ST		Telephone (573) 783-3993	Alzheimer's Unit	Yes
FREDERICKTOWN	MO 63645-1002	Level of Care: SNF	Bed Capacity	90
Mailing Address 105 SPRUCE ST		County MADISON	DMH Licensed	No
FREDERICKTOWN	MO 63645-1002	Region 2 Medicare/Medicaid	Facility Number	17527
CLEARVIEW NURSING CENTER				
430 SALCEDO ROAD		Telephone (573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO 63801-4802	Level of Care: SNF	Bed Capacity	98
Mailing Address PO BOX 707	1410 03001 4002	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0707	•	Facility Number	
SIRESTON	WIO 03601-0707	Region 2 Medicare/Medicaid	Facinty Number	19913
CLINTON HEALTHCARE AND RE	HABILITATION CENTER			
1009 EAST OHIO		Telephone (660) 885-5571	Alzheimer's Unit	No
CLINTON	MO 64735-2455	Level of Care: SNF	Bed Capacity	120
Mailing Address 1009 EAST OHIO		County HENRY	DMH Licensed	No
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number	01318
		redical of redical		01010
COATES STREET COMFORT HOU	ICIE			
	OSE.			
612 WEST COATES ST		Telephone (660) 263-6759	Alzheimer's Unit	No
612 WEST COATES ST MOBERLY	MO 65270-1319	Level of Care: RCF	Bed Capacity	20
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781	MO 65270-1319	Level of Care: RCF County RANDOLPH	Bed Capacity DMH Licensed	
612 WEST COATES ST MOBERLY		Level of Care: RCF	Bed Capacity	20
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781	MO 65270-1319	Level of Care: RCF County RANDOLPH	Bed Capacity DMH Licensed	20 Yes
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY	MO 65270-1319	Level of Care: RCF County RANDOLPH	Bed Capacity DMH Licensed	20 Yes
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST	MO 65270-1319 MO 65270-0781	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	20 Yes 08220 No
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS	MO 65270-1319 MO 65270-0781 MO 64015-3104	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	20 Yes 08220 No 15
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S	MO 65270-1319 MO 65270-0781 MO 64015-3104 T	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08220 No 15 Yes
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS	MO 65270-1319 MO 65270-0781 MO 64015-3104	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	20 Yes 08220 No 15
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S	MO 65270-1319 MO 65270-0781 MO 64015-3104 T	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08220 No 15 Yes
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS	MO 65270-1319 MO 65270-0781 MO 64015-3104 T	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08220 No 15 Yes
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE	MO 65270-1319 MO 65270-0781 MO 64015-3104 T	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08220 No 15 Yes 01591
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08220 No 15 Yes 01591
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	20 Yes 08220 No 15 Yes 01591
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104 MO 63028-	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08220 No 15 Yes 01591 NO 8 No
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS COLONIAL HOME, THE	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104 MO 63028-	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON 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	20 Yes 08220 No 15 Yes 01591 NO 8 No 33443
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS COLONIAL HOME, THE 102 SUMMIT ST	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104 MO 63028- MO 63028-	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2 Telephone (573) 996-4283	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08220 No 15 Yes 01591 NO 8 No 33443
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS COLONIAL HOME, THE 102 SUMMIT ST DONIPHAN	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104 MO 63028-	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2 Telephone (573) 996-4283 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08220 No 15 Yes 01591 NO 8 No 33443
612 WEST COATES ST MOBERLY Mailing Address PO BOX 781 MOBERLY COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS COLONIAL HOME, THE 102 SUMMIT ST	MO 65270-1319 MO 65270-0781 MO 64015-3104 T MO 64015-3104 MO 63028- MO 63028-	Level of Care: RCF County RANDOLPH Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2 Telephone (573) 996-4283	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08220 No 15 Yes 01591 NO 8 No 33443

Wednesday, June 4, 2025 Page 37 of 139

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

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

COLONIAL HOUSE OF FESTUS II 129 GRAY ST		Telephone (636) 465-0994	Alzheimer's Unit	No
FESTUS	MO 63028-1950	Level of Care: RCF	Bed Capacity	20
Mailing Address 129 GRAY ST	1410 03020-1730	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-1950	Region 2	Facility Number	07322
120100	3.50 0.50 2.50 1,500	Region 2	Tuesday Tumbor	07322
COLONIAL MANOR, LLC				
907 WEST MALONE ST		Telephone (573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care: ALF	Bed Capacity	20
Mailing Address 907 WEST MALON	E ST	County SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2	Facility Number	13255
COLONIAL RESIDENTIAL CARE	EACH ITV II			
1162 CEDAR ST	FACILII I II	Telephone (573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care: RCF*	Bed Capacity	48
Mailing Address PO BOX 134	110 03021 0720	County SAINT FRANCOIS	DMH Licensed	Yes
MOUNTAIN GROVE	MO 65711-0134	Region 2	Facility Number	01693
		g	•	0.000
COLONIAL SPRINGS HEALTHCA	RE CENTER			
750 W COOPER ST		Telephone (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	01302
COLONY POINTE-ASSISTED LIVE	ING BY AMERICARE			
1510 CHAPEL HILL RD		Telephone (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA		_		
	MO 65203-5457	Level of Care: ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HILI		Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	59 No
Mailing Address 1510 CHAPEL HILL COLUMBIA				
COLUMBIA	MO 65203-5457	County BOONE	DMH Licensed	No
COLUMBIA MANOR HEALTH & I	MO 65203-5457	County BOONE Region 6	DMH Licensed Facility Number	No 28191
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD	MO 65203-5457 REHABILITATION	County BOONE	DMH Licensed Facility Number Alzheimer's Unit	No
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA	MO 65203-5457 REHABILITATION MO 65201-3874	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF	DMH Licensed Facility Number	No 28191 No 52
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD	MO 65203-5457 REHABILITATION MO 65201-3874	County BOONE Region 6 Telephone (573) 449-1246	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 28191 No
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA	MO 65203-5457 REHABILITATION MO 65201-3874 VD	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 28191 No 52 No
COLUMBIA MANOR HEALTH & D 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA COLUMBIA POST ACUTE	MO 65203-5457 REHABILITATION MO 65201-3874 VD	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE	MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA	MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 MO 65201-6584	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & DESCRIPTION OF THE STATE OF THE S	MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 MO 65201-6584 D DRIVE	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF County BOONE	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA	MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 MO 65201-6584	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & DESCRIPTION OF THE STATE OF THE S	MO 65201-3874 MO 65201-3874 VD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF County BOONE	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD COLUMBIA	MO 65201-3874 MO 65201-3874 VD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF County BOONE	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 28191 No 52 No 01715
COLUMBIA MANOR HEALTH & 1 2012 E NIFONG BLVD COLUMBIA Mailing Address 2012 E NIFONG BL COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD COLUMBIA COLUMBIA COLUMBIA	MO 65201-3874 MO 65201-3874 VD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF County BOONE Region 6 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 28191 No 52 No 01715 No 70 No 30959
COLUMBIA MANOR HEALTH & DESCRIPTION OF THE PROPERTY OF THE PRO	MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584 AL CARE CENTER LLC	County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 756-7481	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 28191 No 52 No 01715 No 70 No 30959

Wednesday, June 4, 2025 Page 38 of 139

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

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

COMMUNITIES OF WILDWOOD R	ANCH		
3222 SOUTH JOHN DUFFY DR		Telephone (417) 621-0175	Alzheimer's Unit No
JOPLIN	MO 64804-1569	Level of Care: SNF	Bed Capacity 120
Mailing Address 3222 SOUTH JOHN I		County JASPER	DMH Licensed No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number 29077
COMMUNITY MANOR			
COMMUNITY MANOR 783 WEBER ROAD		T-1 (572) 754 9009	Al-Laireant-Tirit
	MO 63640-3318	Telephone (573) 756-8998	Alzheimer's Unit No Bed Capacity 99
FARMINGTON	MO 03040-3318	Level of Care: SNF	=
Mailing Address 783 WEBER RD	MO 62640 2219	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number 13887
COMMUNITY OF AUTUMN COURT	T AT MT VERNON, THE		
1421 S LANDRUM ST	· · · · · · · · · · · · · · · · · · ·	Telephone (417) 466-3549	Alzheimer's Unit No
MOUNT VERNON	MO 65712-1912	Level of Care: ALF**	Bed Capacity 34
Mailing Address 1421 S LANDRUM S'		County LAWRENCE	DMH Licensed No
MOUNT VERNON	MO 65712-1912	Region 1	Facility Number 20809
			2000)
COMMUNITY SPRINGS HEALTHC	ARE FACILITY		
400 EAST HOSPITAL RD		Telephone (417) 876-2531	Alzheimer's Unit Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care: SNF	Bed Capacity 120
Mailing Address 400 EAST HOSPITAL	L RD	County CEDAR	DMH Licensed No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number 01740
CONVERSE HOME			
17025 OLD JAMESTOWN RD		Telephone (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
TEORISSANT	WO 03034-1414	Region 7	racinty Number 01///
COOPER HOUSE			
4385 MARYLAND AVE		Telephone (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
CODDED DOCK HEAT THOADE			
COPPER ROCK DRIVE		T-1	All Latin and State
712 COPPER ROCK DRIVE	MO (5742 0070	Telephone (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 560	140 (5742 0070	County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
CORNERSTONE LIVING CENTER			
533 E CANNAN RD		Telephone (573) 764-5141	Alzheimer's Unit NO
GERALD	MO 63037-2515	Level of Care: ALF**	Bed Capacity 60
Mailing Address 533 E CANNAN RD		County FRANKLIN	DMH Licensed No
GERALD	MO 63037-2515	Region 6	Facility Number 13926

Wednesday, June 4, 2025 Page 39 of 139

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

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

COUTA OF AT CENTURY DINES T	III		
COTTAGE AT CENTURY PINES, T	HL	T. L. J. (417) 551 4600	All to Justine
707 EAST MCCRACKEN ROAD	110 (77704 0400	Telephone (417) 551-4608	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
COTTAGES OF LAKE ST LOUIS			
2885 TECHNOLOGY DRIVE		T-l	Alzheimer's Unit No
	MO (22(7.4122	Telephone (636) 614-3510	
LAKE SAINT LOUIS	MO 63367-4123	Level of Care: SNF	Bed Capacity 60
Mailing Address 2885 TECHNOLOGY		County SAINT CHARLES	DMH Licensed No
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number 30318
COTTON POINT LIVING CENTER			
609 SOUTH RAILROAD ST		Telephone (573) 471-7861	Alzheimer's Unit Yes
MATTHEWS	MO 63867-9751	Level of Care: SNF	Bed Capacity 98
Mailing Address 609 SOUTH RAILRO		County NEW MADRID	DMH Licensed No
MATTHEWS	MO 63867-9751	•	Facility Number 07057
MATTHEWS	WO 03007-9731	Region 2 Medicare/Medicaid	Facility Number 07057
COUNTRY AIRE ESTATES, LLC			
49303 RENSSELAER LN		Telephone (573) 221-5400	Alzheimer's Unit No
HANNIBAL	MO 63401-7356	Level of Care: RCF*	Bed Capacity 16
Mailing Address 49303 RENSSELAEF	R LN	County RALLS	DMH Licensed Yes
HANNIBAL	MO 63401-7356	Region 5	Facility Number 14270
			·
COUNTRY AIRE RETIREMENT CH	ENTER		
18540 STATE HIGHWAY 16		Telephone (417) 847-3386	Alzheimer's Unit No
LEWISTOWN	MO 63452-2111	Level of Care: SNF	Bed Capacity 60
Mailing Address 18540 STATE HIGH	WAY 16	County LEWIS	DMH Licensed No
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number 16896
COUNTRY AIRE RETIREMENT C	TNTED		
18540 STATE HIGHWAY 16		Telephone (417) 847-3386	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 CLUB REHAB AND HEA	ALTHCARE CENTER		
503 REGENT DR		Telephone (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care: SNF	Bed Capacity 73
Mailing Address 503 REGENT DR		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3231	Region 3 Medicare/Medicaid	Facility Number 20892
		<u> </u>	-
COUNTRY CLUB REHAB AND HEA	ALTHCARE CENTER	TO 1 1 1 (650) 100 1111	A11.2
503 REGENT DR	NO (1000 2001	Telephone (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care: ALF**	Bed Capacity 36
Mailing Address 503 REGENT DR	1.0	County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3231	Region 3	Facility Number 20892

Wednesday, June 4, 2025 Page 40 of 139

^{*} Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006

for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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

	NG			
COUNTRY LIVING ASSISTED LIVI 2820 NORTH MAIN ST	NG	Tolonhone (417) 026 1055	Alzheimer's Unit	No
	MO (5711 1402	Telephone (417) 926-1955		
MOUNTAIN GROVE	MO 65711-1403	Level of Care: ALF	Bed Capacity	40
Mailing Address 2820 NORTH MAIN		County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE	MO 65711-1403	Region 1	Facility Number	27548
CONTROL ME A PONTO				
COUNTRY MEADOWS		m. 1 (570) 401 0000		
1301 N ST JOE DR	10 -000 1005	Telephone (573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care: ALF	Bed Capacity	15
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2	Facility Number	14443
COUNTRY ME A DOWG				
COUNTRY MEADOWS 1301 N ST JOE DR		Telephone (573) 431-2889	Alzheimer's Unit	No
	MO (2001 1005	• '		72
PARK HILLS	MO 63601-1965		Bed Capacity	
Mailing Address 1301 N ST JOE DR	NO (2001 1005	County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2 Medicare/Medicaid	Facility Number	14443
COUNTRY PLACE				
28601 US HIGHWAY 61		Telephone (573) 264-1555	Alzheimer's Unit	No
SCOTT CITY	MO 63780-9143	Level of Care: ALF	Bed Capacity	24
Mailing Address 28601 US HIGHWAY		County SCOTT	DMH Licensed	No
SCOTT CITY	MO 63780-9143	Region 2	Facility Number	25934
SCOTT CITT	WO 03780-9143	Region 2	Facinty Number	23934
COUNTRY VIEW NURSING				
COUNTRY VIEW NURSING 2106 WEST MAIN ST		Telephone (573) 324-2216	Alzheimer's Unit	No
	MO 63334-1049	Telephone (573) 324-2216 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 60
2106 WEST MAIN ST	MO 63334-1049	• '		
2106 WEST MAIN ST BOWLING GREEN	MO 63334-1049 MO 63334-0330	Level of Care: SNF	Bed Capacity	60
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN	MO 63334-0330	Level of Care: SNF County PIKE	Bed Capacity DMH Licensed	60 No
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 14926
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 14926 No
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 14926 No 33
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 63334-0330 CC MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 14926 No 33 Yes
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 14926 No 33
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 63334-0330 CC MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 14926 No 33 Yes
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT	MO 63334-0330 CC MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 14926 No 33 Yes
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES	MO 63334-0330 CC MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 14926 No 33 Yes 12737
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO	MO 63334-0330 CC MO 65708-8266 MO 65708-0434	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 14926 No 33 Yes 12737
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY	MO 63334-0330 CC MO 65708-8266 MO 65708-0434	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 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 14926 No 33 Yes 12737
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY	MO 63334-0330 CC MO 65708-8266 MO 65708-0434 MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 14926 No 33 Yes 12737
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE HOME, LLC	MO 63334-0330 CC MO 65708-8266 MO 65708-0434 MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 14926 No 33 Yes 12737 No 24 No 15005
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE HOME, LLC 24499 PARK DR	MO 63334-0330 CC MO 65708-8266 MO 65708-0434 MO 64724-1625 MO 64724-0098	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1 Telephone (417) 532-7418	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 14926 No 33 Yes 12737 No 24 No 15005
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON	MO 63334-0330 CC MO 65708-8266 MO 65708-0434 MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1 Telephone (417) 532-7418 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 14926 No 33 Yes 12737 No 24 No 15005
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LI 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE HOME, LLC 24499 PARK DR	MO 63334-0330 CC MO 65708-8266 MO 65708-0434 MO 64724-1625 MO 64724-0098	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1 Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1 Telephone (417) 532-7418	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 14926 No 33 Yes 12737 No 24 No 15005

Wednesday, June 4, 2025 Page 41 of 139

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

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

COUNTRYSIDE VILLAGE ASSISTE	D LIVING FACILITY LLC		
300 WEST FAIRVIEW STREET		Telephone (660) 535-2011	Alzheimer's Unit No
KING CITY	MO 64463-9606	Level of Care: ALF**	Bed Capacity 24
Mailing Address 300 WEST FAIRVIEW	/ STREET	County GENTRY	DMH Licensed No
KING CITY	MO 64463-9606	Region 4	Facility Number 04305
CRAB APPLE VILLAGE SENIOR ES	STATES		
214 HARTMAN PL, SUITE 100	MO (2077 2450	Telephone (636) 629-6161	Alzheimer's Unit Yes
SAINT CLAIR	MO 63077-2458	Level of Care: ALF**	Bed Capacity 65
Mailing Address 214 HARTMAN PL, S		County FRANKLIN	DMH Licensed No
SAINT CLAIR	MO 63077-2458	Region 6	Facility Number 24395
CRANE RESIDENTIAL CARE HOMI	E		
102 EAST LILLIAN AVE.		Telephone (417) 723-5900	Alzheimer's Unit No
CRANE	MO 65633-9103	Level of Care: RCF	Bed Capacity 36
Mailing Address 102 EAST LILLIAN A	VE.	County STONE	DMH Licensed Yes
CRANE	MO 65633-9103	Region 1	Facility Number 01898
			•
CRAWFORD RANCH BOARDING HO	OME, LLC		
2200 VARVERA RD		Telephone (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
CRESTVIEW HOME			
1313 SOUTH 25TH ST		Telephone (660) 425-3128	Alzheimer's Unit No
BETHANY	MO 64424-2634	Level of Care: SNF	Bed Capacity 92
Mailing Address PO BOX 430		County HARRISON	DMH Licensed No
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 01936
CRESTWOOD HEALTH CARE CEN	TER, LLC		
11400 MEHL AVE		Telephone (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		Telephone (314) 997-4532	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-7127	Level of Care: ALF**	Bed Capacity 110
Mailing Address 693 DECKER LANE		County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63141-7127	Region 7	Facility Number 29440
Cherre Court Maryon			
CREVE COEUR MANOR		Tolonhono (214) 424 9261	Alghaiman's IInit
1127 TIMBER RUN DR SAINT LOUIS	MO 63146 4482	Telephone (314) 434-8361 Level of Care: SNF	Alzheimer's Unit No
	MO 63146-4482		Bed Capacity 149 DMH Licensed No
Mailing Address 1127 TIMBER RUN D SAINT LOUIS		·	
SAINI LOUIS	MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number 02417

Wednesday, June 4, 2025 Page 42 of 139

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

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

CROSS CREEK AT LEE'S SUMMIT		T. 1. 1. (010) 607 5700		*7
3320 NE WILSHIRE DR	MO (40(4.2077	Telephone (816) 607-5700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64064-2077	Level of Care: ALF**	Bed Capacity	55
Mailing Address 3320 NE WILSHIRE D LEE'S SUMMIT	MO 64064-2077	County JACKSON	DMH Licensed Facility Number	No
LEES SUMMIT	WO 04004-2077	Region 3	racinty Number	30996
CROWLEY RIDGE CARE CENTER				
1204 NORTH OUTER RD		Telephone (573) 624-5557	Alzheimer's Unit	Yes
DEXTER	MO 63841-8684	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 668		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-0668	Region 2 Medicare/Medicaid	Facility Number	12667
CROWN REHAB AND HEALTHCAR	E CENTER			
3001 EAST ELM		Telephone (816) 380-6525	Alzheimer's Unit	No
	MO 64701-1196	Level of Care: SNF	Bed Capacity	118
Mailing Address 3001 EAST ELM		County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-1196	Region 3 Medicare/Medicaid	Facility Number	21031
CDVCTAY OAVC				
CRYSTAL OAKS 1500 CALVARY CHURCH RD		Telephone (626) 022 1919	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Telephone (636) 933-1818 Level of Care: ALF**	Bed Capacity	60
Mailing Address 1500 CALVARY CHU		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2	Facility Number	99932
TESTOS	110 03020 4123	Region 2	racinty Number	99932
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		Telephone (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care: SNF	Bed Capacity	131
Mailing Address 1500 CALVARY CHU	RCH RD	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	Facility Number	99932
CUBA MANOR, INC				
210 ELDON DR		Telephone (573) 885-4500	Alzheimer's Unit	No
CUBA	MO 65453-1642	Level of Care: SNF	Bed Capacity	90
Mailing Address 210 ELDON DR		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number	21149
CURRENT RIVER NURSING CENTE	R. INC			
1015 NORTH GRAND AVE	,	Telephone (573) 996-4239	Alzheimer's Unit	Yes
DONIPHAN	MO 63935-1779	Level of Care: SNF	Bed Capacity	120
Mailing Address 1015 NORTH GRAND		County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
CVDDESS DOINT SUITED NUDSIN	SC DV AMEDICAPE			
CYPRESS POINT - SKILLED NURSIN 801 BAILIFF DR	IG DI AMERICARE	Telephone (573) 624-8908	Alzheimer's Unit	No
DEXTER	MO 63841-9500	Level of Care: SNF	Bed Capacity	79
Mailing Address 801 BAILIFF DR		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9500	Region 2 Medicare/Medicaid	Facility Number	08315
·= 	- ***:= ****			00010

Wednesday, June 4, 2025 Page 43 of 139

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

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

DAVIESS COUNTY NURSING AND REH	ABILITATION		
1337 WEST GRAND		Telephone (660) 663-2197	Alzheimer's Unit Yes
	0 64640-8320	Level of Care: SNF	Bed Capacity 97
Mailing Address 1337 WEST GRAND		County DAVIESS	DMH Licensed No
GALLATIN MC	0 64640-8320	Region 4 Medicare/Medicaid	Facility Number 02032
DAYBREAK NURSING CENTER			
410 H ROAD		Telephone (573) 471-7683	Alzheimer's Unit No
	0 63801-5350	Level of Care: SNF	Bed Capacity 70
Mailing Address 410 H ROAD	05001 5550	County SCOTT	DMH Licensed No
_	63801-0430	Region 2 Medicare/Medicaid	Facility Number 11496
DEL HAVEN MANOR			
DELHAVEN MANOR		Talanhana (214) 261 2002	Alabaiman's Unit
5460 DELMAR BLVD	63112-3104	Telephone (314) 361-2902 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 156
	0 63112-3104		
Mailing Address 5460 DELMAR BLVD	(2112-2104	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS MC	0 63112-3104	Region 7 Medicare/Medicaid	Facility Number 02089
DELMAR GARDENS NORTH			
4401 PARKER ROAD		Telephone (314) 355-1516	Alzheimer's Unit Yes
BLACK JACK MC	63033-4266	Level of Care: SNF	Bed Capacity 240
Mailing Address 4401 PARKER ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
_	63033-4266	Region 7 Medicare/Medicaid	Facility Number 14093
			·
DELMAR GARDENS OF CHESTERFIEL	D		
14855 NORTH OUTER 40 RD		Telephone (636) 532-0150	Alzheimer's Unit Yes
CHESTERFIELD MC	63017-2026	Level of Care: SNF	Bed Capacity 237
Mailing Address 14855 NORTH OUTER 40	RD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD MC	63017-2026	Region 7 Medicare/Medicaid	Facility Number 02111
DELMAR GARDENS OF CREVE COEUR	•		
850 COUNTRY MANOR LN	•	Telephone (314) 434-5900	Alzheimer's Unit No
	63141-6651	Level of Care: SNF	Bed Capacity 148
Mailing Address 850 COUNTRY MANOR I		County SAINT LOUIS COUNTY	• •
_	0 63141-6651	Region 7 Medicare/Medicaid	Facility Number 01830
ond 12 coden	00111 0001	Region / Medicard/Medicard	Tuesting Training 01050
DELMAR GARDENS OF MERAMEC VA	LLEY		
1 ARBOR TERRACE		Telephone (636) 343-0016	Alzheimer's Unit Yes
FENTON MC	63026-3900	Level of Care: SNF	Bed Capacity 190
Mailing Address 1 ARBOR TERRACE		County SAINT LOUIS COUNTY	DMH Licensed No
FENTON MC	0 63026-3900	Region 7 Medicare/Medicaid	Facility Number 13468
DELMAR GARDENS OF O'FALLON			
7068 SOUTH OUTER 364		Telephone (636) 240-6100	Alzheimer's Unit Yes
	63368-7757	Level of Care: SNF	Bed Capacity 240
Mailing Address 7068 SOUTH OUTER 364		County SAINT CHARLES	DMH Licensed No
O'FALLON MC	63368-7757	Region 5 Medicare/Medicaid	Facility Number 24291

Wednesday, June 4, 2025 Page 44 of 139

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

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

DELMAR GARDENS ON THE GREEN	7 1 1	(26) 204 7515 ALL 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
15197 CLAYTON RD	• `	636) 394-7515 Alzheimer's Unit No
CHESTERFIELD MO 63017		NF Bed Capacity 180
Mailing Address 15197 CLAYTON RD	·	LOUIS COUNTY DMH Licensed No
CHESTERFIELD MO 63017	7-7048 Region 7 Me	dicare/Medicaid Facility Number 01515
DELMAR GARDENS SOUTH		
5300 BUTLER HILL ROAD	Telephone (314) 842-0588 Alzheimer's Unit Yes
SAINT LOUIS MO 63128	_	NF Bed Capacity 250
Mailing Address 5300 BUTLER HILL RD		LOUIS COUNTY DMH Licensed No
SAINT LOUIS MO 63128		dicare/Medicaid Facility Number 12909
BAINT LOOIS MO 03120	Region / Me	uicare/wedicaid Facility Number 12909
DELMAR GARDENS WEST		
13550 SOUTH OUTER 40 RD	Telephone (314) 878-1330 Alzheimer's Unit No
TOWN AND COUNTRY MO 63017	-5812 Level of Care: S	NF Bed Capacity 321
Mailing Address 13550 SOUTH OUTER 40 RD	County SAINT	LOUIS COUNTY DMH Licensed No
TOWN AND COUNTRY MO 63017	·	dicare/Medicaid Facility Number 02120
		,
DELTA SOUTH NURSING & REHABILITATION	N	
640 COLONEL GEORGE E DAY PARKWAY	Telephone (573) 471-3400 Alzheimer's Unit NO
SIKESTON MO 63801	-0624 Level of Care: S	NF Bed Capacity 60
Mailing Address 640 COLONEL GEORGE E DAY	PARKWAY County NEW	MADRID DMH Licensed No
SIKESTON MO 63801	-0624 Region 2 Me	dicare/Medicaid Facility Number 30584
DIANA'S BOARDING HOME 1, INC		
15432 STATE HIGHWAY M	•	573) 866-2010 Alzheimer's Unit No
15432 STATE HIGHWAY M MARBLE HILL MO 63764	-7487 Level of Care:	Bed Capacity 20
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M	-7487 Level of Care: F County BOLL	CCF Bed Capacity 20 INGER DMH Licensed Yes
15432 STATE HIGHWAY M MARBLE HILL MO 63764	-7487 Level of Care: F County BOLL	Bed Capacity 20
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764	-7487 Level of Care: F County BOLL	CCF Bed Capacity 20 INGER DMH Licensed Yes
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2	-7487 Level of Care: F County BOLL -7487 Region 2	PCF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR	-7487 Level of Care: F County BOLL Region 2 Telephone (Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764	-7487 Level of Care: F County BOLL Region 2 Telephone (Level of Care: F	ECF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No ECF Bed Capacity 40
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677	-7487 Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL	RCF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No RCF Bed Capacity 40 INGER DMH Licensed Yes
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764	-7487 Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL	ECF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No ECF Bed Capacity 40
15432 STATE HIGHWAY M MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677	-7487 Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL	RCF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No RCF Bed Capacity 40 INGER DMH Licensed Yes
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2	RCF Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No RCF Bed Capacity 40 INGER DMH Licensed Yes
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB	Telephone (County BOLL P408 County BOLL Region 2 Telephone (County BOLL Region 2 Telephone (County BOLL Region 2 Telephone (County BOLL Region 2	Bed Capacity 20 INGER DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No ICF Bed Capacity 40 INGER DMH Licensed Yes Facility Number 23940
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST	Telephone (County BOLL Region 2	CCF
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2	CCF
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459 Mailing Address 403 EAST 10TH ST DIXON MO 65459	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2	CCF
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459 Mailing Address 403 EAST 10TH ST DIXON MO 65459 DOLAN MEMORY CARE AT CALAIS	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: S County PULA Region 6 Me	Bed Capacity 20 DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No Bed Capacity 40 INGER DMH Licensed Yes Facility Number 23940 573) 759-2135 Alzheimer's Unit NO Bed Capacity 60 DMH Licensed No Facility Number 15510
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459 Mailing Address 403 EAST 10TH ST DIXON MO 65459 DOLAN MEMORY CARE AT CALAIS 1225 TENNANT RD	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: S County PULA Region 6 Me Telephone (Bed Capacity NGER DMH Licensed Facility Number 11123 573) 238-3344 Alzheimer's Unit No Bed Capacity 40 INGER DMH Licensed Facility Number 23940 573) 759-2135 Alzheimer's Unit NF Bed Capacity 60 SKI DMH Licensed No Facility Number 15510
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459 Mailing Address 403 EAST 10TH ST DIXON MO 65459 DOLAN MEMORY CARE AT CALAIS 1225 TENNANT RD SAINT LOUIS MO 63146	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: S County PULA Region 6 Me Telephone (Level of Care: S County PULA Region 6 Me	Bed Capacity 20 DMH Licensed Yes Facility Number 11123 573) 238-3344 Alzheimer's Unit No Bed Capacity 40 DMH Licensed Yes Facility Number 23940 573) 759-2135 Alzheimer's Unit NO Bed Capacity 60 DMH Licensed No GEN DMH Licensed No Facility Number 15510 Alzheimer's Unit Yes Bed Capacity 40 DMH Licensed Yes Facility Number 40 DMH Licensed No Alzheimer's Unit Yes Bed Capacity 44
MARBLE HILL MO 63764 Mailing Address 15431 STATE HIGHWAY M MARBLE HILL MO 63764 DIANA'S BOARDING HOME 2 25140 BUZZARD DR MARBLE HILL MO 63764 Mailing Address HC 64, BOX 4677 MARBLE HILL MO 63764 DIXON NURSING & REHAB 403 EAST 10TH ST DIXON MO 65459 Mailing Address 403 EAST 10TH ST DIXON MO 65459 DOLAN MEMORY CARE AT CALAIS 1225 TENNANT RD	Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: F County BOLL Region 2 Telephone (Level of Care: S County PULA Region 6 Me Telephone (Level of Care: S County PULA Region 6 Me	Bed Capacity NGER DMH Licensed Facility Number 11123 573) 238-3344 Alzheimer's Unit No Bed Capacity 40 INGER DMH Licensed Facility Number 23940 573) 759-2135 Alzheimer's Unit NF Bed Capacity 60 SKI DMH Licensed No Facility Number 15510

Wednesday, June 4, 2025 Page 45 of 139

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

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

DOLAN MEMORY CARE AT CONWAY				
12550 CONWAY RD		Telephone (314) 576-3998	Alzheimer's Unit	Yes
CREVE COEUR MO	63141-8613	Level of Care: ALF**	Bed Capacity	9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	0 63146-	Region 7	Facility Number	22648
		Ü	•	
DOLAN MEMORY CARE AT FRONTIER	C	m		17
11566 FRONTIER DR	62146 4072	Telephone (314) 993-9500	Alzheimer's Unit	Yes
	63146-4873	Level of Care: ALF**	Bed Capacity	20
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	0 63146-4907	Region 7	Facility Number	25162
	von			
DOLAN MEMORY CARE AT MASON MA	ANUK	T-1-1-1 (214) 577 (200)	All-buttonests TT 14	37
12740 MASON MANOR		Telephone (314) 576-6200	Alzheimer's Unit	Yes
	63141-7350	Level of Care: ALF**	Bed Capacity	8
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	0 63146-	Region 7	Facility Number	19861
DOLAN MEMORY CARE AT SCHUETZ				
DOLAN MEMORY CARE AT SCHUETZ 1706 SCHUETZ RD		T 1 1 (214) 090 1792	A1 1	V
	63146-4931	Telephone (314) 989-1782 Level of Care: ALF**	Alzheimer's Unit	Yes 10
	0 03140-4931		Bed Capacity	No
Mailing Address 11300 DOLAN WAY	. 62146		DMH Licensed	
SAINT LOUIS MO	0 63146-	Region 7	Facility Number	23805
DOLAN MEMORY CARE AT WATERFO	DDD CDOSSINC			
11350 DOLAN WAY	OKD CROSSING	Telephone (314) 993-9500	Alzheimer's Unit	Yes
	63146-5533	Level of Care: ALF**	Bed Capacity	88
Mailing Address 11300 DOLAN WAY	03140-3333	County SAINT LOUIS COUNTY	DMH Licensed	No
· ·	63146-5533	Region 7	Facility Number	31366
SAINT LOOIS MIC	03140-3333	Region /	racinty Number	31300
DOUGHERTY FERRY ASSISTED LIVING	G & MEMORY CARE			
2929 DOUGHERTY FERRY RD		Telephone (636) 825-6665	Alzheimer's Unit	Yes
SAINT LOUIS MO	0 63122-3368	Level of Care: ALF**	Bed Capacity	110
Mailing Address 2929 DOUGHERTY FERR	Y RD	County SAINT LOUIS COUNTY	DMH Licensed	No
· ·	0 63122-3368	Region 7	Facility Number	30034
			•	
DUNN-DUNN HOUSE LLC				
2133 JANNETTE DR		Telephone (314) 869-2431	Alzheimer's Unit	No
SAINT LOUIS MO	63136-4020	Level of Care: RCF	Bed Capacity	10
Mailing Address 2133 JANNETTE DR		County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO	63136-4020	Region 7	Facility Number	14694
E W THOMPSON HEALTH & REHABIL	ITATION CENTER			
975 MITCHELL ROAD		Telephone (660) 851-0668	Alzheimer's Unit	Yes
SEDALIA MO	0 65301-2133	Level of Care: SNF	Bed Capacity	66
Mailing Address 975 MITCHELL ROAD		County PETTIS	DMH Licensed	No
CEDALIA	65201 2122	D	Easility Number	20102

Medicare/Medicaid

Facility Number

30182

MO 65301-2133

SEDALIA

Wednesday, June 4, 2025 Page 46 of 139

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

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

EASTVIEW MANOR CARE CENTE	R		
1622 EAST 28TH ST		Telephone (660) 359-2251	Alzheimer's Unit No
TRENTON	MO 64683-1104	Level of Care: SNF	Bed Capacity 90
Mailing Address 1622 EAST 28TH ST		County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1104	Region 4 Medicare/Medicaid	Facility Number 18267
EDGEWOOD MANOR HEALTH CA	DE CENTED		
11900 JESSICA LN	RE CENTER	Telephone (816) 358-7858	Alzheimer's Unit No
RAYTOWN	MO 64138-2649	Level of Care: SNF	Bed Capacity 91
Mailing Address 11900 JESSICA LN	Me 01130 2019	County JACKSON	DMH Licensed No
RAYTOWN	MO 64138-2649	Region 3 Medicare/Medicaid	Facility Number 14119
EL DORADO SPRINGS RESIDENTI	AL CADE		
805 NORTH JACKSON ST	AL CARE	Telephone (417) 876-4278	Alzheimer's Unit No
EL DORADO SPRINGS	MO 64744-2912	Level of Care: RCF	Bed Capacity 60
Mailing Address 805 NORTH JACKSO		County CEDAR	DMH Licensed Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number 12621
EL DORADO SI KINGS	WO 04744-2912	Region 1	racinty Number 12021
ELDON NURSING & REHAB			
1001 E NORTH ST		Telephone (573) 392-3164	Alzheimer's Unit Yes
ELDON	MO 65026-2634	Level of Care: SNF	Bed Capacity 90
Mailing Address 1001 E NORTH ST		County MILLER	DMH Licensed No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number 06139
ELIZABETH HOUSE		Talanhana (214) 200 8814	Alabaiman's Unit
12284 DE PAUL DR	MO 63044-2508	Telephone (314) 209-8814 Level of Care: SNF	Alzheimer's Unit No
BRIDGETON Moiling Address 12284 DE DALII DE	MO 03044-2308		Bed Capacity 36 DMH Licensed No
Mailing Address 12284 DE PAUL DR BRIDGETON	MO 63044-2508		
BRIDGETON	MO 03044-2308	Region 7	Facility Number 22316
ELLISVILLE REHABILITATION A	ND NURSING		
322 OLD STATE ROAD		Telephone (636) 227-3431	Alzheimer's Unit Yes
ELLISVILLE	MO 63021-5917	Level of Care: SNF	Bed Capacity 210
Mailing Address 322 OLD STATE RO.	AD	County SAINT LOUIS COUNTY	DMH Licensed No
ELLISVILLE	MO 63021-5917	Region 7 Medicare/Medicaid	Facility Number 15226
ELSBERRY MISSOURI HEALTH C	ARE CENTER		
1827 HIGHWAY B	Carla and	Telephone (573) 898-2880	Alzheimer's Unit No
ELSBERRY	MO 63343-3126	Level of Care: SNF	Bed Capacity 56
Mailing Address 1827 HWY B		County LINCOLN	DMH Licensed No
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number 02336
	- 000 to 0120	- Interical Contentalu	_ nemy 1.mmer 02330
ELSBERRY MISSOURI HEALTH C	ARE CENTER INC		
1827 HIGHWAY B		Telephone (573) 898-2880	Alzheimer's Unit NO
ELSBERRY	MO 63343-3126	Level of Care: ALF**	Bed Capacity 12
Mailing Address 1827 HIGHWAY B		County LINCOLN	DMH Licensed No
ELSBERRY	MO 63343-3126	Region 5	Facility Number 02336

Wednesday, June 4, 2025 Page 47 of 139

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

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

EQUILIBRIUM RANCH			
81 PILKENTON LN		Telephone (573) 885-6443	Alzheimer's Unit No
CUBA	MO 65453-8136	Level of Care: RCF	Bed Capacity 19
Mailing Address 81 PILKENTON LN		County CRAWFORD	DMH Licensed No
CUBA	MO 65453-8136	Region 6	Facility Number 15026
		region 5	10020
ESSEX BY BRISTOL, THE			
301 EAST 3RD		Telephone (660) 829-1758	Alzheimer's Unit No
SEDALIA	MO 65301-4335	Level of Care: RCF	Bed Capacity 24
Mailing Address 301 EAST 3RD		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-4335	Region 6	Facility Number 23020
ESSEX OF CONCORDIA, THE			
402 REDBUD		Telephone (660) 463-0200	Alzheimer's Unit No
CONCORDIA	MO 64020-8358	Level of Care: RCF	Bed Capacity 12
Mailing Address 402 REDBUD	1110 01020 0000	County LAFAYETTE	DMH Licensed No
CONCORDIA	MO 64020-8358	Region 3	Facility Number 24461
	110 01020 0000	Region 5	24401
ESSEX OF GRAIN VALLEY, THE			
401 SOUTHWEST ROCK CREEK LN		Telephone (816) 443-3992	Alzheimer's Unit No
GRAIN VALLEY	MO 64029-8460	Level of Care: RCF	Bed Capacity 12
Mailing Address 401 SOUTHWEST RO		County JACKSON	DMH Licensed No
GRAIN VALLEY	MO 64029-8460	Region 3	Facility Number 24475
ESSEX OF LEBANON, THE			
1316 DEADRA DR		Telephone (417) 532-4863	Alzheimer's Unit No
LEBANON	MO 65536-4609	Level of Care: RCF	Bed Capacity 12
Mailing Address 1316 DEADRA DR		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4609	Region 1	Facility Number 24257
ESSEX OF MEXICO, THE			
1109 OLD FARM RD WEST		Telephone (573) 581-5223	Alzheimer's Unit No
MEXICO	MO 65265-3250	Level of Care: RCF	Bed Capacity 12
Mailing Address 1109 OLD FARM RD	WEST	County AUDRAIN	DMH Licensed No
MEXICO	MO 65265-3250	Region 5	Facility Number 24425
ESSEY OF OZADY THE			
ESSEX OF OZARK, THE 5173 NORTH 22ND		Telephone (417) 485-4185	Alzheimer's Unit No
OZARK	MO 65721-7637	Level of Care: RCF	
	WIO 03/21-703/		Bed Capacity 12 DMH Licensed No
Mailing Address 5173 NORTH 22ND OZARK	MO 65721-7637	County CHRISTIAN Region 1	Facility Number 24318
OLARA	1410 03/21-/03/	Region 1	racinty number 24318
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		Telephone (314) 355-8833	Alzheimer's Unit NO
SAINT LOUIS	MO 63138-1757	Level of Care: ALF	Bed Capacity 38
Mailing Address 11728 HIDDEN LAKI		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-1757	Region 7	Facility Number 18442

Wednesday, June 4, 2025 Page 48 of 139

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

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

ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		Telephone (314) 355-8833	Alzheimer's Unit NO
	MO 63138-1757	Level of Care: SNF	Bed Capacity 67
Mailing Address 11728 HIDDEN LAKE		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-1757	Region 7 Medicare/Medicaid	Facility Number 18442
ECTLATEC OF HIDDEN LAVE THE			
ESTATES OF HIDDEN LAKE THE		TD 1 . 1	All to Luit Was NO
11728 HIDDEN LAKE DR	MO 63138-1757	Telephone (314) 355-8833	Alzheimer's Unit NO
W		Level of Care: ALF**	Bed Capacity 38
Mailing Address 11728 HIDDEN LAKE		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-1757	Region 7	Facility Number 18442
ESTATES OF PERRYVILLE, LLC, TH	HE.		
430 NORTH WEST ST		Telephone (573) 547-1011	Alzheimer's Unit No
	MO 63775-1359	Level of Care: SNF	Bed Capacity 156
Mailing Address 430 NORTH WEST ST	1120 00,70 100,	County PERRY	DMH Licensed No
_	MO 63775-1359	Region 2 Medicare/Medicaid	Facility Number 00137
I EKKI Y BEED	110 03773 1337	Region 2 Medicare/Medicard	Tacing Number 00137
ESTATES OF SPANISH LAKE, THE			
610 PRIGGE ROAD		Telephone (314) 741-9393	Alzheimer's Unit No
SAINT LOUIS	MO 63138-3543	Level of Care: SNF	Bed Capacity 150
Mailing Address 610 PRIGGE ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-3543	Region 7 Medicare/Medicaid	Facility Number 15265
ESTATES OF ST LOUIS, LLC, THE		T. 1. 1. (21.1) 0.57 7.474	
2115 KAPPEL DR	MO (212) 4115	Telephone (314) 867-7474	Alzheimer's Unit No
	MO 63136-4115	Level of Care: SNF	Bed Capacity 94
Mailing Address 2115 KAPPEL DR	MO (212) 4115	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63136-4115	Region 7 Medicare/Medicaid	Facility Number 05340
FAIR VIEW HEALTH CARE CENTER	R		
1714 W 16TH ST		Telephone (660) 827-1594	Alzheimer's Unit No
SEDALIA	MO 65301-5273	Level of Care: SNF	Bed Capacity 75
Mailing Address 1714 W 16TH ST		County PETTIS	DMH Licensed No
•	MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number 02469
FAIRMONT ON CLAYTON			
7920 CLAYTON ROAD		Telephone (314) 646-7600	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1327	Level of Care: ICF	Bed Capacity 90
Mailing Address 7920 CLAYTON ROAL)	County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1327	Region 7	Facility Number 24149
FAMILY COUNSELING CENTER INC	3		
18408 WAYNE ROUTE D	~	Telephone (573) 222-8676	Alzheimer's Unit No
	MO 63966-	Level of Care: RCF*	Bed Capacity 27
Mailing Address 18408 WAYNE ROUTE		County WAYNE	DMH Licensed Yes
	MO 63966-	Region 2	Facility Number 23584
	* * * *	8	25501

Wednesday, June 4, 2025 Page 49 of 139

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

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

FAMILY PARTNERS MANCHESTER	R, LLC			
351 FOREST SUMMIT COURT		Telephone (314) 686-4468	Alzheimer's Unit Ye	es
MANCHESTER	MO 63021-5509	Level of Care: ALF**	Bed Capacity 4	12
Mailing Address 351 FOREST SUMMIT	T COURT	County SAINT LOUIS COUNTY	DMH Licensed N	0
MANCHESTER	MO 63021-5509	Region 7	Facility Number 3247	3
FARMINGTON ASSISTED LIVING C	'ENTER I I C			
2879 US HIGHWAY 67	ENTER LEC	Telephone (573) 756-7566	Alzheimer's Unit N	ío
FARMINGTON	MO 63640-9168	Level of Care: ALF		70
Mailing Address 2879 US HWY 67	WO 03040-7100	County SAINT FRANCOIS	DMH Licensed Ye	
FARMINGTON	MO 63640-9168	Region 2	Facility Number 1514	
TARVINGTON	WO 03040-3108	Region 2	racinty Number 1314	U
FARMINGTON PRESBYTERIAN MA	NOR			
500 CAYCE ST		Telephone (573) 756-6768	Alzheimer's Unit Ye	ès
FARMINGTON	MO 63640-2910	Level of Care: SNF	Bed Capacity 9	00
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed N	0
FARMINGTON	MO 63640-2910	Region 2 Medicare/Medicaid	Facility Number 0618	1
FARMINGTON PRESBYTERIAN MA	NOR			
500 CAYCE ST	IVOR	Telephone (573) 756-6768	Alzheimer's Unit N	ío
FARMINGTON	MO 63640-2910	Level of Care: ALF		50
Mailing Address 500 CAYCE ST	WO 03040-2910	County SAINT FRANCOIS	DMH Licensed N	
FARMINGTON	MO 63640-2910	Region 2	Facility Number 0618	
TARMINOTOR	WO 03040-2710	Region 2	racinty Number 0016	1
FARMINGTON PRESBYTERIAN MA	NOR			
500 CAYCE ST		Telephone (573) 756-6768	Alzheimer's Unit N	0
FARMINGTON	MO 63640-2910	Level of Care: RCF	Bed Capacity 6	60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed N	0
FARMINGTON	MO 63640-2910	Region 2	Facility Number 0618	1
FERNDALE, INC				
15677 COUNTY RD 2430		Telephone (573) 265-3344	Alzheimer's Unit N	ío
SAINT JAMES	MO 65559-8210	Level of Care: ALF		32
Mailing Address 15677 COUNTY RD 24		County PHELPS	DMH Licensed Ye	
SAINT JAMES	MO 65559-8210	Region 6	Facility Number 0252	
SAINT JAMES	WO 03337-0210	Region 0	racinty Number 0232	U
FESTUS MANOR				
627 WESTWOOD DR S		Telephone (636) 931-9066	Alzheimer's Unit N	0
FESTUS	MO 63028-2062	Level of Care: SNF	Bed Capacity 15	0
Mailing Address 627 WESTWOOD DR	S	County JEFFERSON	DMH Licensed N	O
FESTUS	MO 63028-2062	Region 2	Facility Number 0254	-6
EIEI D DODINE A GGIGNED A WAYN C	NV AMEDICADE			
FIELD POINTE ASSISTED LIVING B	OY AMERICARE	T-1k (016) 600 4001	Alabataan III II	
5002 GENE FIELD ROAD	MO (450(205)	Telephone (816) 688-4001	Alzheimer's Unit Ye	
SAINT JOSEPH	MO 64506-2056	Level of Care: ALF**		55
Mailing Address 5002 GENE FIELD RO		County BUCHANAN	DMH Licensed N	
SAINT JOSEPH	MO 64506-2056	Region 4	Facility Number 3253	8

Wednesday, June 4, 2025 Page 50 of 139

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

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

FIELDS OF FLORISSANT				
1101 GARDEN PLAZA DR		Telephone (314) 470-1410	Alzheimer's Unit	Yes
FLORISSANT	MO 63033-2269	Level of Care: ALF**	Bed Capacity	102
Mailing Address 1101 GARDEN PLAZ	A DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-2269	Region 7	Facility Number	27826
FIESER NURSING CENTER				
404 MAIN ST		Telephone (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
FLORISSANT VALLEY HEALTH &	REHARII ITATION CENTER			
1200 GRAHAM RD	MAINTEN CENTER	Telephone (314) 838-6555	Alzheimer's Unit	No
FLORISSANT	MO 63031-8015	Level of Care: SNF	Bed Capacity	98
Mailing Address 1200 GRAHAM RD	WO 03031 0013	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
PLOKISSANI	WIO 03031-0013	Region / Medicare/Medicaid	racinty Number	00134
FORSYTH CARE CENTER				
477 COY BLVD		Telephone (417) 546-6337	Alzheimer's Unit	No
FORSYTH	MO 65653-5132	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 640		County TANEY	DMH Licensed	No
FORSYTH	MO 65653-0640	Region 1 Medicare/Medicaid	Facility Number	18870
POLINITA INDI EALLI ODGE				
FOUNTAINBLEAU LODGE		T-l (572) 225 1000	A 1-1:!- TT:4	NI-
2001 NORTH KINGSHIGHWAY	MO 63701-2193	Telephone (573) 335-1999 Level of Care: SNF	Alzheimer's Unit	No 33
CAPE GIRARDEAU Moiling Address 2001 NORTH KINGSI			Bed Capacity DMH Licensed	No
Mailing Address 2001 NORTH KINGSI		County CAPE GIRARDEAU		
CAPE GIRARDEAU	MO 63701-2193	Region 2 Medicare/Medicaid	Facility Number	12751
FOUNTAINBLEAU LODGE				
2001 NORTH KINGSHIGHWAY		Telephone (573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Level of Care: ALF	Bed Capacity	56
Mailing Address 2001 NORTH KINGSI	HIGHWAY	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	Region 2	Facility Number	12751
EQUINITATINDI FALINIDOING CENT	ED			
FOUNTAINBLEAU NURSING CENT 1349 HIGHWAY 61	LA	Telephone (636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 62028 4107			106
	MO 63028-4107		Bed Capacity	
Mailing Address PO BOX 700	MO 62028 0700	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number	17080
FOUNTAINS OF WEST COUNTY AL	, LLC THE			
15822 CLAYTON RD		Telephone (636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care: ALF**	Bed Capacity	80
Mailing Address 15822 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
		_		

Facility Number

29435

MO 63011-2240

ELLISVILLE

Wednesday, June 4, 2025 Page 51 of 139

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

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

FOUR SEASONS ASSISTED LIVIN	NG			
230 RAILROAD ST		Telephone (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care: ALF	Bed Capacity	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
EQUID GEAGONG LINUNG GENTER				
FOUR SEASONS LIVING CENTER 2800 HIGHWAY TT	R	Telephone (660) 826-8803	Alahaiman'a Unit	Yes
SEDALIA	MO 65301-1410	Telephone (660) 826-8803 Level of Care: SNF	Alzheimer's Unit Bed Capacity	239
Mailing Address 2800 HIGHWAY T			DMH Licensed	No
SEDALIA	MO 65301-1410	•		
SEDALIA	MO 03301-1410	Region 6 Medicare/Medicaid	Facility Number	00836
FOUR SEASONS RCF I				
220 RAILROAD ST		Telephone (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care: RCF	Bed Capacity	23
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
			٠	
FOXBERRY TERRACE - ASSISTE	D LIVING BY AMERICARE			
4316 NORTH ST LOUIS AVE		Telephone (417) 625-1000	Alzheimer's Unit	Yes
WEBB CITY	MO 64870-9550	Level of Care: ALF**	Bed Capacity	46
Mailing Address 4316 NORTH ST L	OUIS AVE	County JASPER	DMH Licensed	No
WEBB CITY	MO 64870-9550	Region 1	Facility Number	25428
FOXWOOD SPRINGS LIVING CE	NTER			
1500 WEST FOXWOOD DR		Telephone (816) 331-3111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9347	Level of Care: SNF	Bed Capacity	108
Mailing Address 1500 WEST FOXW		County CASS	DMH Licensed	No
RAYMORE	MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number	02649
	110 01000 70 17	region 5 Medicare/Medicard	Tuesticy Transpor	0204)
FOXWOOD SPRINGS LIVING CE	NTER			
1500 WEST FOXWOOD DR		Telephone (816) 331-3111	Alzheimer's Unit	No
RAYMORE	MO 64083-9347	Level of Care: ALF**	Bed Capacity	62
Mailing Address 1500 WEST FOXW	OOD DR	County CASS	DMH Licensed	No
RAYMORE	MO 64083-9347	Region 3	Facility Number	02649
FREDERICK STREET MANOR				
429 NORTH FREDERICK STREET		Tolophoro (572) 224 2662	Alahaiman'a Tinit	No
CAPE GIRARDEAU	MO 63701-4834	Telephone (573) 334-2662 Level of Care: RCF*	Alzheimer's Unit	No 32
			Bed Capacity DMH Licensed	
Mailing Address 429 NORTH FRED		·		Yes
CAPE GIRARDEAU	MO 63701-4834	Region 2	Facility Number	02662
FREMONT SENIOR LIVING, THE				
1520 EAST BATES ST		Telephone (417) 881-0500	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-8401	Level of Care: ALF**	Bed Capacity	72
Mailing Address 1520 EAST BATES		County GREENE	DMH Licensed	No
Mailing Address 1520 EAST BATES SPRINGFIELD			= -	No 28782

Wednesday, June 4, 2025 Page 52 of 139

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

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

FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE			
15250 VILLAGE VIEW DRIVE		Telephone (636) 733-0199	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-1982	Level of Care: ALF**	Bed Capacity	66
Mailing Address 15250 VILLAGE VIE	EW DRIVE	County SAINT LOUIS COUNTY	DMH Licensed	Yes
CHESTERFIELD	MO 63017-1982	Region 7	Facility Number	02715
FRIENDSHIP VILLAGE ASSISTED	I IVING & MEMODY CADE			
12777 POINTE DR	LIVING & MEMORI CARE	Telephone (314) 270-7111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63127-1757	Level of Care: ALF**	Bed Capacity	84
Mailing Address 12777 POINTE DR	WIO 03127-1737	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1757			
SAINI LOUIS	WIO 03127-1737	Region 7	Facility Number	02703
FRIENDSHIP VILLAGE CHESTER	FIELD	T-1h (626) 722 0100	Alebeieren I. TT. 14	N.T.
15250 VILLAGE VIEW DRIVE	NO 62017 1002	Telephone (636) 733-0199	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-1982	Level of Care: SNF	Bed Capacity	90
Mailing Address 15250 VILLAGE VIE		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1982	Region 7 Medicare/Medicaid	Facility Number	02715
	** * 0			
FRIENDSHIP VILLAGE SUNSET H	ILLS	m (21.4) 250 5555		
12651 VILLAGE CIRCLE DR	1.0 .010. 1.50	Telephone (314) 270-7777	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1778	Level of Care: SNF	Bed Capacity	144
Mailing Address 12651 VILLAGE CIR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1778	Region 7 Medicare/Medicaid	Facility Number	02703
THE TON MANOR CARE CENTER				
FULTON MANOR CARE CENTER		T. 1. 1. (572) (42 (924	A11	N
520 MANOR DR	MO (5251 2420	Telephone (573) 642-6834	Alzheimer's Unit	No 52
FULTON	MO 65251-2429	Level of Care: SNF	Bed Capacity	52 N-
Mailing Address 520 MANOR DR	MO (5251 2420	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number	02725
FULTON NURSING & REHAB				
1510 BLUFF ST		Telephone (573) 642-0202	Alzheimer's Unit	Yes
FULTON	MO 65251-2345	Level of Care: SNF	Bed Capacity	100
Mailing Address 1510 BLUFF ST	WIO 03231-2343	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2345	•	Facility Number	03492
POLION	WIO 03231-2343	Region 6 Medicare/Medicaid	racinty Number	03492
GABLES AT BRADY CIRCLE, LLC	THE			
11 BRADY CIRCLE		Telephone (314) 890-2230	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-1110	Level of Care: ALF**	Bed Capacity	40
Mailing Address 11 BRADY CIRCLE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-1110	•		
SAINI LOUIS	MO 03114-1110	Region 7	Facility Number	30048
GAINESVILLE NURSING				
77 MEDICAL DR		Telephone (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care: SNF	Bed Capacity	99
Mailing Address PO BOX 628		County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicaid	Facility Number	12868
		- Medical difficultation		12000

Wednesday, June 4, 2025 Page 53 of 139

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

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

GARDEN VIEW CARE CENTER				
700 GARDEN PATH	MO 52255 2052	Telephone (636) 240-2840		ES
O'FALLON	MO 63366-3052	Level of Care: SNF		20
Mailing Address 700 GARDEN PATH O'FALLON	MO 63366-3052	County SAINT CHARLES		No
OFALLON	MO 03300-3032	Region 5 Medicare/Medicaid	Facility Number 139	03
GARDEN VIEW CARE CENTER AT	DOUGHERTY FERRY			
13612 BIG BEND RD		Telephone (636) 861-0500	Alzheimer's Unit	es
VALLEY PARK	MO 63088-1447	Level of Care: SNF	Bed Capacity 1	20
Mailing Address 13612 BIG BEND RD)	County SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK	MO 63088-1447	Region 7 Medicare/Medicaid	Facility Number 231	01
GARDEN VIEW CARE CENTER OF	COHECTEDENEL D			
1025 CHESTERFIELD POINTE PRKW		Telephone (636) 537-3333	Alzheimer's Unit	es.
CHESTERFIELD	MO 63017-1957	Level of Care: SNF		30
Mailing Address 1025 CHESTERFIELD		County SAINT LOUIS COUNTY		No
CHESTERFIELD	MO 63017-1957	Region 7 Medicare/Medicaid	Facility Number 164	
	110 00017 1707	region / Wedlear / Medicald	104	.0)
GARDEN VILLAS				
13590 SOUTH OUTER 40 RD		Telephone (314) 434-2520	Alzheimer's Unit	No
TOWN AND COUNTRY	MO 63017-5823	Level of Care: ALF**		46
Mailing Address 13590 SOUTH OUTE		County SAINT LOUIS COUNTY		No
TOWN AND COUNTRY	MO 63017-5823	Region 7	Facility Number 289	78
GARDEN VILLAS NORTH				
4505 PARKER ROAD		Telephone (314) 355-6100	Alzheimer's Unit	No
BLACK JACK	MO 63033-4268	Level of Care: ALF**	Bed Capacity	90
Mailing Address 4505 PARKER RD		County SAINT LOUIS COUNTY	DMH Licensed	No
BLACK JACK	MO 63033-4268	Region 7	Facility Number 289	30
GARDEN VILLAS OF O'FALLON				
7092 SOUTH OUTER 364 ROAD		Telephone (636) 240-5560	Alzheimer's Unit	No
O'FALLON	MO 63368-7757	Level of Care: ALF	Bed Capacity	95
Mailing Address 7092 SOUTH OUTER	R 364 RD	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5	Facility Number 277	93
GARDEN VILLAS SOUTH				
13457 TESSON FERRY RD		Telephone (314) 843-7788	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-4010	Level of Care: ALF		83
Mailing Address 13457 TESSON FERI		County SAINT LOUIS COUNTY		No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number 289	
GARDENS AT BARRY ROAD, THE 8300 NW BARRY RD		Telephone (816) 584-3200	Alzheimer's Unit Y	es.
KANSAS CITY	MO 64153-1634	Level of Care: ALF**		40
Mailing Address 8300 NW BARRY RI		County PLATTE		No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 237	74

Wednesday, June 4, 2025 Page 54 of 139

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

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

GARDENS AT BARRY ROAD, THE				
8300 NW BARRY ROAD		Telephone (816) 584-3200	Alzheimer's Unit	No
KANSAS CITY	MO 64153-1634	Level of Care: ALF	Bed Capacity	100
Mailing Address 8300 NW BARRY RI	D	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number	23774
GARDENS, THE				
1302 WEST SUNSET		Telephone (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	Facility Number	20288
SI KINOPIELD	WO 03807-3943	Region 1	racinty Number	20200
GASCONADE MANOR NURSING H	IOME			
1910 NURSING HOME RD		Telephone (573) 437-4101	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care: SNF	Bed Capacity	79
Mailing Address PO BOX 520		County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number	02804
GASCONADE TERRACE RETIREM	MENT CENTER			
1930 NURSING HOME RD	ENT CENTER	Telephone (573) 437-4833	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care: ALF	Bed Capacity	19
Mailing Address PO BOX 520	110 03000 2011	County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number	14143
G (1, 22, 13, 1, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24		Region 5	Tuellity Tulliser	14143
GENESIS HEALTHCARE CENTER	LLC			
25466 NORTH HIGHWAY 5		Telephone (417) 588-1100	Alzheimer's Unit	No
LEBANON	MO 65536-6294	Level of Care: RCF	Bed Capacity	80
Mailing Address PO BOX 836		County LACLEDE	DMH Licensed	No
HANNIBAL	MO 63401-0836	Region 1	Facility Number	08791
GEORGIA BROWN BLOSSER HOM	ME FOR THE AGED			
1210 EAST EASTWOOD ST		Telephone (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
CEODCIAN CADDENC CENTED EA	OD DELLAD AND HEAT THEADE			
GEORGIAN GARDENS CENTER FO	OR REHAB AND HEALTHCARE	TO 1 1 (572) 000 2011	A1 1	V
1 GEORGIAN GARDENS DR	MO 62664 1426	Telephone (573) 999-2911	Alzheimer's Unit	Yes
POTOSI Mailing Address 1 CEORCIAN CARE	MO 63664-1436	Level of Care: SNF	Bed Capacity DMH Licensed	120
Mailing Address 1 GEORGIAN GARD		County WASHINGTON		No
POTOSI	MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830
GIDEON CARE CENTER				
300 LUNBECK		Telephone (573) 448-3505	Alzheimer's Unit	Yes
GIDEON	MO 63848-9211	Level of Care: SNF	Bed Capacity	72
Mailing Address PO BOX 197		County NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2 Medicare/Medicaid	Facility Number	15538

Wednesday, June 4, 2025 Page 55 of 139

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

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

GLASGOW GARDENS		
100 AUDSLEY DR	Telephone (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
CLENDALE CADDENS MIDSING & DELIAD		
GLENDALE GARDENS NURSING & REHAB 3535 EAST CHEROKEE	Telephone (417) 889-9955	Alahaiman'a Unit No
SPRINGFIELD MO 65809-2829	Telephone (417) 889-9955 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 120
		Bed Capacity 120 DMH Licensed No
Mailing Address 3535 EAST CHEROKEE SPRINGFIELD MO 65809-2829		
SPRINGFIELD MO 65809-2829	Region 1 Medicare/Medicaid	Facility Number 16735
GLENFIELD MEMORY CARE		
118 OHMES ROAD	Telephone (636) 447-4440	Alzheimer's Unit Yes
COTTLEVILLE MO 63376-7649	Level of Care: ALF**	Bed Capacity 24
Mailing Address 118 OHMES RD	County SAINT CHARLES	DMH Licensed No
COTTLEVILLE MO 63376-7649	Region 5	Facility Number 30372
GLENWOOD HEALTHCARE		
851 THOROUGHFARE	Telephone (417) 935-2992	Alzheimer's Unit Yes
SEYMOUR MO 65746-8767	Level of Care: SNF	Bed Capacity 60
Mailing Address 851 THOROUGHFARE	County WEBSTER	DMH Licensed No
SEYMOUR MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number 16944
GOGGIN BOARDING HOME LLC		
620 COUNTY ROAD 40	Telephone (573) 697-5894	Alzheimer's Unit No
CALEDONIA MO 63631-9133	Level of Care: RCF	Bed Capacity 12
Mailing Address 620 COUNTY RD 40	County IRON	DMH Licensed Yes
CALEDONIA MO 63631-9133	Region 2	Facility Number 02937
GOLDEN AGE LIVING CENTER		
404 E THIRD ST	Telephone (573) 377-4521	Alzheimer's Unit Yes
STOVER MO 65078-0947	Level of Care: SNF	Bed Capacity 61
Mailing Address PO BOX 307	County MORGAN	DMH Licensed No
STOVER MO 65078-0307	Region 6 Medicare/Medicaid	Facility Number 02949
GOLDEN LORD VERNO WOLF		
GOLDEN AGE NURSING HOME		
12498 SE HWY 116	Telephone (660) 645-2243	Alzheimer's Unit No
BRAYMER MO 64624-9107	Level of Care: SNF	Bed Capacity 83
Mailing Address 12498 SE HWY 116	County CALDWELL	DMH Licensed No
BRAYMER MO 64624-9107	Region 4 Medicare/Medicaid	Facility Number 02957
GOLDEN ESTATE RESIDENTIAL CARE		
1134 WEST NORTON RD	Telephone (417) 833-4440	Alzheimer's Unit No
SPRINGFIELD MO 65803-1070	Level of Care: RCF*	Bed Capacity 31
Mailing Address 1134 WEST NORTON RD	County GREENE	DMH Licensed Yes
SPRINGFIELD MO 65803-1070	Region 1	Facility Number 02984

Wednesday, June 4, 2025 Page 56 of 139

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

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

GOLDEN OAKS ASSISTED LIVING	ILLC			
27882 HIGHWAY H		Telephone (660) 886-6172	Alzheimer's Unit	No
MARSHALL	MO 65340-5303	Level of Care: ALF**	Bed Capacity	67
Mailing Address 27882 HIGHWAY H		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-5303	Region 5	Facility Number	15380
GOLDEN YEARS CENTER FOR RE	HAB AND HEALTHCARE			
2001 JEFFERSON PARKWAY		Telephone (816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Level of Care: SNF	Bed Capacity	128
Mailing Address 2001 JEFFERSON PA		County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-3714	Region 3 Medicare/Medicaid	Facility Number	12458
COOD SAMADITAN CADE CENTE	D			
GOOD SAMARITAN CARE CENTE 403 WEST MAIN ST	N.	Telephone (660) 668-4515	Alzheimer's Unit	No
COLE CAMP	MO 65325-1144	Level of Care: SNF	Bed Capacity	72
Mailing Address 403 WEST MAIN ST	WIO 03323-1144	County BENTON	DMH Licensed	No
COLE CAMP	MO 65325-1144	•	Facility Number	
COLE CAMIF	WO 03323-1144	Region 6 Medicare/Medicaid	racinty Number	03039
GOOD SHEPHERD CARE CENTER				
1101 WEST CLAY RD		Telephone (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
GOOD SHEPHERD COMMUNITY (CARE AND REHABILITATION			
200 WEST 12TH ST		Telephone (417) 232-4571	Alzheimer's Unit	Yes
LOCKWOOD	MO 65682-8337	Level of Care: SNF	Bed Capacity	69
Mailing Address 200 WEST 12TH ST		County DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1 Medicare/Medicaid	Facility Number	03051
GOOD SHEPHERD RESIDENTIAL	CARE FACILITY			
200 WEST 12TH	CARE FACILITI	Telephone (417) 232-4571	Alzheimer's Unit	No
LOCKWOOD	MO 65682-8337	Level of Care: RCF*	Bed Capacity	20
Mailing Address 200 WEST 12TH	112 03002 0337	County DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1	Facility Number	03051
LOCK WOOD	WG 03002 0337	Region 1	Tuelliej Tulliger	03031
GOWER CONVALESCENT CENTE	R, INC			
323 SOUTH HIGHWAY 169		Telephone (816) 424-6483	Alzheimer's Unit	No
GOWER	MO 64454-9116	Level of Care: SNF	Bed Capacity	82
Mailing Address PO BOX 170		County CLINTON	DMH Licensed	No
GOWER	MO 64454-0170	Region 4 Medicare/Medicaid	Facility Number	03107
GRAN VILLAS NEOSHO				
420 LYON DR		Telephone (417) 451-7071	Alzheimer's Unit	No
NEOSHO	MO 64850-9194	Level of Care: RCF	Bed Capacity	30
Mailing Address 420 LYON DR	110 01030 7171	County NEWTON	DMH Licensed	No
_	MO (4050 0104	Region 1	Facility Number	
NEOSHO	MO 64850-9194		Facility Number	20156

Wednesday, June 4, 2025 Page 57 of 139

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

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

GRANBY HOUSE				
301 SOUTH MAIN		Telephone (417) 472-6271	Alzheimer's Unit	No
GRANBY	MO 64844-8336	Level of Care: SNF	Bed Capacity	60
Mailing Address 301 SOUTH MAIN	MO (4944 9226	County NEWTON	DMH Licensed	No
GRANBY	MO 64844-8336	Region 1 Medicare/Medicaid	Facility Number	16481
GRAND MANOR HEALTH CARE C	ENTER			
3645 COOK AVE		Telephone (314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care: SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324
GRAND RIVER HEALTH CARE				
118 TRENTON RD		Telephone (660) 646-0353	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-4002	Level of Care: SNF	Bed Capacity	60
Mailing Address 118 TRENTON RD		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number	16939
GRAND ROYALE, THE				
2900 NE KENDALLWOOD PKWY		Telephone (816) 280-4280	Alzheimer's Unit	NO
GLADSTONE	MO 64119-1831	Level of Care: ALF**	Bed Capacity	77
Mailing Address 2900 NE KENDALLV		County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1831	Region 4	Facility Number	03086
GRANDE AT CHESTERFIELD,THE	:			
1 C200 HIGTIG DOCT DOAD				
16300 JUSTUS POST ROAD		Telephone (636) 778-4800	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-4608	Telephone (636) 778-4800 Level of Care: ALF**	Alzheimer's Unit Bed Capacity	Yes 95
		• '		
CHESTERFIELD		Level of Care: ALF**	Bed Capacity	95
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD	ROAD	Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	95 No
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE	ROAD	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	95 No 30848
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD	ROAD	Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	95 No
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR	TROAD MO 63017-4608 MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	95 No 30848 Yes 58
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD	TROAD MO 63017-4608 MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	95 No 30848 Yes
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	95 No 30848 Yes 58 No
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	95 No 30848 Yes 58 No 30479
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	95 No 30848 Yes 58 No 30479
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	95 No 30848 Yes 58 No 30479
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS Mailing Address 12470 ROTT ROAD	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814 EE MO 63127-1247	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	95 No 30848 Yes 58 No 30479 Yes 98 No
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	95 No 30848 Yes 58 No 30479
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS Mailing Address 12470 ROTT ROAD	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814 EE MO 63127-1247 MO 63127-1247	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	95 No 30848 Yes 58 No 30479 Yes 98 No
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS Mailing Address 12470 ROTT ROAD SUNSET HILLS GRANDVIEW HEALTHCARE CENT 201 GRAND AVE	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814 IE MO 63127-1247 MO 63127-1247	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	95 No 30848 Yes 58 No 30479 Yes 98 No 30466
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS Mailing Address 12470 ROTT ROAD SUNSET HILLS GRANDVIEW HEALTHCARE CENT 201 GRAND AVE WASHINGTON	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814 EE MO 63127-1247 MO 63127-1247	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 239-9190 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	95 No 30848 Yes 58 No 30479 Yes 98 No 30466
CHESTERFIELD Mailing Address 16300 JUSTUS POST CHESTERFIELD GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD CREVE COEUR Mailing Address 450 NORTH LINDBE CREVE COEUR GRANDE AT LAUMEIER PARK TH 12470 ROTT ROAD SUNSET HILLS Mailing Address 12470 ROTT ROAD SUNSET HILLS GRANDVIEW HEALTHCARE CENT 201 GRAND AVE	MO 63017-4608 MO 63141-7814 ERGH BLVD MO 63141-7814 IE MO 63127-1247 MO 63127-1247	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 720-8408 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (314) 462-0222 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	95 No 30848 Yes 58 No 30479 Yes 98 No 30466

Wednesday, June 4, 2025 Page 58 of 139

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

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

GRANITE HOUSE RCF LLC			
321 SOUTH MAIN ST		Telephone (573) 546-7283	Alzheimer's Unit No
IRONTON	MO 63650-1406	Level of Care: RCF	Bed Capacity 60
Mailing Address PO BOX 6		County IRON	DMH Licensed Yes
IRONTON	MO 63650-0066	Region 2	Facility Number 04628
ODEEN A ODEG DEGIDENTIAL GA	DE EACH MAY LLC		
GREEN ACRES RESIDENTIAL CAI 3688 SAND CREEK ROAD	RE FACILITY, LLC	T-1	Alzheimer's Unit No
FARMINGTON	MO 63640-7350	Telephone (573) 756-2917 Level of Care: RCF	
			Bed Capacity 12 DMH Licensed Yes
Mailing Address 3688 SAND CREEK FARMINGTON	MO 63640-7350	- · · · · · ·	
FARMINGTON	MO 03040-7330	Region 2	Facility Number 17289
GREENVILLE HEALTH CARE CE	NTER		
117 SYCAMORE ST		Telephone (573) 224-3298	Alzheimer's Unit No
GREENVILLE	MO 63944-0000	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 108		County WAYNE	DMH Licensed No
GREENVILLE	MO 63944-0108	Region 2 Medicare/Medicaid	Facility Number 15550
		region - Medicare, Medicara	13330
GREGORY RIDGE HEALTH CARE	CENTER		
7001 CLEVELAND AVE		Telephone (816) 333-0700	Alzheimer's Unit No
KANSAS CITY	MO 64132-1622	Level of Care: SNF	Bed Capacity 116
Mailing Address 7001 CLEVELAND	AVE	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64132-1622	Region 3 Medicare/Medicaid	Facility Number 04109
HAMPION HOUSE DESIDENCIAL	CARE		
HAMPTON HOUSE RESIDENTIAL	CARE	T-1	Al-la-i
201 N DECATUR STREET	MO (29(2) 2017	Telephone (573) 276-6054	Alzheimer's Unit No
MALDEN Mailing Address 201 N DECATION ST	MO 63863-2017	Level of Care: RCF*	Bed Capacity 22 DMH Licensed Yes
Mailing Address 201 N DECATUR ST		County DUNKLIN	
MALDEN	MO 63863-2017	Region 2	Facility Number 03331
HAMPTON MANOR OF ST PETER	S		
268 JUNGERMANN ROAD		Telephone (636) 706-5808	Alzheimer's Unit YES
SAINT PETERS	MO 63376-5347	Level of Care: ALF**	Bed Capacity 97
Mailing Address 268 JUNGERMANN	ROAD	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-5347	Region 5	Facility Number 33605
HAMPTON MANOR OF WENTZVI	LLE		
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 PARK		County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-8100	Region 5	Facility Number 33289
HARAMBEE HOUSE, INC			
703 NORTH EIGHTH ST		Telephone (573) 443-6972	Alzheimer's Unit No
COLUMBIA	MO 65201-4516	Level of Care: RCF*	Bed Capacity 15
Mailing Address 703 NORTH EIGHTH	H ST	County BOONE	DMH Licensed Yes
COLUMBIA	MO 65201-4516	Region 6	Facility Number 17197
		<u> </u>	•

Wednesday, June 4, 2025 Page 59 of 139

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

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

HARBOR PLACE - LINN				
24 TRENSHAW TRAIL		Telephone (573) 897-2100	Alzheimer's Unit	O
LINN	MO 65051-2874	Level of Care: RCF		24
Mailing Address 24 TRENSHAW TRA		County OSAGE		No
LINN	MO 65051-2874	Region 6	Facility Number 311	
LINIV	WIO 03031-2074	Region 0	Facility Number 311	.10
HARMONY GARDENS - ASSISTED	LIVING BY AMERICARE			
503 BURKARTH ROAD		Telephone (660) 747-5411	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3145	Level of Care: ALF**		44
Mailing Address 503 BURKARTH RD	1.10 0.10,5 51.15	County JOHNSON	=	No
WARRENSBURG	MO 64093-3145	Region 3	Facility Number 186	
Wildelinger	110 010/3 3113	Region 5	racinty (value)	,13
HAROLD AND LOUISE HEALTHCA	ARE CENTER			
135 COMMUNICATION DR		Telephone (573) 221-1189	Alzheimer's Unit	No
HANNIBAL	MO 63401-3670	Level of Care: RCF	Bed Capacity	98
Mailing Address 135 COMMUNICATI	ON DR	County MARION		l'es
HANNIBAL	MO 63401-3670	Region 5	Facility Number 296	39
		Region 5	2000	,5)
HARRIS HOUSE RESIDENTIAL CA	RE FACILITY, THE			
3859 EAST 59TH TERRACE		Telephone (816) 599-5230	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4410	Level of Care: RCF	Bed Capacity	7
Mailing Address 3859 EAST 59TH TE	RRACE	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4410	Region 3	Facility Number 162	225
HADDIC DECIDENTIAL CADE CEN	TEDILC			
HARRIS RESIDENTIAL CARE CEN 401 SOUTH HENRY	TERLLC	Telephone (573) 756-5376	Alzheimer's Unit	No
FARMINGTON	MO 63640-1823	Level of Care: RCF*		37
Mailing Address PO BOX 671	WO 03040-1823	County SAINT FRANCOIS		es .
FARMINGTON	MO 63640-0675	•		
PARIMINGTON	MO 03040-0073	Region 2	Facility Number 022	250
HARTLAND RESIDENTIAL CARE (CENTER			
23435 LADDER DR		Telephone (660) 886-7093	Alzheimer's Unit	No
MARSHALL	MO 65340-4662	Level of Care: RCF	Bed Capacity	12
Mailing Address 23435 LADDER DR		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-4662	Region 5	Facility Number 151	63
HARTMANN VILLAGE - ASSISTED	LIVING BY AMERICARE			
615 RANKIN MILL LN		Telephone (660) 882-9933		No
BOONVILLE	MO 65233-2873	Level of Care: ALF**		42
Mailing Address 615 RANKIN MILL L		County COOPER		No
BOONVILLE	MO 65233-2873	Region 6	Facility Number 260)26
HARTON SENIOR LIVING				
1054 SOUTH HWY 47		Telephone (636) 377-4444	Alzheimer's Unit	No
WARRENTON	MO 63383-2625	Level of Care: RCF		36
Mailing Address 1054 SOUTH HWY 4		County WARREN		No
WARRENTON	MO 63383-2625	Region 6	Facility Number 301	
	00000 2020	Welon o	_ 301105 1 10111001 301	

Wednesday, June 4, 2025 Page 60 of 139

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

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

HARTVILLE CARE CENTER			
649 WEST ROLLA ST		Telephone (417) 741-6192	Alzheimer's Unit No
HARTVILLE	MO 65667-8221	Level of Care: SNF	Bed Capacity 60
Mailing Address 649 WEST ROLLA ST		County WRIGHT	DMH Licensed No
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicaid	Facility Number 17946
HADNEGED DECIDENDAL CADE			
HARVESTER RESIDENTIAL CARE		(C2C) 020 2022	
35 LILLIAN DR	MO (2204 7022	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	MO (2204 7022	County SAINT CHARLES	DMH Licensed Yes
SAINT CHARLES	MO 63304-7032	Region 5	Facility Number 03411
HAVEN, THE			
614 SOUTH BY-PASS		Telephone (573) 888-1201	Alzheimer's Unit No
KENNETT	MO 63857-3240	Level of Care: RCF*	Bed Capacity 64
Mailing Address 612 SOUTH BY-PASS	3	County DUNKLIN	DMH Licensed Yes
KENNETT	MO 63857-3240	Region 2	Facility Number 27620
HEART OF THE OZARKS HEALTH	CARE CENTER		
2004 CRESTVIEW ST		Telephone (417) 683-4129	Alzheimer's Unit No
AVA	MO 65608-8903	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 727		County DOUGLAS	DMH Licensed No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 01290
HEARTLAND CARE AND REHABIL	ITATION CENTER		
2525 BOUTIN DR		Telephone (573) 334-5225	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8551	Level of Care: SNF	Bed Capacity 102
Mailing Address 2525 BOUTIN DR		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number 01023
HEARTLAND II RESIDENTIAL CAR	RE FACILITY, INC		
117 SOUTH 15TH ST		Telephone (816) 676-1506	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2904	Level of Care: RCF*	Bed Capacity 52
Mailing Address 117 SOUTH 15TH ST		County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number 18620
HEARTLAND III RCF			
1606 SOUTH 38TH ST		Telephone (816) 689-1084	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2216	Level of Care: RCF	Bed Capacity 18
Mailing Address PO BOX 8923		County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64508-8923	Region 4	Facility Number 00920
HEISINGER BLUFFS HEALTHCARI	E WESTERN CAMPUS		
1306 WEST MAIN ST		Telephone (573) 635-0166	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-1356	Level of Care: SNF	Bed Capacity 69
Mailing Address 1306 WEST MAIN ST		County COLE	DMH Licensed No

Medicare/Medicaid

Facility Number

07572

MO 65109-1356

JEFFERSON CITY

Wednesday, June 4, 2025 Page 61 of 139

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

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

HEISINGER BLUFFS REHAB AND H	HEALTHCARE CENTER		
1002 WEST MAIN ST		Telephone (573) 636-6288	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-6901	Level of Care: SNF	Bed Capacity 60
Mailing Address 1002 WEST MAIN ST		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-6901	Region 6 Medicare/Medicaid	Facility Number 03479
HEISINGER BLUFFS SENIOR LIVIN	NC.		
1002 WEST MAIN ST	1 G	Telephone (573) 636-6288	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-6901	Level of Care: ALF**	Bed Capacity 111
Mailing Address 1002 WEST MAIN ST		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-6901	Region 6	Facility Number 03479
JEITERSON CITT	WIO 03107-0701	Region 0	racinty Number 03479
HENLEY PLACE OF NEOSHO, A SE	NIOR RESIDENCE BY AMERICARE		
1105 VILLAGE RD		Telephone (417) 451-1000	Alzheimer's Unit No
NEOSHO	MO 64850-9076	Level of Care: RCF	Bed Capacity 50
Mailing Address 1105 VILLAGE RD		County NEWTON	DMH Licensed No
NEOSHO	MO 64850-9076	Region 1	Facility Number 20193
HERITAGE CARE CENTER			
4401 NORTH HANLEY RD		Telephone (314) 521-7471	Alzheimer's Unit No
SAINT LOUIS	MO 63134-2710	Level of Care: SNF	Bed Capacity 120
Mailing Address 4401 NORTH HANLE		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number 00411
511111 20010	2710	region , interical contentant	Tuenty Humber 00411
HERITAGE HALL NURSING CENTI	ER		
750 EAST HIGHWAY 22		Telephone (573) 682-5551	Alzheimer's Unit No
CENTRALIA	MO 65240-1146	Level of Care: SNF	Bed Capacity 60
Mailing Address 750 EAST HIGHWAY		County BOONE	DMH Licensed No
CENTRALIA	MO 65240-1146	Region 6 Medicare/Medicaid	Facility Number 03069
HERITAGE HILLS ASSISTED LIVIN	NG FACILITY		
9651 STATE HIGHWAY 72		Telephone (573) 866-2003	Alzheimer's Unit No
PATTON	MO 63662-9760	Level of Care: ALF	Bed Capacity 24
Mailing Address PO BOX B		County BOLLINGER	DMH Licensed Yes
PATTON	MO 63662-0010	Region 2	Facility Number 18783
HERITAGE NURSING CENTER - SK	TILLED NURSING BY AMERICADE		
1802 SAINT FRANCIS ST	TOTAL OF THE MEANE	Telephone (573) 888-1044	Alzheimer's Unit No
KENNETT	MO 63857-1568	Level of Care: SNF	Bed Capacity 72
Mailing Address PO BOX 827		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0827	Region 2 Medicare/Medicaid	Facility Number 17533
HEDMITACE MIDEING & DEITAD			
HERMITAGE NURSING & REHAB 18599 FIRST STREET		Telephone (417) 745-2111	Alzheimer's Unit Yes
HERMITAGE	MO 65668-9129	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 325	110 00000 7127	County HICKORY	DMH Licensed No
HERMITAGE	MO 65668-0325	Region 1 Medicare/Medicaid	Facility Number 10240
III.UIIIIIOD	1.10 05000 0525	region i miculcai c/miculcalu	10240

Wednesday, June 4, 2025 Page 62 of 139

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

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

HICKORY MANOR				
209 HICKORY ST		Telephone (573) 674-2111	Alzheimer's Unit	No
	65542-9847	Level of Care: SNF	Bed Capacity	60
Mailing Address 209 HICKORY ST		County TEXAS	DMH Licensed	No
_	65542-9847	Region 2 Medicare/Medica	id Facility Number	07929
		o .	·	
HIDDEN ACRES ASSISTED LIVING				
19235 STATE ROUTE EE		Telephone (573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE MO	63670-8213	Level of Care: ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUTE EE		County SAINTE GENEVIEV	E DMH Licensed	Yes
SAINTE GENEVIEVE MO	63670-8213	Region 2	Facility Number	19721
HIDDEN ACRES ASSISTED LIVING II L	ıc			
19235 STATE ROUTE EE	ВС	Telephone (573) 756-8141	Alzheimer's Unit	No
	63670-8213	Level of Care: ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUTE EE	03070 0213	County SAINTE GENEVIEVE		Yes
•	63670-8213	Region 2	Facility Number	11134
SAMATE GENEVE INC	03070 0213	Region 2	racinty Number	11134
HIGHLAND CREST - ASSISTED LIVING	BY AMERICARE			
2204 S HALLIBURTON ST		Telephone (660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE MO	63501-4651	Level of Care: ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBURTON ST	Γ	County ADAIR	DMH Licensed	No
KIRKSVILLE MO	63501-4651	Region 5	Facility Number	16785
Mailing Address 904 EAST 68TH ST	TH CARE CENTER 64131-1305	Telephone (816) 333-5485 Level of Care: SNF	Alzheimer's Unit Bed Capacity	NO 162
KANSAS CITY MO	64131-1305	County JACKSON Region 3 Medicare/Medica	DMH Licensed id Facility Number	No 06782
	64131-1305	•		No
HILL CREST MANOR 801 SOUTH COLBY	64131-1305	•		No
HILL CREST MANOR 801 SOUTH COLBY	64131-1305 64644-8287	Region 3 Medicare/Medica	id Facility Number	No 06782
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO		Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF	id Facility Number Alzheimer's Unit	No 06782 No
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY		Region 3 Medicare/Medica Telephone (816) 583-2119	id Facility Number Alzheimer's Unit Bed Capacity	No 06782 No 24
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILL CREST MANOR 801 SOUTH COLBY	0 64644-8287 0 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 06782 No 24 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO	0 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 06782 No 24 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON MILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY	64644-8287 64644-8287 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF County CALDWELL	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 06782 No 24 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON MILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY	0 64644-8287 0 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 06782 No 24 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILLCREST CARE CENTER, INC	64644-8287 64644-8287 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medica	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed id Facility Number	No 06782 No 24 No 03315 No 90 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILLCREST CARE CENTER, INC 1108 CLARKE ST	64644-8287 64644-8287 64644-8287 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medica Telephone (636) 586-3022	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed id Facility Number	No 06782 No 24 No 03315 No 90 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILL CREST MANOR 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO Mailing Address 801 SOUTH COLBY HAMILTON MO HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO MO	64644-8287 64644-8287 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medica Telephone (636) 586-3022 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed id Facility Number	No 06782 No 24 No 03315 No 90 No 03315
HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON MILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON MILL CREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST	64644-8287 64644-8287 64644-8287 64644-8287	Region 3 Medicare/Medica Telephone (816) 583-2119 Level of Care: RCF County CALDWELL Region 4 Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medica Telephone (636) 586-3022	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed id Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Alzheimer's Unit Bed Capacity	No 06782 No 24 No 03315 No 90 No 03315

Wednesday, June 4, 2025 Page 63 of 139

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

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

HILLSIDE LIVING CENTER		
10160 RESTORATION CIRCLE ROAD	Telephone (573) 562-0303 Alzheimer's Unit	No
MINERAL POINT MO 63660-8538		60
Mailing Address PO BOX 534	County WASHINGTON DMH Licensed	Yes
PARK HILLS MO 63601-0534	•	09270
	The state of the s	0,2,0
HILLSIDE REHAB AND HEALTHCARE CENTER		
1265 MCLARAN AVE	Telephone (314) 388-4121 Alzheimer's Unit	Yes
SAINT LOUIS MO 63147-1606	Level of Care: SNF Bed Capacity	208
Mailing Address 1265 MCLARAN AVE	County SAINT LOUIS CITY DMH Licensed	No
SAINT LOUIS MO 63147-1606	Region 7 Medicare/Medicaid Facility Number	04687
HILLTOP AT BLUE RIVER, THE		
10425 CHESTNUT DR	Telephone (816) 763-4444 Alzheimer's Unit	Yes
KANSAS CITY MO 64137-3201	• • • • • • • • • • • • • • • • • • • •	160
Mailing Address 10425 CHESTNUT DR	County JACKSON DMH Licensed	No
KANSAS CITY MO 64137-3201	•	19114
in the control of the	Region 5 Medical Confederation Facility Frames	17114
HILLTOP HAVEN RESIDENTIAL CARE FACILITY		
18941 CR 305A	Telephone (573) 226-5426 Alzheimer's Unit	No
EMINENCE MO 65466-9702	Level of Care: RCF Bed Capacity	20
Mailing Address 18941 CR 305A	County SHANNON DMH Licensed	No
EMINENCE MO 65466-9702	Region 2 Facility Number	03615
HOLDEN MANOR HEALTH & REHABILITATION		
HOEDER MINIOR HERE III & REIMBIETHION		
2005 SOUTH LEXINGTON	Telephone (816) 732-4138 Alzheimer's Unit	No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610	Telephone (816) 732-4138 Alzheimer's Unit Level of Care: SNF Bed Capacity	No 52
HOLDEN MO 64040-1610	Level of Care: SNF Bed Capacity	52
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed	52 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed	52
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed	52 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit	52 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit	52 No 08334
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* Bed Capacity County PERRY DMH Licensed	52 No 08334 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* Bed Capacity County PERRY DMH Licensed	52 No 08334 No 20
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* Bed Capacity County PERRY DMH Licensed	52 No 08334 No 20 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* Bed Capacity County PERRY DMH Licensed Region 2 Facility Number	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME	Level of Care: SNF Bed Capacity County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* Bed Capacity County PERRY DMH Licensed Region 2 Facility Number Telephone (314) 351-0767 Alzheimer's Unit	52 No 08334 No 20 No
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Level of Care: RCF* Bed Capacity County PERRY DMH Licensed Region 2 Facility Number Telephone (314) 351-0767 Alzheimer's Unit Level of Care: RCF* Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808 Mailing Address 6421 MINNESOTA	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Telephone (573) 547-7398 Level of Care: RCF* County PERRY DMH Licensed Region 2 Telephone (314) 351-0767 Level of Care: RCF* Bed Capacity Number	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Telephone (573) 547-7398 Level of Care: RCF* County PERRY DMH Licensed Region 2 Telephone (314) 351-0767 Level of Care: RCF* Bed Capacity Number	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808 Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808 HOMESTEAD AT HICKORY VIEW RETIREMENT CO	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Level of Care: RCF* County PERRY DMH Licensed Region 2 Facility Number Telephone (314) 351-0767 Level of Care: RCF* Bed Capacity Number Alzheimer's Unit Level of Care: RCF* Bed Capacity Number Telephone (314) 351-0767 Alzheimer's Unit Level of Care: RCF* Bed Capacity County SAINT LOUIS CITY DMH Licensed Region 7 Facility Number	52 No 08334 No 20 No 19872 No 15 Yes 03678
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808 Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808 HOMESTEAD AT HICKORY VIEW RETIREMENT CO 1481 MARBACH DRIVE	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Telephone (573) 547-7398 Level of Care: RCF* County PERRY DMH Licensed Region 2 Facility Number Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY Region 7 Facility Number COMMUNITY, THE Telephone (636) 239-1941 Alzheimer's Unit	52 No 08334 No 20 No 19872 No 15 Yes 03678
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808 Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808 HOMESTEAD AT HICKORY VIEW RETIREMENT CO 1481 MARBACH DRIVE WASHINGTON MO 63090-4636	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid Facility Number Telephone (573) 547-7398 Alzheimer's Unit Level of Care: RCF* County PERRY DMH Licensed Region 2 Facility Number Telephone (314) 351-0767 Alzheimer's Unit Level of Care: RCF* County SAINT LOUIS CITY DMH Licensed Region 7 Facility Number Telephone (636) 239-1941 Alzheimer's Unit Level of Care: ALF Bed Capacity	52 No 08334 No 20 No 19872 No 15 Yes 03678
HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808 Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808 HOMESTEAD AT HICKORY VIEW RETIREMENT CO 1481 MARBACH DRIVE	Level of Care: SNF County JOHNSON DMH Licensed Region 3 Medicare/Medicaid Telephone (573) 547-7398 Level of Care: RCF* County PERRY DMH Licensed Region 2 Telephone (314) 351-0767 Region 2 Telephone (314) 351-0767 Alzheimer's Unit Level of Care: RCF* Bed Capacity Number Telephone (314) 351-0767 Alzheimer's Unit Level of Care: RCF* Bed Capacity County SAINT LOUIS CITY DMH Licensed Region 7 Facility Number COMMUNITY, THE Telephone (636) 239-1941 Alzheimer's Unit Level of Care: ALF Bed Capacity County FRANKLIN DMH Licensed	52 No 08334 No 20 No 19872 No 15 Yes 03678

Wednesday, June 4, 2025 Page 64 of 139

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

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

HOPE CARE CENTER				
115 EAST 83RD ST		Telephone (816) 523-3988	Alzheimer's Unit	No
KANSAS CITY	MO 64114-2537	Level of Care: SNF	Bed Capacity	16
Mailing Address 115 EAST 83RD ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-2537	Region 3 Medicaid	Facility Number	21370
HOPEDALE COTTAGE ASSISTED I	LIVING THE			
1314 W SCHOOL STREET		Telephone (417) 581-1308	Alzheimer's Unit	Yes
OZARK	MO 65721-6618	Level of Care: ALF**	Bed Capacity	14
Mailing Address 1314 W SCHOOL STI	REET	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-6618	Region 1	Facility Number	30302
HOUSE OF CARE CENTED				
HOUSE OF CARE CENTER 3744 BENTON BLVD		Telephone (816) 921-6852	Alzheimer's Unit	No
KANSAS CITY	MO 64128-2515	Level of Care: RCF	Bed Capacity	8
Mailing Address 3744 BENTON BLVD		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-7912	Region 3	Facility Number	17001
KANSAS CII I	WIO 04120-7912	Kegion 5	Facinty Number	17001
HOUSTON HOUSE				
1000 NORTH INDUSTRIAL DR		Telephone (417) 967-2527	Alzheimer's Unit	No
HOUSTON	MO 65483-9400	Level of Care: SNF	Bed Capacity	96
Mailing Address PO BOX 199		County TEXAS	DMH Licensed	No
HOUSTON	MO 65483-0199	Region 2 Medicare/Medicaid	Facility Number	10626
HUDSON HOUSE				
1700-B SOUTH HUDSON AVE		Telephone (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	AVE	County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Facility Number	10444
HUNTER ACRES CARING CENTER	<u>.</u>			
628 NORTH WEST ST		Telephone (573) 471-7130	Alzheimer's Unit	Yes
SIKESTON	MO 63801-4738	Level of Care: SNF	Bed Capacity	120
Mailing Address 628 NORTH WEST S	Т	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-4738	Region 2 Medicare/Medicaid	Facility Number	07345
IGNITE MEDICAL RESORT BLUE S	SPRINGS			
20511 E TRINITY PLACE		Telephone (816) 622-2900	Alzheimer's Unit	NO
BLUE SPRINGS	MO 64015-9501	Level of Care: SNF	Bed Capacity	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
IGNITE MEDICAL RESORT CARON	NDELET LLC			
621 CARONDELET DR		Telephone (816) 941-1300	Alzheimer's Unit	No
KANSAS CITY	MO 64114-4670	Level of Care: SNF	Bed Capacity	162
Mailing Address 621 CARONDELET I	OR .	County JACKSON	DMH Licensed	No

Medicare/Medicaid

Facility Number

12185

MO 64114-4670

KANSAS CITY

Wednesday, June 4, 2025 Page 65 of 139

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

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

IGNITE MEDICAL RESORT KANS	AS CITY LLC			
2100 NW BARRY ROAD		Telephone (816) 521-6610	Alzheimer's Unit	No
KANSAS CITY	MO 64154-1000	Level of Care: SNF	Bed Capacity	90
Mailing Address 2100 NW BARRY R	OAD	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number	31464
IGNITE MEDICAL RESORT ST MA	PVSIIC			
111 MOCK AVE	KTS LLC	Telephone (816) 220-4200	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-2504	Level of Care: SNF	Bed Capacity	130
Mailing Address 111 MOCK AVE	WO 04014 2504	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3 Medicare/Medicaid	Facility Number	13219
BECE SI KIIVOS	110 04014 2504	Region 5 Wieulcai e/Wieulcaid	racinty Number	13219
INDEPENDENCE CARE CENTER (OF PERRY COUNTY			
800 SOUTH KINGSHIGHWAY		Telephone (573) 547-6546	Alzheimer's Unit	Yes
PERRYVILLE	MO 63775-2106	Level of Care: SNF	Bed Capacity	133
Mailing Address 800 SOUTH KINGSF	HWY	County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-2106	Region 2 Medicare/Medicaid	Facility Number	06393
INDEPENDENCE COURT				
121 INDEPENDENCE DR		Telephone (573) 547-6546	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1496	Level of Care: RCF*	Bed Capacity	75
Mailing Address 121 INDEPENDENC	E DR	County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1496	Region 2	Facility Number	06393
INDEPENDENCE MANOR CARE C	ENTER	m		
1600 SOUTH KINGS HIGHWAY	NO 64055 1052	Telephone (816) 833-4777	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64055-1853	Level of Care: SNF	Bed Capacity	99 N
Mailing Address 1600 SOUTH KINGS INDEPENDENCE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64055-1853	Region 3 Medicare/Medicaid	Facility Number	03807
J & J RESIDENTIAL CARE FACILI	ITY II			
104 WESBECHER		Telephone (573) 238-4602	Alzheimer's Unit	No
MARBLE HILL	MO 63764-0378	Level of Care: RCF*	Bed Capacity	12
Mailing Address PO BOX 378		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0378	Region 2	Facility Number	07171
JACKSON CREEK MEMORY CAR	£			
19400 EAST 40TH ST COURT SOUTH		Telephone (816) 478-5689	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64057-1548	Level of Care: ICF	Bed Capacity	70
Mailing Address 19400 EAST 40TH S		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1548	Region 3	Facility Number	25894
INDELENDENCE	112 07037-1370	Kegion 5	racinty raniber	43074
JACKSON CREEK POST ACUTE				
3980 SOUTH JACKSON DR		Telephone (816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-2205	Level of Care: SNF	Bed Capacity	120
Mailing Address 3980 S JACKSON DI		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3 Medicare/Medicaid	Facility Number	25709

Wednesday, June 4, 2025 Page 66 of 139

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

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

JACKSON CREEK POST ACUTE		
3980 SOUTH JACKSON DR	Telephone (816) 795-1433 Alzheimer's Unit	No
INDEPENDENCE MO 64057-2205	Level of Care: ALF** Bed Capacity	62
Mailing Address 3980 S JACKSON DR	County JACKSON DMH Licensed	No
INDEPENDENCE MO 64057-2205	Region 3 Facility Number	25709
JACKSON MANOR		
710 BROADRIDGE DR	Telephone (573) 243-3101 Alzheimer's Unit	No
JACKSON MO 63755-3042	Level of Care: SNF Bed Capacity	90
Mailing Address 710 BROADRIDGE DR	County CAPE GIRARDEAU DMH Licensed	No
JACKSON MO 63755-3042	Region 2 Medicare/Medicaid Facility Number	03438
MO 03/33 3012	Region 2 Medical e/Medicald 1 demey runnyer	03430
JACOBS CARE CENTER, LLC		
932 WEST STATE	Telephone (417) 865-6140 Alzheimer's Unit	No
SPRINGFIELD MO 65806-2846	Level of Care: RCF Bed Capacity	12
Mailing Address 932 WEST STATE	County GREENE DMH Licensed	Yes
SPRINGFIELD MO 65806-2846	Region 1 Facility Number	06229
SI KINOLIEED MO 03000-2040	Region 1 Facinty Number	00229
JAMES RIVER NURSING AND REHABILITATION		
3550 EAST BATTLEFIELD	Telephone (417) 889-9500 Alzheimer's Unit	No
SPRINGFIELD MO 65809-3400	Level of Care: SNF Bed Capacity	120
Mailing Address 3550 EAST BATTLEFIELD		No
SPRINGFIELD MO 65809-3400		
SI KIINOI IEED 1900 03009-3400	Region 1 Medicare/Medicaid Facility Number	17645
JANE HOWELL STUPP APARTMENTS		
2443 PROUHET AVE	Telephone (314) 890-7100 Alzheimer's Unit	No
	•	
OVERLAND MO 63114-1946	Level of Care: RCF* Bed Capacity	30
OVERLAND MO 63114-1946 Mailing Address 2443 PROUHET AVE	Level of Care: RCF* Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	30 Yes
OVERLAND MO 63114-1946	Level of Care: RCF* Bed Capacity	30
OVERLAND MO 63114-1946 Mailing Address 2443 PROUHET AVE	Level of Care: RCF* Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	30 Yes
OVERLAND MO 63114-1946 Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946	Level of Care: RCF* Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	30 Yes
OVERLAND MO 63114-1946 Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Bed Capacity DMH Licensed Facility Number	30 Yes 18369
OVERLAND MO 63114-1946 Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD	Level of Care: RCF* Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number Telephone (816) 761-4744 Alzheimer's Unit	30 Yes 18369 No
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414	Level of Care: RCF* Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number Telephone (816) 761-4744 Alzheimer's Unit Level of Care: SNF Bed Capacity	30 Yes 18369 No 26
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF Bed Capacity Number Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 18369 No 26 No
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF Bed Capacity Number Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 18369 No 26 No
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF Bed Capacity Number Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 18369 No 26 No
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Bed Capacity DMH Licensed Facility Number	30 Yes 18369 No 26 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit	30 Yes 18369 No 26 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF County JACKSON DMH Licensed Red Capacity DMH Licensed Facility Number	30 Yes 18369 No 26 No 12724
OVERLAND Mo 63114-1946 Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Facility Number Telephone (816) 761-4744 Alzheimer's Unit Facility Number	30 Yes 18369 No 26 No 12724
OVERLAND Mo 63114-1946 Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF County JACKSON DMH Licensed Red Capacity DMH Licensed Facility Number	30 Yes 18369 No 26 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF County JACKSON DMH Licensed Red Capacity DMH Licensed Facility Number	30 Yes 18369 No 26 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF Bed Capacity County JACKSON DMH Licensed Region 3 Medicaid Facility Number	30 Yes 18369 No 26 No 12724 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF County JACKSON DMH Licensed Facility Number Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF Bed Capacity County JACKSON DMH Licensed Region 3 Medicaid Telephone (573) 635-6193 Alzheimer's Unit	30 Yes 18369 No 26 No 12724 No 12724
OVERLAND Mailing Address 2443 PROUHET AVE OVERLAND MO 63114-1946 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEANNE JUGAN CENTER 8745 JAMES A REED ROAD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 64138-4414 JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER	Level of Care: RCF* County SAINT LOUIS COUNTY Region 7 Telephone (816) 761-4744 Level of Care: SNF County JACKSON Region 3 Medicaid Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF County JACKSON DMH Licensed Facility Number Telephone (816) 761-4744 Alzheimer's Unit Level of Care: ICF Bed Capacity County JACKSON DMH Licensed Region 3 Medicaid Facility Number Telephone (573) 635-6193 Alzheimer's Unit Level of Care: SNF Bed Capacity	30 Yes 18369 No 26 No 12724 No 12724

Wednesday, June 4, 2025 Page 67 of 139

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

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

JEFFERSON CITY NURSING AND F	REHABILITATION CENTER, LLC		
1221 SOUTHGATE LN		Telephone (573) 635-3131	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-2465	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 104118		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65110-4118	Region 6 Medicare/Medicaid	Facility Number 01865
JEFFERSON GARDENS - ASSISTED	A LIVING DV AMEDICADE		
509 WEST ROGERS ST	LIVING BI AMERICARE	Telephone (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	DMH Licensed No
CLINTON	MO 64735-2548	Region 1	Facility Number 20603
CLINTON	1410 04733-2346	Kegion 1	Facility Number 20003
JEFFERSON HEALTH CARE			
615 SW OLDHAM PARKWAY		Telephone (816) 524-3328	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2602	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 SW OLDHAM PR		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2602	Region 3 Medicare/Medicaid	Facility Number 04415
JOE CLARK RESIDENTIAL CARE	HOME		
1495 EAST ASHLAND ST		Telephone (417) 667-5000	Alzheimer's Unit No
NEVADA	MO 64772-4016	Level of Care: ALF**	Bed Capacity 34
Mailing Address PO BOX 246		County VERNON	DMH Licensed No
NEVADA	MO 64772-0246	Region 1	Facility Number 23419
JOHN KNOX VILLAGE CARE CEN	TER	T	
600 NW PRYOR ROAD	150 - 54004 - 4404	Telephone (816) 347-2400	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64081-1104	Level of Care: SNF	Bed Capacity 408
Mailing Address 600 NW PRYOR RD	MO (4091 1104	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-1104	Region 3 Medicare/Medicaid	Facility Number 14529
JOHNSON COUNTY CARE CENTER	R		
122 EAST MARKET ST		Telephone (660) 747-8101	Alzheimer's Unit No
WARRENSBURG	MO 64093-1818	Level of Care: ICF	Bed Capacity 87
Mailing Address 122 EAST MARKET	ST	County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-1818	Region 3 Medicaid	Facility Number 05309
JOLET HOME			
3920 FOREST		Telephone (816) 531-5308	Alzheimer's Unit No
KANSAS CITY	MO 64110-1220	Level of Care: RCF	Bed Capacity 17
Mailing Address 3920 FOREST		County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64110-1220	Region 3	Facility Number 03982
	- 0.110 1220		
	_		
JONES' WILDWOOD CARE CENTE	CR		
12806 HWY 151		Telephone (660) 291-8636	Alzheimer's Unit No
MADISON	MO 65263-3114	Level of Care: RCF	Bed Capacity 32
Mailing Address PO BOX 69	NO 65262 0262	County MONROE	DMH Licensed Yes
MADISON	MO 65263-0069	Region 5	Facility Number 08573

Wednesday, June 4, 2025 Page 68 of 139

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

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

JOPLIN GARDENS				
2810 SOUTH JACKSON AVE		Telephone (417) 572-0041	Alzheimer's Unit	No
JOPLIN	MO 64804-2524	Level of Care: SNF	Bed Capacity	92
Mailing Address 2810 SOUTH JACKS	ON AVE	County JASPER	DMH Licensed	No
JOPLIN	MO 64804-2524	Region 1 Medicare/Medicaid	Facility Number	01373
JOPLIN HEALTH AND REHABILIT	CATION CENTER			
2218 WEST 32ND ST		Telephone (417) 623-5264	Alzheimer's Unit	NO
JOPLIN	MO 64804-3514	Level of Care: SNF	Bed Capacity	120
Mailing Address 2218 WEST 32ND ST		County NEWTON	DMH Licensed	No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number	12583
JOI EIN	WO 04004-3314	Region 1 Medicare/Medicald	racinty Number	12363
JOY ADULT CARE CENTER				
614 SOUTH MAIN		Telephone (660) 885-8328	Alzheimer's Unit	No
CLINTON	MO 64735-2620	Level of Care: RCF*	Bed Capacity	42
Mailing Address PO BOX 8		County HENRY	DMH Licensed	Yes
CLINTON	MO 64735-0008	Region 1	Facility Number	07268
JOY ASSISTED LIVING FOR SENIO	ORS			
2030 W MOUNT VERNON ST		Telephone (417) 864-8805	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4846	Level of Care: ALF	Bed Capacity	74
Mailing Address PO BOX 9655		County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65801-9655	Region 1	Facility Number	19668
KABUL NURSING HOMES, INC				
1000 MAIN ST		Telephone (417) 962-3713	Alzheimer's Unit	No
CABOOL	MO 65689-9125	Level of Care: SNF	Bed Capacity	99
Mailing Address 1000 MAIN ST	WIO 03089-9123	County TEXAS	DMH Licensed	No
CABOOL	MO 65689-9125	•		
CABOOL	MO 03089-9123	Region 2 Medicare/Medicaid	Facility Number	04085
KATY MANOR				
205 PROSPECT		Telephone (660) 834-3111	Alzheimer's Unit	No
PILOT GROVE	MO 65276-1111	Level of Care: SNF	Bed Capacity	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		Telephone (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	ис			
811 CENTER ST	LLC	Telephone (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care: SNF	Bed Capacity	36
	1410 03231-1722		DMH Licensed	No
Mailing Address 811 CENTER ST		County CALLAWAY	DIVITI Licensed	140

Medicare/Medicaid

Facility Number

18735

MO 65251-1922

FULTON

Wednesday, June 4, 2025 Page 69 of 139

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

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

MINODOM CADE CENTOD I MUNC	TTC			
KINGDOM CARE SENIOR LIVING 811 CENTER ST	LLC	Tolophono (572) 642 6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Telephone (573) 642-6646 Level of Care: ALF	Bed Capacity	41
Mailing Address 811 CENTER ST	WIO 03231-1922	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	·	Facility Number	18735
PULION	WIO 03231-1922	Region 6	Facinty Number	16/33
KING'S DAUGHTERS HOME, THE				
620 WEST BOULEVARD ST		Telephone (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care: RCF*	Bed Capacity	12
Mailing Address 620 WEST BOULEV		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146
		8	•	
KING'S DAUGHTERS HOME, THE				
620 WEST BOULEVARD ST		Telephone (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care: ICF	Bed Capacity	39
Mailing Address 620 WEST BOULEV	ARD ST	County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146
MINIGOL VIID MAT A GERMON A	NG.			
KINGSLAND WALK SENIOR LIVIN	NG	(214) 055 (004		37
868 KINGSLAND AVENUE	MO (2120 2101	Telephone (314) 955-6884	Alzheimer's Unit	Yes
UNIVERSITY CITY	MO 63130-3181	Level of Care: ALF**	Bed Capacity	70 No
Mailing Address 868 KINGSLAND AV UNIVERSITY CITY	MO 63130-3181	County SAINT LOUIS COUNTY	DMH Licensed	
UNIVERSII I CII I	WO 03130-3161	Region 7	Facility Number	32203
KINGSWOOD				
10000 WORNALL RD		Telephone (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care: ALF**	Bed Capacity	67
Mailing Address 10000 WORNALL R	D	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64114-4359	Region 3	Facility Number	04152
KINGSWOOD				
10000 WORNALL RD		Telephone (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care: SNF	Bed Capacity	86
Mailing Address 10000 WORNALL R		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number	04152
		region 5 Medicard/Medicard	Tuesting Transport	01132
KIRKSVILLE MANOR CARE CENT	ΓER			
1705 EAST LAHARPE		Telephone (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care: SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHARE	PE	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161
KNOX COUNTY NURSING HOME	DISTRICT			
55774 STATE HIGHWAY 6	-	Telephone (660) 397-2282	Alzheimer's Unit	No
EDINA	MO 63537-4253	Level of Care: SNF	Bed Capacity	60
Mailing Address 55774 STATE HIGH	WAY 6	County KNOX	DMH Licensed	No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number	04173
		-		

Wednesday, June 4, 2025 Page 70 of 139

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

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

LA BELLE MANOR CARE CENTER	R		
1002 CENTRAL		Telephone (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	DMH Licensed No
LA BELLE	MO 63447-2092	Region 5 Medicare/Medicaid	Facility Number 04212
A A DONNE MAYGON A GGYGTED I Y	MANG BY A MEDICA DE		
LA BONNE MAISON-ASSISTED LI	VING BY AMERICARE	(572) 472 254 <i>C</i>	
226 PLAZA DR SIKESTON	MO 63801-5105	Telephone (573) 472-2546 Level of Care: ALF**	Alzheimer's Unit No Bed Capacity 36
	MO 63801-3103		
Mailing Address 226 PLAZA DR	MO (2901 5105	- · · · · ·	
SIKESTON	MO 63801-5105	Region 2	Facility Number 28804
LA PLATA NURSING HOME			
100 OLD STAGECOACH RD		Telephone (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
		region - medical of medical d	01373
LACLEDE COMMONS			
727 S LACLEDE STATION RD		Telephone (314) 968-5570	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-4911	Level of Care: ALF**	Bed Capacity 242
Mailing Address 727 S LACLEDE ST.	ATION RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-4911	Region 7	Facility Number 17713
LACOBA HOMES, INC			
850 HIGHWAY 60		Telephone (417) 235-7895	Alzheimer's Unit No
MONETT	MO 65708-9376	Level of Care: SNF	Bed Capacity 79
Mailing Address PO BOX 885	110 03700 3370	County BARRY	DMH Licensed No
MONETT	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number 04315
		C	
LAKE GEORGE ASSISTED LIVING	3		
5000 E RICHLAND RD		Telephone (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
LAKE PARKE SENIOR LIVING			
145 4TH ST		Telephone (573) 745-0874	Alzheimer's Unit No
CAMDENTON	MO 65020-7138	Level of Care: ALF	Bed Capacity 74
Mailing Address 145 4TH ST	/	County CAMDEN	DMH Licensed No
CAMDENTON	MO 65020-7138	Region 6	Facility Number 30084
		-9	30001
LAKE PARKE SENIOR LIVING			
145 4TH ST		Telephone (573) 745-0874	Alzheimer's Unit NO
CAMDENTON	MO 65020-7138	Level of Care: ALF**	Bed Capacity 22
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed No
CAMDENTON	MO 65020-7138	Region 6	Facility Number 30084

Wednesday, June 4, 2025 Page 71 of 139

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

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

LAKE ST CHARLES ASSISTED LIV	ING APARTMENTS		
45 HONEY LOCUST LN		Telephone (636) 947-1100	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5711	Level of Care: ALF	Bed Capacity 50
Mailing Address 45 HONEY LOCUST	CLN	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5711	Region 5	Facility Number 18030
LAKE STOCKTON HEALTHCARE	FACILITY		
1523 3RD ROAD	THOLETT I	Telephone (417) 276-5126	Alzheimer's Unit Yes
STOCKTON	MO 65785-9608	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 945		County CEDAR	DMH Licensed No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number 07680
		ivicultur of ivicultura	
LAKESHORES RESIDENTIAL CAR	RE FACILITY	T-l-nh-n- (417) 754 2272	Alabatanania II. 9
102 SOUTH BOLIVAR RD	MO (5(74 9552	Telephone (417) 754-2272	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8553	Level of Care: RCF*	Bed Capacity 30
Mailing Address PO BOX 221	MO 65674 0221	County POLK	DMH Licensed Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number 15309
LAKESIDE MOUNTAIN MANOR			
238 HARMONY HEIGHTS		Telephone (417) 546-5595	Alzheimer's Unit No
FORSYTH	MO 65653-5533	Level of Care: RCF	Bed Capacity 40
Mailing Address 238 HARMONY HEI		County TANEY	DMH Licensed Yes
FORSYTH	MO 65653-5533	Region 1	Facility Number 06232
LAKESIDE SUITES			
205 TIMBERLINE DR		Telephone (660) 547-3322	Alzheimer's Unit No
LINCOLN	MO 65338-2007	Level of Care: ALF	Bed Capacity 14
Mailing Address 205 TIMBERLINE D		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2007	Region 6	Facility Number 04803
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER		
1450 ASHLEY RD		Telephone (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care: SNF	Bed Capacity 60
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	Facility Number 01602
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER		
1450 ASHLEY RD		Telephone (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care: ICF	Bed Capacity 19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	Facility Number 01602
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER		
1450 ASHLEY RD		Telephone (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care: RCF*	Bed Capacity 17
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed No
BOONVILLE	MO 65233-2141	Region 6	Facility Number 01602

Wednesday, June 4, 2025 Page 72 of 139

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

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

LAKEVIEW POST ACUTE			
1201 GARDEN PLAZA DR		Telephone (314) 831-3752	Alzheimer's Unit No
FLORISSANT	MO 63033-2230	Level of Care: SNF	Bed Capacity 120
Mailing Address 1201 GARDEN PLAZA	DR	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT M	MO 63033-2230	Region 7 Medicare/Medicaid	Facility Number 27146
LAKEWOOD - ASSISTED LIVING BY	AMERICARE		
4685 ROBBERSON AVE		Telephone (417) 881-1411	Alzheimer's Unit Yes
	MO 65810-1785	Level of Care: ALF**	Bed Capacity 67
Mailing Address 4685 ROBBERSON AV		County GREENE	DMH Licensed No
SPRINGFIELD N	AO 65810-1785	Region 1	Facility Number 23613
LAMPLIGHT VILLAGE			
309 LOCUST ST		Telephone (417) 256-2749	Alzheimer's Unit No
	AO 65775-3906	Level of Care: RCF*	Bed Capacity 32
Mailing Address PO BOX 166	20 00,70 0,00	County HOWELL	DMH Licensed Yes
-	AO 65775-0166	Region 2	Facility Number 21563
WESTIERING	10 03773 0100	Region 2	Tuellieg Ivalliser 21303
LANDING OF O'FALLON, THE			
1000 LANDING CIRCLE		Telephone (636) 669-0780	Alzheimer's Unit Yes
SAINT CHARLES N	MO 63304-7647	Level of Care: ALF**	Bed Capacity 142
Mailing Address 1000 LANDING CIRCLE	Ξ	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES N	MO 63304-7647	Region 5	Facility Number 31181
LANDMARK VILLA ALF			
1101 OZARK AVE		Telephone (417) 962-3700	Alzheimer's Unit No
CABOOL	AO 65689-7362	Level of Care: ALF	Bed Capacity 44
Mailing Address 1101 OZARK AVE		County TEXAS	DMH Licensed Yes
CABOOL M	MO 65689-7362	Region 2	Facility Number 04085
I ANGROWATE VIII A GE			
LANSDOWNE VILLAGE		T-1 (214) 251 (220	A I I
4624 LANSDOWNE AVE	MO 63116-1523	Telephone (314) 351-6888	Alzheimer's Unit No
		Level of Care: SNF	Bed Capacity 145 DMH Licensed No
Mailing Address 4624 LANSDOWNE AV SAINT LOUIS	MO 63116-1523	County SAINT LOUIS CITY	
SAINI LOUIS	//O 03110-1323	Region 7 Medicare/Medicaid	Facility Number 14557
LAURIE CARE CENTER			
610 HWY O		Telephone (573) 374-8263	Alzheimer's Unit Yes
LAURIE	AO 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		Telephone (573) 374-8263	Alzheimer's Unit No
	AO 65038-1068	Level of Care: RCF*	Bed Capacity 66
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed No
-	AO 65038-1068	Region 6	Facility Number 04449
		o -	•

Wednesday, June 4, 2025 Page 73 of 139

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

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

LAVERNA MANOR HEALTH & RI	EHABILITATION			
904 SOUTH HALL AVE		Telephone (816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care: SNF	Bed Capacity	120
Mailing Address 904 SOUTH HALL	AVE	County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-1952	Region 4 Medicare/Medicaid	Facility Number	04478
LAWRENCE COUNTY MANOR				
915 CARL ALLEN ST		Telephone (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
MI VERNOT	1010 03712 1012	Region 1 Wedicale/Wedicalu	racinty runiber	04347
LAWRENCE COUNTY RESIDENT	IAI CADE CENTED			
915 CARL ALLEN ST	IAL CARE CENTER	Telephone (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		County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1	Facility Number	04349
WII VERNON	WIO 03/12-1012	Kegion 1	racinty Number	04349
LAWSON MANOR & REHAB				
210 WEST 8TH TERRACE		Telephone (816) 580-3269	Alzheimer's Unit	Yes
LAWSON	MO 64062-9357	Level of Care: SNF		60
			Bed Capacity DMH Licensed	No
Mailing Address 210 WEST 8TH TER LAWSON	MO 64062-9357	•		
LAWSON	WO 04002-9337	Region 4 Medicare/Medicaid	Facility Number	07395
LEBANON NORTH NURSING & RI	FHAR			
596 MORTON RD	EHAD	Telephone (417) 532-9173	Alzheimer's Unit	Yes
LEBANON	MO 65536-3648	Level of Care: SNF	Bed Capacity	180
Mailing Address 596 MORTON RD	110 03330 3040	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3648	Region 1 Medicare/Medicaid	Facility Number	04369
EED/IIIOII	1410 03330 3040	Region 1 Wieureare/Meurearu	Tacinty (vanise)	04309
LEBANON SOUTH NURSING & RI	ЕНАВ			
514 WEST FREMONT RD		Telephone (417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care: RCF	Bed Capacity	68
Mailing Address 514 WEST FREMON	NT ROAD	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1	Facility Number	15650
			•	
LEBANON SOUTH NURSING & RI	ЕНАВ			
514 WEST FREMONT ROAD		Telephone (417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care: SNF	Bed Capacity	116
Mailing Address 514 WEST FREMON		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1 Medicare/Medicaid	Facility Number	15650
				-2000
LEE HOUSE SENIOR LIVING LLC				
105 NORTH MILL ST		Telephone (573) 392-5558	Alzheimer's Unit	No
ELDON	MO 65026-1728	Level of Care: RCF	Bed Capacity	53
Mailing Address 105 NORTH MILL S	ST	County MILLER	DMH Licensed	No
ELDON	MO 65026-1728	Region 6	Facility Number	13089
		3	•	

Wednesday, June 4, 2025 Page 74 of 139

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

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

LEE'S SUMMIT PLACE		Th. L. 1. (016) 505 (200	AT T. C TT. M	N
1501 SW 3RD ST	C4001 0404	Telephone (816) 525-6300	Alzheimer's Unit	No
	64081-2424	Level of Care: SNF	Bed Capacity	60
Mailing Address 1501 SW 3RD ST	64081-2424	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO	04081-2424	Region 3 Medicare/Medicaid	Facility Number 1	2484
LEGACY HEALTHCARE CENTER LLC				
3715 JAMIESON AVE		Telephone (314) 781-0222	Alzheimer's Unit	No
	63109-1109	Level of Care: RCF	Bed Capacity	111
Mailing Address 3715 JAMIESON AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
	63109-1109	Region 7		4650
		8		
LEGACY LIVING				
500 LEGACY LN		Telephone (660) 646-6219	Alzheimer's Unit	No
CHILLICOTHE MO	64601-3973	Level of Care: ALF**	Bed Capacity	34
Mailing Address 500 LEGACY LN		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE MO	64601-3973	Region 4	Facility Number 1	4084
LEGENDARY NURSING & REHABILITA	TIONILC			
809 EAST GORDON ST		Telephone (660) 886-2247	Alzheimer's Unit	No
	65340-2811	Level of Care: SNF	Bed Capacity	92
Mailing Address 809 EAST GORDON ST	05540 2011	County SALINE	DMH Licensed	No
_	65340-2811	Region 5 Medicare/Medicaid		4895
		region i medicare/medicare	2 deliny 1 damsel 0	1075
LEISURE LIVING				
305 5TH ST		Telephone (417) 235-5959	Alzheimer's Unit	No
		Level of Care: RCF		20
	65708-2312		Bed Capacity	20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed	Yes
Mailing Address 305 5TH ST			DMH Licensed	
Mailing Address 305 5TH ST		County BARRY	DMH Licensed	Yes
Mailing Address 305 5TH ST MONETT MO		County BARRY	DMH Licensed	Yes
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY		County BARRY Region 1	DMH Licensed Facility Number 1	Yes 8227
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY	65708-2312 63125-1600	County BARRY Region 1 Telephone (314) 631-0540	DMH Licensed Facility Number 1 Alzheimer's Unit	Yes 8227 No
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY	65708-2312 63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed	Yes 8227 No 60
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO	65708-2312 63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed	Yes 8227 No 60 No
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER	65708-2312 63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE	65708-2312 63125-1600 7 63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO	65708-2312 63125-1600 (63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity	Yes 8227 No 60 No 1732
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE	65708-2312 63125-1600 (63125-1600 65201-7779	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF County BOONE	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed	Yes 8227 No 60 No 1732
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE	65708-2312 63125-1600 (63125-1600	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed	Yes 8227 No 60 No 1732
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE COLUMBIA MO LENOIR MANOR	65708-2312 63125-1600 (63125-1600 65201-7779	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732 No 100 No 4750
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANI COLUMBIA MO LENOIR MANOR 3850 CARTWRIGHT LANE	65708-2312 63125-1600 63125-1600 65201-7779 3 65201-7779	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 876-5800	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732 No 100 No 4750
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANI COLUMBIA MO LENOIR MANOR 3850 CARTWRIGHT LANE COLUMBIA MO	65708-2312 63125-1600 63125-1600 65201-7779 65201-7779	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: ALF**	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732 No 100 No 4750
Mailing Address 305 5TH ST MONETT MO LEMAY NURSING 9353 SOUTH BROADWAY SAINT LOUIS MO Mailing Address 9353 SOUTH BROADWAY SAINT LOUIS MO LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE COLUMBIA MO LENOIR MANOR 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE COLUMBIA MO Mailing Address 3850 CARTWRIGHT LANE	65708-2312 63125-1600 63125-1600 65201-7779 65201-7779	County BARRY Region 1 Telephone (314) 631-0540 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (573) 876-5800 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 876-5800	DMH Licensed Facility Number 1 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	Yes 8227 No 60 No 1732 No 100 No 4750

Wednesday, June 4, 2025 Page 75 of 139

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

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

LEONA HOUSE				
5000 NW OLD TRAIL ROAD		Telephone (816) 584-1033	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-1946	Level of Care: ALF**	Bed Capacity	7
Mailing Address 5000 NW OLD TRA	IL RD	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-1946	Region 4	Facility Number	24748
LEVERING REGIONAL HEALTH	CADE CENTED			
1734 MARKET ST	CARE CENTER	Telephone (573) 221-2930	Alzheimer's Unit	No
	MO 62401 4025	. ,		35
HANNIBAL	MO 63401-4025		Bed Capacity	
Mailing Address 1734 MARKET ST	110 (240) 1025	County MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-4025	Region 5	Facility Number	15954
LEWIS & CLARK GARDENS				
1221 BOONES LICK RD		Telephone (636) 946-6140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2328	Level of Care: SNF	Bed Capacity	142
Mailing Address 1221 BOONES LICK	CRD	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2328	Region 5 Medicare/Medicaid	Facility Number	01266
LEWIS COUNTY NURSING HOME	DISTRICT			
17528 STATE HIGHWAY 81 N		Telephone (573) 288-4454	Alzheimer's Unit	Yes
CANTON	MO 63435-3463	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 266		County LEWIS	DMH Licensed	No
CANTON	MO 63435-0266	Region 5 Medicare/Medicaid	Facility Number	04790
LICKING RESIDENTIAL CARE				
225 WEST HIGHWAY 32		Telephone (573) 674-2207	Alzheimer's Unit	No
LICKING	MO 65542-9832	Level of Care: RCF*	Bed Capacity	34
Mailing Address 225 WEST HIGHWA	AY 32	County TEXAS	DMH Licensed	No
LICKING	MO 65542-9832	Region 2	Facility Number	24302
LIFE CARE CENTER OF BRIDGET	TON			
12145 BRIDGETON SQUARE DR		Telephone (314) 298-7444	Alzheimer's Unit	No
BRIDGETON	MO 63044-2616	Level of Care: SNF	Bed Capacity	91
Mailing Address 12145 BRIDGETON	SQUARE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BRIDGETON	MO 63044-2616	Region 7 Medicare/Medicaid	Facility Number	12141
LIFE CARE CENTER OF BROOKF	IELD			
315 HUNT ST		Telephone (660) 258-3367	Alzheimer's Unit	Yes
BROOKFIELD	MO 64628-2412	Level of Care: SNF	Bed Capacity	120
Mailing Address 315 HUNT ST		County LINN	DMH Licensed	No
BROOKFIELD	MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number	00822
LIFE CARE CENTER OF CAPE GI	RARDEAU	m , ,		
365 SOUTH BROADVIEW ST		Telephone (573) 335-2086	Alzheimer's Unit	No
365 SOUTH BROADVIEW ST CAPE GIRARDEAU	MO 63703-5725	Level of Care: SNF	Bed Capacity	120
365 SOUTH BROADVIEW ST	MO 63703-5725	• '		

Wednesday, June 4, 2025 Page 76 of 139

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

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

THE CARE CENTED OF CARROLL	LEON			
LIFE CARE CENTER OF CARROLI 300 LIFE CARE LN	LTON	Telephone (660) 542-0155	Alzheimer's Unit	Yes
CARROLLTON	MO 64633-1861	Telephone (660) 542-0155 Level of Care: SNF	Bed Capacity	120
Mailing Address 300 LIFE CARE LN	WIO 04033-1601	County CARROLL	DMH Licensed	No
CARROLLTON	MO 64633-1861		Facility Number	11500
CARROLLION	WIO 04033-1801	Region 4 Medicare/Medicaid	Facility Number	11500
LIFE CARE CENTER OF GRANDV	IFW			
6301 EAST 125TH ST		Telephone (816) 765-7714	Alzheimer's Unit	Yes
GRANDVIEW	MO 64030-1884	Level of Care: SNF	Bed Capacity	172
Mailing Address 6301 EAST 125TH S'		County JACKSON	DMH Licensed	No
GRANDVIEW	MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number	11929
GRIEF VIEW	100 01000 1001	Region 5 Medical Confederatu	racinty raniber	11727
LIFE CARE CENTER OF ST LOUIS	·			
3520 CHOUTEAU AVE		Telephone (314) 771-2100	Alzheimer's Unit	No
SAINT LOUIS	MO 63103-2916	Level of Care: SNF	Bed Capacity	100
Mailing Address 3520 CHOUTEAU A	VE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number	19823
LIFE CARE CENTER OF SULLIVA	N			
875 DUNSFORD DR		Telephone (573) 468-3128	Alzheimer's Unit	No
SULLIVAN	MO 63080-1238	Level of Care: SNF	Bed Capacity	120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number	07744
LIFE CARE CENTER OF WAYNES	VILLE	F. 1. 1. (550) 551 (456	411	**
700 BIRCH LN	NO. 65500 2055	Telephone (573) 774-6456	Alzheimer's Unit	Yes
WAYNESVILLE	MO 65583-2275	Level of Care: SNF	Bed Capacity	120
Mailing Address 700 BIRCH LN	MO 65502 2275	County PULASKI	DMH Licensed	No
WAYNESVILLE	MO 65583-2275	Region 6 Medicare/Medicaid	Facility Number	04592
LIFE ENHANCEMENT VILLAGE O	OF THE OZARKS INC			
732 SOUTH GREGG ROAD		Telephone (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
			•	
LINCOLN COMMUNITY CARE CE	NTER			
205 TIMBERLINE DR		Telephone (660) 547-3322	Alzheimer's Unit	No
LINCOLN	MO 65338-2007	Level of Care: SNF	Bed Capacity	66
Mailing Address 205 TIMBERLINE D	R	County BENTON	DMH Licensed	No
LINCOLN	MO 65338-2007	Region 6 Medicare/Medicaid	Facility Number	04803
LINCOLN COUNTY MIDEING 6- D	FHAR			
LINCOLN COUNTY NURSING & RI 1145 EAST CHERRY STREET	DHAD	Telephone (636) 528-5712	Alzheimer's Unit	No
TROY	MO 63379-1520	Telephone (636) 528-5712 Level of Care: SNF		90
Mailing Address 11/15 FACT CHEDDY			Bed Capacity DMH Licensed	
Mailing Address 1145 EAST CHERRY TROY		County LINCOLN Region 5 Medicare/Medicaid	DMH Licensed Facility Number	No 15750

Wednesday, June 4, 2025 Page 77 of 139

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

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

LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		Telephone (816) 268-4000	Alzheimer's Unit No
GLADSTONE	MO 64119-7400	Level of Care: SNF	Bed Capacity 40
Mailing Address 2901 NE 72ND STRE	EET	County CLAY	DMH Licensed No
GLADSTONE	MO 64119-7400	Region 4 Medicare/Medicaid	Facility Number 30156
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		Telephone (816) 268-4000	Alzheimer's Unit No
GLADSTONE	MO 64119-7400	Level of Care: ALF**	Bed Capacity 40
Mailing Address 2901 NE 72ND STRE		County CLAY	DMH Licensed No
GLADSTONE	MO 64119-7400	Region 4	Facility Number 30156
			50150
LIVING CENTER, THE			
2506 LINDEN TREE PARKWAY		Telephone (660) 886-9676	Alzheimer's Unit Yes
MARSHALL	MO 65340-0017	Level of Care: SNF	Bed Capacity 99
Mailing Address PO BOX 370	NO 65240 0250	County SALINE	DMH Licensed No
MARSHALL	MO 65340-0370	Region 5 Medicare/Medicaid	Facility Number 21791
LIVING COMMUNITY OF ST JOSE	СРН		
1202 HEARTLAND RD		Telephone (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH	MO 64506-3200	Level of Care: SNF	Bed Capacity 96
Mailing Address 1202 HEARTLAND	RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-3200	Region 4 Medicare/Medicaid	Facility Number 24179
LIVING COMMUNITY OF ST JOSE	ЭРН		
1202 HEARTLAND RD		Telephone (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH	MO 64506-3200	Level of Care: ALF**	Bed Capacity 35
Mailing Address 1202 HEARTLAND		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-3200	Region 4	Facility Number 24179
			•
LIVING LIFE LONG RESIDENTIAL	L CARE, LLC	T. 1 (211) 107 7100	
5076 WATERMAN	NO 50400 4400	Telephone (314) 495-5498	Alzheimer's Unit No
SAINT LOUIS	MO 63108-1102	Level of Care: RCF	Bed Capacity 20
Mailing Address 303 UNION BLVD	MO (2100 4400	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-4400	Region 7	Facility Number 05212
LIVINGSTON MANOR CARE CENT	ΓER		
939 E BIRCH DR		Telephone (660) 646-5177	Alzheimer's Unit Yes
CHILLICOTHE	MO 64601-2189	Level of Care: SNF	Bed Capacity 94
Mailing Address 939 E BIRCH DR		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-2189	Region 4 Medicare/Medicaid	Facility Number 20099
LOCH HAVEN			
701 SUNSET HILLS DR		Telephone (660) 385-3113	Alzheimer's Unit No
MACON	MO 63552-2165	Level of Care: RCF*	Bed Capacity 26
Mailing Address PO BOX 187		County MACON	DMH Licensed No
MACON	MO 63552-0187	Region 5	Facility Number 04739

Wednesday, June 4, 2025 Page 78 of 139

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

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

LOCH HAVEN				
701 SUNSET HILLS DR		Telephone (660) 385-3113	Alzheimer's Unit	Yes
MACON	MO 63552-2165	Level of Care: SNF	Bed Capacity	100
Mailing Address PO BOX 187		County MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5 Medicare/Medicaid	Facility Number	04739
		The state of the s		
LODGE RESIDENTIAL CARE FACI	ILITY, THE			
3860 EAST 60TH ST	,	Telephone (816) 599-5235	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4418	Level of Care: RCF	Bed Capacity	8
Mailing Address 3860 EAST 60TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4418	Region 3	Facility Number	16211
LODGE, THE				
542 STATE ROAD DD		Telephone (660) 248-2277	Alzheimer's Unit	No
FAYETTE	MO 65248-9658	Level of Care: ALF**	Bed Capacity	60
Mailing Address 542 STATE RD DD		County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-9658	Region 5	Facility Number	28815
LODGES, THE				
2401 W GRAND ST		Telephone (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care: RCF*	Bed Capacity	99
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65802-4967	Region 1	Facility Number	09756
LOVING ARMS MEMORY CARE A	ND ASSISTED LIVING			
1300 EAST 24TH STREET		Telephone (660) 851-2266	Alzheimer's Unit	Yes
SEDALIA	MO 65301-8233	Level of Care: ALF**	Bed Capacity	20
Mailing Address 2700 ARTISAN DRIV	VE	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971
LUMIERE OF CHESTERFIELD, TH	IE.			
16255 CHESTERFIELD PARKWAY W	EST	Telephone (636) 265-5020	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-4824	Level of Care: ALF**	Bed Capacity	51
Mailing Address 16255 CHESTERFIEI	LD PARKWAY WEST	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4824	Region 7	Facility Number	33614
LUTHER MANOR RETIREMENT &	NURSING CENTER			
3170 HIGHWAY 61 NORTH		Telephone (573) 221-5533	Alzheimer's Unit	No
HANNIBAL	MO 63401-6571	Level of Care: SNF	Bed Capacity	64
Mailing Address 3170 HIGHWAY 61 N		County MARION	DMH Licensed	No
HANNIBAL	MO 63401-6571	Region 5 Medicare/Medicaid	Facility Number	04673
LUTHERAN CONVALESCENT HOM	ME			
723 SOUTH LACLEDE STATION RD		Telephone (314) 968-5570	Alzheimer's Unit	No
WEBSTER GROVES	MO 63119-4911	Level of Care: SNF	Bed Capacity	286
Mailing Address 723 SOUTH LACLED	DE STATION RD	County SAINT LOUIS COUNTY	DMH Licensed	No
WEBSTER GROVES	MO 63119-4911	Region 7 Medicare/Medicaid	Facility Number	04695

Wednesday, June 4, 2025 Page 79 of 139

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

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

LUTHERAN GOOD SHEPHERD HO	OME			
202 S WEST ST		Telephone (660) 463-2267	Alzheimer's Unit	NO
CONCORDIA	MO 64020-9643	Level of Care: ALF**	Bed Capacity	53
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3	Facility Number	04705
LUTHERAN HOME ASSISTED LIV	ING			
2825 BLOOMFIELD RD	11.0	Telephone (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
Crit L'Ontrine L'ile	MG 03703 0333	Region 2	racinty rumber	13330
LUTHERAN HOME, THE				
2825 BLOOMFIELD RD		Telephone (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
LUTHERAN NURSING HOME				
202 S WEST ST		Telephone (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
		riegion interieure, interieure		01702
LUTHERAN SENIOR SERVICES A	T BREEZE PARK			
600 BREEZE PARK DR		Telephone (636) 939-5223	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63304-9139	Level of Care: ALF**	Bed Capacity	79
Mailing Address 600 BREEZE PARK		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5	Facility Number	20704
LUTHERAN SENIOR SERVICES A	T BREEZE PARK			
600 BREEZE PARK DR		Telephone (636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES	MO 63304-9139	Level of Care: SNF	Bed Capacity	81
Mailing Address 600 BREEZE PARK		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5 Medicare/Medicaid	Facility Number	20704
		8	•	
LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		Telephone (636) 861-0600	Alzheimer's Unit	NO
BALLWIN	MO 63021-3303	Level of Care: SNF	Bed Capacity	68
Mailing Address 50 MERAMEC TRA		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number	23643
LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		Telephone (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care: ALF**	Bed Capacity	110
Mailing Address 50 MERAMEC TRA		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7	Facility Number	23643
		3	*	

Wednesday, June 4, 2025 Page 80 of 139

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

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

LUXE LIFE SENIOR LIVING				
111 MOCK AVE		Telephone (816) 220-4200	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2504	Level of Care: ALF**	Bed Capacity	57
Mailing Address 111 MOCK AVE	1410 04014-2504	County JACKSON		No
BLUE SPRINGS	MO 64014-2504	Region 3		219
DECE SI KINGS	MO 04014-2304	Region 3	racinty Number 132	.19
LYBL				
1325 SOUTH HIGHLAND COURT		Telephone (660) 530-7081	Alzheimer's Unit	No
MARSHALL	MO 65340-3058	Level of Care: RCF	Bed Capacity	11
Mailing Address 1325 SOUTH HIGHI		County SALINE		No
MARSHALL	MO 65340-3058	Region 5		558
LYNN'S HERITAGE HOUSE, INC				
800 KELLY LN		Telephone (573) 754-4020	Alzheimer's Unit	NO
LOUISIANA	MO 63353-2415	Level of Care: ALF**	Bed Capacity	44
Mailing Address 800 KELLY LN	WO 03333-2413	County PIKE		No
LOUISIANA	MO 63353-2415	•		
LOUISIANA	MO 03335-2413	Region 5	Facility Number 210	133
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
MACON	MO 63552-0465	Region 5 Medicare/Medicaid	Facility Number 049	914
MADISON SENIOR LIVING THE				
14001 MADISON AVENUE		Telephone 816-627-1726		Yes
KANSAS CITY	MO 64145-1613	Level of Care: ALF**	Bed Capacity	66
Mailing Address 14001 MADISON A		County JACKSON		No
KANSAS CITY	MO 64145-1613	Region 3	Facility Number 323	321
MAGNOLIA HOUSE				
204 GRAND AVE		Telephone (636) 933-0662	Alzheimer's Unit	No
FESTUS	MO 63028-1842	Level of Care: RCF	Bed Capacity	12
Mailing Address 204 GRAND AVE		County JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1842	Region 2	Facility Number 136	597
MAGNOLIA SQUARE NURSING A	ND REHAB			
1502 WEST EDGEWOOD		Telephone (417) 877-7545		No
SPRINGFIELD	MO 65807-3567	Level of Care: SNF		120
Mailing Address 1502 WEST EDGEW		County GREENE		No
SPRINGFIELD	MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number 234	400
MANCHESTER REHAB AND HEAI	LTHCARE CENTER			
312 SOLLEY DR		Telephone (636) 391-0666	Alzheimer's Unit	NO
BALLWIN	MO 63021-5248	Level of Care: SNF		137
Mailing Address 312 SOLLEY DR		County SAINT LOUIS COUNTY		No
BALLWIN	MO 63021-5248	Region 7 Medicare/Medicaid		970
		3	•	

Wednesday, June 4, 2025 Page 81 of 139

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

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

MANOR AT ELFINDALE, THE				
1707 WEST ELFINDALE ST		Telephone (417) 831-2273	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-1246	Level of Care: SNF	Bed Capacity	100
Mailing Address 1707 WEST ELFINDA	ALE ST	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-1246	Region 1 Medicare	Facility Number	17371
		.,	·	
MANOR GROVE, INCORPORATED)			
711 SOUTH KIRKWOOD RD		Telephone (314) 965-0864	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5928	Level of Care: SNF	Bed Capacity	117
Mailing Address 711 SOUTH KIRKWO	OOD RD	County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5928	Region 7 Medicare/Medicaid	Facility Number	06038
MANOR, THE		TO 1 1 (572) (06 1147	A11	N
2071 BARRON RD	MO (2001 1002	Telephone (573) 686-1147	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1903	Level of Care: SNF	Bed Capacity	90
Mailing Address 2071 BARRON RD	MO (2001 1002	County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number	00683
MAPLE CREST MANOR				
430 NORTH FREDERICK STREET		Telephone (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4835	Level of Care: RCF*	Bed Capacity	48
Mailing Address 430 NORTH FREDER		County CAPE GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU	MO 63701-4835	Region 2	Facility Number	03628
Crit E Gild it DEATO	110 03701 4033	Region 2	racinty (valide)	03028
MAPLE GROVE LODGE				
2407 KENTUCKY ST		Telephone (573) 754-5456	Alzheimer's Unit	No
LOUISIANA	MO 63353-2503	Level of Care: SNF	Bed Capacity	90
Mailing Address 2407 KENTUCKY ST	Γ	County PIKE	DMH Licensed	No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number	05002
MADLE CDOVE WELLNESS & DEL	TA DIN KEA KIYON			
MAPLE GROVE WELLNESS & REF	HABILITATION	T-1 (626) 242 2292	A 1-1:!- TI:4	NI-
560 CORISANDE HILLS RD	MO (2026 5612	Telephone (636) 343-2282	Alzheimer's Unit	No
FENTON 500 CODISANDE HI	MO 63026-5613	Level of Care: SNF	Bed Capacity	144
Mailing Address 560 CORISANDE HII		County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number	01800
MAPLE LAWN NURSING HOME				
1410 WEST LINE ST		Telephone (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
MAPLE RIDGE RESIDENTIAL CAR	RE CENTER LLC			
1034 DORIS DR		Telephone (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

Facility Number

19808

MO 63640-0272

FARMINGTON

Wednesday, June 4, 2025 Page 82 of 139

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

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

MAPLE SENIOR LIVING LLC			
3 SOUTHWEST FIRST LANE		Telephone (417) 682-6184	Alzheimer's Unit No
LAMAR	MO 64759-8313	Level of Care: RCF*	Bed Capacity 56
Mailing Address 3 SOUTHWEST FIRST	LANE	County BARTON	DMH Licensed No
LAMAR	MO 64759-8313	Region 1	Facility Number 20869
MAPLE TREE TERRACE - ASSISTED	LIVING BY AMERICARE		
2510 CLINTON ST		Telephone (417) 358-7201	Alzheimer's Unit No
CARTHAGE	MO 64836-3427	Level of Care: ALF**	Bed Capacity 50
Mailing Address 2510 CLINTON ST		County JASPER	DMH Licensed No
	MO 64836-3427	Region 1	Facility Number 17660
MAPLEBROOK-ASSISTED LIVING B	Y AMERICARE		
520 MAPLE VALLEY DR		Telephone (573) 756-2777	Alzheimer's Unit Yes
FARMINGTON	MO 63640-1981	Level of Care: ALF**	Bed Capacity 61
Mailing Address 520 MAPLE VALLEY I	OR .	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-1981	Region 2	Facility Number 28635
MAPLES HEALTH AND REHABILITA	ATION, THE		
610 WEST SUNSET ST		Telephone (417) 891-1700	Alzheimer's Unit No
	MO 65807-3696	Level of Care: SNF	Bed Capacity 120
Mailing Address 610 WEST SUNSET ST		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number 06441
MAPLEWOOD, INC		T. 1 (770) 707 0000	
1827 CRADER DR	110 (510) 2005	Telephone (573) 635-0023	Alzheimer's Unit No
	MO 65109-2005	Level of Care: ALF	Bed Capacity 13
Mailing Address 1827 CRADER DR	110 (510) 2005	County COLE	DMH Licensed Yes
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 16964
MAPLEWOOD, INC			
1827 CRADER DR		Telephone (573) 635-0023	Alzheimer's Unit No
	MO 65109-2005	Level of Care: ALF**	Bed Capacity 24
Mailing Address 1827 CRADER DR	WIO 03107-2003	County COLE	DMH Licensed Yes
	MO 65109-2005	Region 6	Facility Number 16964
JEFFERSON CITT	WIO 03109-2003	Region 0	racinty Number 10904
MARANATHA VILLAGE, INC			
233 EAST NORTON RD		Telephone (417) 833-0016	Alzheimer's Unit No
	MO 65803-3633	Level of Care: RCF	Bed Capacity 29
Mailing Address 233 EAST NORTON RI		County GREENE	DMH Licensed No
· ·	MO 65803-3633	Region 1	Facility Number 04907
	03003 3033	Acgivii 1	1 ucinity (value) (14907
MARANATHA VILLAGE, INC			
233 EAST NORTON RD		Telephone (417) 833-0016	Alzheimer's Unit No
	MO 65803-3633	Level of Care: SNF	Bed Capacity 120
Mailing Address 233 EAST NORTON RI		County GREENE	DMH Licensed No

Medicare/Medicaid

Facility Number

04907

MO 65803-3633

SPRINGFIELD

Wednesday, June 4, 2025 Page 83 of 139

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

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

MARI DE VILLA RETIREMENT CH	ENTER, INC		
13900 CLAYTON RD		Telephone (636) 227-5347	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-8406	Level of Care: SNF	Bed Capacity 224
Mailing Address 13900 CLAYTON RI)	County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-8406	Region 7	Facility Number 05047
MARIAN CLIFF RESIDENTIAL CA	RE CENTER LLC		
381 ELM ST	RE CENTER EEC	Telephone (573) 543-2218	Alzheimer's Unit No
SAINT MARY	MO 63673-9330	Level of Care: RCF*	Bed Capacity 66
Mailing Address PO BOX 272	WO 03073-7330	County SAINTE GENEVIEVE	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	
PARMINGTON	NIO 03040-0272	Region 2	Facility Number 05058
MARIES MANOR		Tolonhono (572) 400 2177	Alabaimont-Ti-it
174 BALLPARK RD	NO. 65502.0042	Telephone (573) 422-3177	Alzheimer's Unit No
VIENNA	MO 65582-8043	Level of Care: SNF	Bed Capacity 98
Mailing Address 174 BALLPARK RD		County MARIES	DMH Licensed No
VIENNA	MO 65582-8043	Region 6 Medicare/Medicaid	Facility Number 10491
MARK TWAIN ASSISTED LIVING			
901 UNION AVE		Telephone (660) 263-6515	Alzheimer's Unit No
MOBERLY	MO 65270-2456	Level of Care: ALF**	Bed Capacity 42
Mailing Address 901 UNION AVE		County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-2456	Region 5	Facility Number 16369
MARK TWAIN NURSING			
11988 MARK TWAIN LN		Telephone (314) 291-8240	Alzheimer's Unit No
BRIDGETON	MO 63044-2825	Level of Care: SNF	Bed Capacity 120
Mailing Address 11988 MARK TWAII	N LN	County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2825	Region 7 Medicare/Medicaid	Facility Number 08188
		-	
MARSHFIELD CARE CENTER FOR	R REHAB AND HEALTHCARE		
800 SOUTH WHITE OAK	-	Telephone (417) 859-3701	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care: SNF	Bed Capacity 74
Mailing Address 800 SOUTH WHITE		County WEBSTER	DMH Licensed No
MARSHFIELD	MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number 18481
		region - Medicare, Medicard	10.01
MARSHFIELD PLACE			
820 SOUTH WHITE OAK STREET		Telephone (417) 859-6133	Alzheimer's Unit No
	MO 65706-2231	-	
MARSHFIELD			
Mailing Address 820 SOUTH WHITE			DMH Licensed Yes
MARSHFIELD	MO 65706-2231	Region 1	Facility Number 20500
MADY CHI VED HOME THE			
MARY CULVER HOME, THE 221 WEST WASHINGTON AVE		Telephone (314) 966-6034	Alzheimer's Unit No
	MO 62122 2016	- · · · · ·	
KIRKWOOD Mailing Address 221 W WASHINGTO	MO 63122-3916	Level of Care: ICF	Bed Capacity 28
Mailing Address 221 W WASHINGTO		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-3916	Region 7	Facility Number 00592

Wednesday, June 4, 2025 Page 84 of 139

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

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

MARY, QUEEN AND MOTHER CEN	NTER	Telephone (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
STREWSDORT	110 03117-3001	Region / Wedicare/Medicard	racinty (value) 05105
MARYMOUNT MANOR			
313 AUGUSTINE RD		Telephone (636) 938-6770	Alzheimer's Unit No
EUREKA	MO 63025-1935	Level of Care: RCF*	Bed Capacity 100
Mailing Address PO BOX 600		County SAINT LOUIS COUNTY	DMH Licensed Yes
EUREKA	MO 63025-0600	Region 7	Facility Number 05117
MARYMOUNT MANOR			
313 AUGUSTINE RD		Telephone (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
MARYVILLE CHATEAU			
1101 E 5TH STREET		Telephone (660) 582-7447	Alzheimer's Unit No
MARYVILLE	MO 64468-1955	Level of Care: RCF	Bed Capacity 20
Mailing Address 1101 E 5TH STREET		County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-1955	Region 4	Facility Number 05149
WINT VIELE	110 01100 1733	Region	racinty runner 03147
MARYVILLE LIVING CENTER		T. I. I. (660) 500 7447	A11. LT 4
524 NORTH LAURA	NO. 64460 1055	Telephone (660) 582-7447	Alzheimer's Unit Yes
MARYVILLE	MO 64468-1955	Level of Care: SNF	Bed Capacity 105
Mailing Address 524 NORTH LAURA		County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-1955	Region 4 Medicare/Medicaid	Facility Number 05149
MASON POINTE CARE CENTER			
13190 SOUTH OUTER 40 RD		Telephone (314) 434-3330	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5917	Level of Care: SNF	Bed Capacity 127
Mailing Address 13190 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number 03957
MASON POINTE CARE CENTER			
13190 SOUTH OUTER 40 RD		Telephone (314) 434-3300	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5917	Level of Care: ALF**	Bed Capacity 86
Mailing Address 13190 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number 03957
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		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2795	Region 7	Facility Number 30805
· · · · · · · · · · · · · · · · · · ·		8	30003

Wednesday, June 4, 2025 Page 85 of 139

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

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

MAYWOOD MANOR		
1041 WEST TRUMAN RD	•	ner's Unit No
INDEPENDENCE MO 64050-3447	Level of Care: RCF* Bed Ca	
Mailing Address 1041 WEST TRUMAN RD		Licensed Yes
INDEPENDENCE MO 64050-3447	Region 3 Facility	y Number 03948
MAYWOOD TERRACE LIVING CENTER		
10300 EAST TRUMAN RD	Telephone (816) 836-1250 Alzhei	ner's Unit Yes
INDEPENDENCE MO 64052-2258	Level of Care: SNF Bed Ca	
Mailing Address 10300 EAST TRUMAN RD		Licensed No
INDEPENDENCE MO 64052-2258	•	y Number 08673
INDEFENDENCE MIG 04032-2236	Region 5 Medicare/Medicaid Facini,	y Number 08073
MCCLAY SENIOR CARE		
3801 MCCLAY ROAD	Telephone (636) 244-3323 Alzhei	ner's Unit No
SAINT PETERS MO 63376-7327	Level of Care: SNF Bed Ca	pacity 60
Mailing Address 3801 MCCLAY ROAD	County SAINT CHARLES DMH I	Licensed No
SAINT PETERS MO 63376-7327	Region 5 Medicare/Medicaid Facility	y Number 29933
MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING		
1201 NW TULLISON RD	*	ner's Unit Yes
KANSAS CITY MO 64116-2639	Level of Care: ALF** Bed Ca	
Mailing Address 1201 NW TULLISON RD	•	Licensed No
KANSAS CITY MO 64116-2639	Region 4 Facility	y Number 29084
MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY		
MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY 1301 TULLISON ROAD	Telephone (816) 888-7930 Alzhei	ner's Unit No
	Telephone (816) 888-7930 Alzhein Level of Care: SNF Bed Ca	
1301 TULLISON ROAD	Level of Care: SNF Bed Ca	
1301 TULLISON ROAD KANSAS CITY MO 64116-2640	Level of Care: SNF Bed Ca County CLAY DMH I	apacity 56
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639	Level of Care: SNF Bed Ca County CLAY DMH I	pacity 56 Licensed No
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility	pacity 56 Licensed No y Number 29084
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein	npacity 56 Licensed No y Number 29084 mer's Unit No
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca	pacity 56 Licensed No y Number 29084 mer's Unit No apacity 8
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca County BUCHANAN DMH I	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca County BUCHANAN DMH I	pacity 56 Licensed No y Number 29084 mer's Unit No apacity 8
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca County BUCHANAN DMH I	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca County BUCHANAN DMH I Region 4 Facility	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes
I301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER	Level of Care: SNF Bed Ca County CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Ca County BUCHANAN DMH I Region 4 Facility	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes y Number 05170 mer's Unit Yes
1301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST	Level of Care: SNF Bed Carcounty CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Carcounty BUCHANAN DMH I Region 4 Facility Telephone (417) 845-3351 Alzhein Level of Care: SNF Bed Carcounty Bed Carcounty Buchanan Buchanan Buchanan Buchanan Buchanan Bed Carcounty Buchanan Buchanan Buchanan Buchanan Bed Carcounty Buchanan Bed Carcounty Buchanan Buchanan Buchanan Bed Carcounty Buchanan Bed Carcounty Buchanan Buchanan Buchanan Buchanan Bed Carcounty Buchanan Bed Carcounty Buchanan Bed Carcounty Buchanan Buchan Buchanan Buchan	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes y Number 05170 mer's Unit Yes
I301 TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327	Level of Care: SNF Bed Carcounty CLAY DMH I Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Carcounty BUCHANAN DMH I Region 4 Facility Telephone (417) 845-3351 Alzhein Level of Care: SNF Bed Carcounty MCDONALD DMH I	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96
ISOT TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327 Mailing Address 1000 PATTERSON ST ANDERSON MO 64831-7327	Level of Care: SNF County CLAY Region 4 Medicare Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4 Telephone (417) 845-3351 Level of Care: SNF Bed Care County MCDONALD Region 1 Medicare/Medicaid Facility	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96 Licensed No
ISOT TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327 Mailing Address 1000 PATTERSON ST ANDERSON MO 64831-7327 MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CA	Level of Care: SNF Bed Carcounty CLAY DMH In Region 4 Medicare Facility Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Carcounty BUCHANAN DMH In Region 4 Facility Telephone (417) 845-3351 Alzhein Level of Care: SNF Bed Carcounty MCDONALD DMH In Region 1 Medicare/Medicaid Facility	pacity 56 Licensed No y Number 29084 mer's Unit No pacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96 Licensed No y Number 05183
ISOT TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327 Mailing Address 1000 PATTERSON ST ANDERSON MO 64831-7327 MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CATHREE MCKNIGHT PLACE	Level of Care: SNF County CLAY Region 4 Medicare Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4 Telephone (417) 845-3351 Level of Care: SNF Bed Ca County MCDONALD County MCDONALD Region 1 Medicare/Medicaid ARE Telephone (314) 993-3333 Alzhein	pacity 56 Licensed No y Number 29084 mer's Unit No apacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96 Licensed No y Number 05183
ISOT TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327 Mailing Address 1000 PATTERSON ST ANDERSON MO 64831-7327 MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CATHREE MCKNIGHT PLACE SAINT LOUIS MO 63124-1900	Level of Care: SNF Bed Carcounty CLAY DMH In Region 4 Medicare Telephone (816) 233-7060 Alzhein Level of Care: RCF Bed Carcounty BUCHANAN DMH In Region 4 Facility Telephone (417) 845-3351 Alzhein Level of Care: SNF Bed Carcounty MCDONALD DMH In Region 1 Medicare/Medicaid Facility ARE Telephone (314) 993-3333 Alzhein Level of Care: SNF Bed Carcounty MCDONALD DMH In Region 1 Medicare/Medicaid Facility	pacity 56 Licensed No y Number 29084 mer's Unit No apacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96 Licensed No y Number 05183 mer's Unit Yes apacity 55
ISOT TULLISON ROAD KANSAS CITY MO 64116-2640 Mailing Address 1201 NW TULLISON ROAD KANSAS CITY MO 64116-2639 MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 Mailing Address 438 NORTH 17TH ST SAINT JOSEPH MO 64501-2015 MCDONALD COUNTY LIVING CENTER 1000 PATTERSON ST ANDERSON MO 64831-7327 Mailing Address 1000 PATTERSON ST ANDERSON MO 64831-7327 MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CATHREE MCKNIGHT PLACE	Level of Care: SNF County CLAY Region 4 Medicare Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4 Telephone (417) 845-3351 Level of Care: SNF Bed Care County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Alzhein Level of Care: SNF Bed Care SNF Bed Care County MCDONALD Bed Care SNF Bed Care County SAINT LOUIS COUNTY DMH 1	pacity 56 Licensed No y Number 29084 mer's Unit No apacity 8 Licensed Yes y Number 05170 mer's Unit Yes apacity 96 Licensed No y Number 05183

Wednesday, June 4, 2025 Page 86 of 139

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

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

MCKNIGHT PLACE ASSISTED LIV	YING 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	PL	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7	Facility Number	23542
MCKNIGHT PLACE EXTENDED CA	ARE			
TWO MCKNIGHT PL		Telephone (314) 993-2221	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care: SNF	Bed Capacity	70
Mailing Address TWO MCKNIGHT PI	L	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7 Medicare	Facility Number	18914
MEADOW DIDGE SENIOD I IVING				
MEADOW RIDGE SENIOR LIVING 521 MEADOW RIDGE LANE		Telephone (660) 263-0550	Alzheimer's Unit	No
MOBERLY	MO 65270-4550	Level of Care: ALF**	Bed Capacity	57
Mailing Address 521 MEADOW RIDG		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-4550	•	Facility Number	
MODERLI	WO 03270-4330	Region 5	Facility Number	28019
MEADOW VIEW HEALTH & REHA	ABILITATION			
2203 EAST MECHANIC ST		Telephone (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
MEADOWBROOK RESIDENTIAL O	CARE, INC			
806 WEST MULBERRY	,	Telephone (573) 546-7065	Alzheimer's Unit	No
PILOT KNOB	MO 63663-	Level of Care: ALF**	Bed Capacity	36
Mailing Address PO BOX 510		County IRON	DMH Licensed	No
PILOT KNOB	MO 63663-0510	Region 2	Facility Number	20513
		8	•	
MEADOWVIEW MEMORY CARE				
555 WOODLAND VILLAS LANE		Telephone (636) 296-1400	Alzheimer's Unit	Yes
ARNOLD	MO 63010-2011	Level of Care: ALF**	Bed Capacity	24
Mailing Address 1749 GILSINN LANE	E	County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-2039	Region 2	Facility Number	12549
MEDICALODGES BUTLER				
103 EAST NURSERY		Telephone (660) 679-3179	Alzheimer's Unit	Yes
BUTLER	MO 64730-2331	Level of Care: SNF		105
Mailing Address 103 EAST NURSERY		County BATES	Bed Capacity DMH Licensed	No
BUTLER	MO 64730-2331	•		
DUILER	NIO 04/30-2331	Region 3 Medicare/Medicaid	Facility Number	05319
MEDICALODGES NEOSHO				
400 LYON DR		Telephone (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

Wednesday, June 4, 2025 Page 87 of 139

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

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

MEDICALODGES NEVADA			
1210 W ASHLAND ST	Telephone (417) 667-5064	Alzheimer's Unit	No
NEVADA MO 64772-1906	Level of Care: SNF	Bed Capacity	100
Mailing Address 1210 W ASHLAND ST	County VERNON	DMH Licensed	No
NEVADA MO 64772-1906	Region 1 Medicare/Medicaid	Facility Number	05717
MELODY HOUSE			
3031 SOUTH TEN MILE DR	Telephone (573) 893-7228	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-6816	Level of Care: RCF*	Bed Capacity	15
Mailing Address 2013 WILLIAM STREET	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-4771	Region 6	Facility Number	14376
MEMORY LANE OF DEXTER	T. I. I. (572) 524 7491		37
415 S CATALPA STREET	Telephone (573) 624-7491	Alzheimer's Unit	Yes
DEXTER MO 63841-2017	Level of Care: SNF	Bed Capacity	73
Mailing Address 415 S CATALPA STREET	County STODDARD	DMH Licensed	No
DEXTER MO 63841-2017	Region 2 Medicare/Medicaid	Facility Number	02156
MED AMEC NUBSING			
MERAMEC NURSING	T 1 1 (572) 469 7722	A1 1	NT-
940 MATTOX DR	Telephone (573) 468-7733	Alzheimer's Unit	No
SULLIVAN MO 63080-2364	Level of Care: SNF	Bed Capacity	60
Mailing Address 940 MATTOX DR	County CRAWFORD	DMH Licensed	No
SULLIVAN MO 63080-2364	Region 6 Medicare/Medicaid	Facility Number	18277
MEYER CARE CENTER			
1201 WEST 19TH ST	Telephone (660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE MO 64037-1458	Level of Care: ALF**	Bed Capacity	39
Mailing Address 1201 WEST 19TH ST	County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE MO 64037-1458	Region 3	Facility Number	05326
MEYER CARE CENTER			
1201 WEST 19TH ST	Telephone (660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE MO 64037-1458	Level of Care: SNF	Bed Capacity	56
Mailing Address 1201 WEST 19TH ST	County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE MO 64037-1458	Region 3 Medicare/Medicaid	Facility Number	05326
MILAN HEALTH CARE CENTER			
52435 INFIRMARY RD	Telephone (660) 265-4032	Alzheimer's Unit	No
MILAN MO 63556-2874	Level of Care: SNF	Bed Capacity	100
Mailing Address 52435 INFIRMARY RD	County SULLIVAN	DMH Licensed	No
MILAN MO 63556-2874	Region 5 Medicare/Medicaid	Facility Number	05418
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	59
Mailing Address 1990 W SOUTHAMPTON DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-6238	•	Facility Number	
COLUMBIA MIO 03203-0236	Region 6	racinty Number	30107

Wednesday, June 4, 2025 Page 88 of 139

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

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

MILLER COUNTY CARE AND REH	IABILITATION CENTER			
1157 HIGHWAY 17		Telephone (573) 369-2318		es
TUSCUMBIA	MO 65082-2100	Level of Care: SNF		86
Mailing Address 1157 HWY 17		County MILLER		No
TUSCUMBIA	MO 65082-2100	Region 6 Medicare/Medicaid	Facility Number 054	-22
MILLER RESIDENT CARE, INC				
210 ROCK RD		Telephone (660) 327-5680	Alzheimer's Unit	No
PARIS	MO 65275-1282	Level of Care: RCF*		40
Mailing Address 210 ROCK RD	110 03273 1202	County MONROE	=	No
PARIS	MO 65275-1282	Region 5	Facility Number 180	
1 AICLS	WO 03273-1282	Kegion 5	racinty Number 180	120
MINGO RESIDENTIAL CARE FAC	ILITY			
24080 STATE HWY 51		Telephone (573) 222-3086	Alzheimer's Unit	No
PUXICO	MO 63960-8114	Level of Care: RCF*	Bed Capacity	36
Mailing Address 24080 STATE HWY	51	County STODDARD	DMH Licensed Y	l'es
PUXICO	MO 63960-8114	Region 2	Facility Number 249	59
		-		
MISSION RIDGE				
4349 S KANSAS AVE		Telephone (417) 520-7020		1O
SPRINGFIELD	MO 65810-1413	Level of Care: ALF**	=	60
Mailing Address 4349 S KANSAS AV		County GREENE		No
SPRINGFIELD	MO 65810-1413	Region 1	Facility Number 333	42
MOCKINGBIRD MANOR RESIDEN	TIAL CARE			
227 W FRANKLIN		Telephone (816) 781-8058	Alzheimer's Unit	No
LIBERTY	MO 64068-1641	Level of Care: RCF*		16
Mailing Address PO BOX 121		County CLAY		l'es
LIBERTY	MO 64069-0121	Region 4	Facility Number 054	
MONARCH SPRINGS WELLNESS &	& REHABILITATION			
894 LELAND AVE	MO 50400 5555	Telephone (314) 726-4767		No
UNIVERSITY CITY	MO 63130-3239	Level of Care: SNF		19
Mailing Address 894 LELAND AVE		County SAINT LOUIS COUNTY		No
UNIVERSITY CITY	MO 63130-3239	Region 7 Medicare/Medicaid	Facility Number 021	.00
MONROE CITY MANOR CARE CE	NTER			
1010 HIGHWAY 24 & 36 EAST		Telephone (573) 735-4850	Alzheimer's Unit	No
MONROE CITY	MO 63456-1116	Level of Care: SNF		60
Mailing Address 1010 HWY 24 & 36 F		County MARION		No
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number 054	
			,	-
MONROE MANOR				
200 SOUTH ST		Telephone (660) 327-4125		es
PARIS	MO 65275-1165	Level of Care: SNF		19
Mailing Address 200 SOUTH ST		County MONROE		No
PARIS	MO 65275-1165	Region 5 Medicare/Medicaid	Facility Number 054	

Wednesday, June 4, 2025 Page 89 of 139

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

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

MONTEREY PARK REHABILITATION &	& HEALTH CARE CENTER				
4600 LITTLE BLUE PARKWAY		Telephone	(816) 795-7888	Alzheimer's Unit	No
	64057-8302	Level of Car		Bed Capacity	122
Mailing Address 4600 LITTLE BLUE PARK		•	JACKSON	DMH Licensed	No
INDEPENDENCE MO	64057-8302	Region 3	Medicare/Medicaid	Facility Number	15987
MONTICELLO HOUSE					
1115 K LAND DR		Telephone	(573) 243-8989	Alzheimer's Unit	No
JACKSON MO	63755-2588	Level of Car	re: RCF*	Bed Capacity	32
Mailing Address PO BOX 740		County	CAPE GIRARDEAU	DMH Licensed	No
JACKSON MO	63755-0740	Region 2		Facility Number	14454
MONTICELLO HOUSE					
1115 K LAND DR		Telephone	(573) 243-8989	Alzheimer's Unit	Yes
	63755-2588	Level of Car	` '	Bed Capacity	105
Mailing Address PO BOX 740	03733 2300		CAPE GIRARDEAU	DMH Licensed	No
•	63755-0740	Region 2	Medicare/Medicaid	Facility Number	14454
The Root Mo	03/33 0/40	Region 2	Medical e/Medicald	racinty Number	14434
MOORE-FEW CARE CENTER					
901 SOUTH ADAMS		Telephone	(417) 448-3841	Alzheimer's Unit	No
	64772-3209	Level of Car		Bed Capacity	108
Mailing Address 901 SOUTH ADAMS			VERNON	DMH Licensed	No
NEVADA MO	64772-3209	Region 1	Medicare/Medicaid	Facility Number	05703
MOOREVIEW RESIDENTIAL					
130 WEST CULTON		Telephone	(660) 429-1587	Alzheimer's Unit	No
WARRENSBURG MO	64093-1720	Level of Car	re: RCF	Bed Capacity	20
Mailing Address 130 WEST CULTON		County	JOHNSON	DMH Licensed	Yes
WARRENSBURG MO	64093-1720	Region 3		Facility Number	11225
MORNINGSIDE CENTER					
1700 MORNINGSIDE DR		Telephone	(660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE MO	64601-1545	Level of Car	re: SNF	Bed Capacity	60
Mailing Address 1700 MORNINGSIDE DR		County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE MO	64601-1545	Region 4	Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSISTED LIV	ING APARTMENTS				
1702 MORNINGSIDE DR		Telephone	(660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE MO	64601-1545	Level of Car	, ,	Bed Capacity	31
Mailing Address 1702 MORNINGSIDE DR		County	LIVINGSTON	DMH Licensed	No
-	64601-1545	Region 4		Facility Number	05557
MOTHER OF GOOD COUNSEL HOME					
6825 NATURAL BRIDGE RD		Telephone	(314) 383-4765	Alzheimer's Unit	No
	63121-5314	Level of Car		Bed Capacity	114
Mailing Address 6825 NATURAL BRIDGE	RD	County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63121-5314	Region 7		Facility Number	05568

Wednesday, June 4, 2025 Page 90 of 139

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

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

MOTHER OF PERPETUAL HELP R	RESIDENCE, INC		
7609 WATSON ROAD		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	D	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-5001	Region 7	Facility Number 21111
MOUNT CARMEL SENIOR LIVING	S STOUADIES IIC		
723 FIRST CAPITOL DR	- ST CHARLES, LLC	Telephone (636) 946-4140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2729	Level of Care: SNF	Bed Capacity 110
Mailing Address 723 FIRST CAPITOL		County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number 07560
STAINT CHERNELS	1410 03301 272)	Region 5 Wedicare/Medicard	racinty (value)
MOUNTAIN VIEW HEALTHCARE			
1211 NORTH ASH ST		Telephone (417) 934-6818	Alzheimer's Unit No
MOUNTAIN VIEW	MO 65548-7376	Level of Care: SNF	Bed Capacity 105
Mailing Address PO BOX 879		County HOWELL	DMH Licensed No
MOUNTAIN VIEW	MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number 15542
MT VERNON NURSING			
1425 SOUTH LANDRUM		Telephone (417) 466-2260	Alzheimer's Unit NO
MT VERNON	MO 65712-1912	Level of Care: SNF	Bed Capacity 60
Mailing Address 1425 S LANDRUM	110 03/12 1/12	County LAWRENCE	DMH Licensed No
MT VERNON	MO 65712-1912	Region 1 Medicare/Medicaid	Facility Number 16304
MI VERNOIT	NO 03712 1712	region 1 Wieureare/Meureare	Tacinty Number 10304
MY BLESSED HOME			
305 E 63RD ST		Telephone (816) 678-8061	Alzheimer's Unit No
KANSAS CITY	MO 64113-2225	Level of Care: RCF	Bed Capacity 11
Mailing Address 305 E 63RD ST		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64113-2225	Region 3	Facility Number 27175
MY PLACE RESIDENTIAL CARE, 1	L.C.		
23 NORTH SIXTH ST		Telephone (636) 933-1793	Alzheimer's Unit No
FESTUS	MO 63028-1301	Level of Care: ALF	Bed Capacity 44
Mailing Address 23 NORTH SIXTH ST	Γ	County JEFFERSON	DMH Licensed Yes
FESTUS	MO 63028-1301	Region 2	Facility Number 10631
MY PLACE TOO, INC			
1107 CLARKE ST		Telephone (636) 586-7871	Alzheimer's Unit No
DE SOTO	MO 63020-2709	Level of Care: RCF*	Bed Capacity 50
Mailing Address 1107 CLARKE ST	110 03020 2707	County JEFFERSON	DMH Licensed Yes
DE SOTO	MO 63020-2709	Region 2	Facility Number 16234
225010		region 2	2 minut 10234
MYERS NURSING & CONVALESCI	ENT CENTER		
2315 WALROND AVE		Telephone (816) 231-3180	Alzheimer's Unit No
KANSAS CITY	MO 64127-4210	Level of Care: ICF	Bed Capacity 84
Mailing Address 2315 WALROND AV		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64127-4210	Region 3 Medicaid	Facility Number 05626

Wednesday, June 4, 2025 Page 91 of 139

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

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

NATHAN RICHARD HEALTH CAR	E CENTER			
700 EAST HIGHLAND AVE		Telephone (417) 667-8889	Alzheimer's Unit	No
NEVADA	MO 64772-1025	Level of Care: SNF	Bed Capacity	68
Mailing Address 700 EAST HIGHLAN	ND AVE	County VERNON	DMH Licensed	No
NEVADA	MO 64772-1025	Region 1 Medicare/Medicaid	Facility Number	18210
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 SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7	Facility Number	17458
NAZARETH LIVING CENTER				
2 NAZARETH LIVING CENTER		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	WO 03129-7000	County SAINT LOUIS COUNTY	DMH Licensed	No
	MO (2120 7600	·		
SAINT LOUIS	MO 63129-7600	Region 7 Medicare/Medicaid	Facility Number	17458
NEIGHBORHOODS AT QUAIL CRI	EEK, THE			
1514 WEST LARK		Telephone (417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2270	Level of Care: SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2270	Region 1 Medicare/Medicaid	Facility Number	24701
5. Na. (6. 1525	35010 2270	region 1 Wedicare/Medicard	Tuemey Tumber	24701
NEIGHBORHOODS REHABILITAT	TION & SKILLED NURSING BY TIGE	RPLACE, THE		
NEIGHBORHOODS REHABILITAT 3003 FALLING LEAF COURT	TION & SKILLED NURSING BY TIGE	RPLACE, THE Telephone (573) 256-4620	Alzheimer's Unit	Yes
	TION & SKILLED NURSING BY TIGE MO 65201-3549	<i>'</i>	Alzheimer's Unit Bed Capacity	Yes 120
3003 FALLING LEAF COURT	MO 65201-3549	Telephone (573) 256-4620		
3003 FALLING LEAF COURT COLUMBIA	MO 65201-3549	Telephone (573) 256-4620 Level of Care: SNF	Bed Capacity	120
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA	MO 65201-3549 F COURT	Telephone (573) 256-4620 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed	120 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAC COLUMBIA NEW HAVEN CARE CENTER	MO 65201-3549 F COURT	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	120 No 24341
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100	MO 65201-3549 F COURT MO 65201-3549	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	120 No 24341 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEACOLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN	MO 65201-3549 F COURT	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	120 No 24341 No 90
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 No 90 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEACOLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN	MO 65201-3549 F COURT MO 65201-3549	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	120 No 24341 No 90
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 No 90 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAT COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 No 90 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN NEW HAVEN CARE CENTER	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAC COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAC COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	120 No 24341 No 90 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 No 90 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300 MO 63068-1300 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HOPE ASSISTED LIVING LL 328 NORTH NEW HOPE DRIVE	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300 MO 63068-1300 MO 63068-1300	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6 Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738 No 16 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HOPE ASSISTED LIVING LL 328 NORTH NEW HOPE DRIVE POPLAR BLUFF	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300 MO 63068-1300 CC MO 63901-4819	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6 Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738 No 16 No 05738
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN Mailing Address 9503 HWY 100 NEW HAVEN NEW HOPE ASSISTED LIVING LL 328 NORTH NEW HOPE DRIVE	MO 65201-3549 F COURT MO 65201-3549 MO 63068-1300 MO 63068-1300 MO 63068-1300 CC MO 63901-4819	Telephone (573) 256-4620 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6 Telephone (573) 237-2103 Level of Care: ALF County FRANKLIN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 No 90 No 05738 No 16 No 05738

Wednesday, June 4, 2025 Page 92 of 139

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

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

NEW HORIZONS RCF II				
5858 BUSIEK ROAD		Telephone (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		Telephone (573) 748-5622	Alzheimer's Unit	Yes
NEW MADRID	MO 63869-1116	Level of Care: SNF	Bed Capacity	112
Mailing Address 1050 DAWSON RD		County NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number	04952
NEW MARK REHAB AND HEALTH	CADE CENTED			
11221 NORTH NASHUA DR	CARE CENTER	Telephone (816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1159	Level of Care: SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA D			DMH Licensed	
· ·		•		No
KANSAS CITY	MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number	12688
NEW PERSPECTIVE - WELDON SP	RING			
400 SIEDENTOP ROAD		Telephone (636) 229-1311	Alzheimer's Unit	YES
WELDON SPRING	MO 63304-1036	Level of Care: ALF**	Bed Capacity	170
Mailing Address 400 SIEDENTOP ROA	AD	County SAINT CHARLES	DMH Licensed	No
WELDON SPRING	MO 63304-1036	Region 5	Facility Number	33581
NEWBRIDGE RETIREMENT COMM	MUNITY			
1205 S. MOUNT AUBURN RD		Telephone (573) 803-1863	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63703-6581	Level of Care: ALF**	Bed Capacity	94
Mailing Address 1205 S. MOUNT AUE	BURN RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6581	Region 2	Facility Number	33246
NEWSTEAD PLACE		m		
19 NORTH NEWSTEAD	110 (010) 00 (0	Telephone (314) 286-4510	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2260	Level of Care: RCF*	Bed Capacity	20
Mailing Address 19 N NEWSTEAD		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2260	Region 7	Facility Number	19169
NHC HEALTHCARE, DESLOGE				
801 BRIM ST		Telephone (573) 431-0223	Alzheimer's Unit	Yes
DESLOGE	MO 63601-3441	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX AA		County SAINT FRANCOIS	DMH Licensed	No
DESLOGE	MO 63601-0568	Region 2 Medicare/Medicaid	Facility Number	02143
		G	•	
NHC HEALTHCARE, JOPLIN				
2700 EAST 34TH ST		Telephone (417) 781-1737	Alzheimer's Unit	YES
JOPLIN	MO 64804-4310	Level of Care: SNF	Bed Capacity	124
Mailing Address 2700 EAST 34TH ST		County NEWTON	DMH Licensed	No

Medicare/Medicaid

Facility Number

04044

MO 64803-2877

JOPLIN

Wednesday, June 4, 2025 Page 93 of 139

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

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

NHC HEALTHCARE, KENNETT			
1120 FALCON		Telephone (573) 888-1150	Alzheimer's Unit Yes
KENNETT	MO 63857-3825	Level of Care: SNF	Bed Capacity 170
Mailing Address PO BOX 696		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number 04268
NULCHEAL THICADE MADAY AND	HELCHIEC		
NHC HEALTHCARE, MARYLAND 2920 FEE FEE RD	HEIGHTS	Telephone (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	WO 03043-1913	County SAINT LOUIS COUNTY	DMH Licensed No
MARYLAND HEIGHTS	MO 63043-1915	• _	Facility Number 08272
MARTLAND HEIGHTS	WIO 03043-1913	Region 7 Medicare/Medicaid	Facility Number 08272
NHC HEALTHCARE, ST CHARLES	S		
35 SUGAR MAPLE LN		Telephone (636) 946-8887	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5740	Level of Care: SNF	Bed Capacity 120
Mailing Address 35 SUGAR MAPLE	LN	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5740	Region 5 Medicare/Medicaid	Facility Number 07503
			•
NHC HEALTHCARE, WEST PLAIN	NS .		
211 DAVIS DR		Telephone (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
NHC PLACE, ST PETERS MEMOR	V CADE		
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		County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-3182	Region 5	Facility Number 29889
SARVITETERS	MO 03370-3162	Region 5	Facility Number 29889
NICK'S HEALTH CARE CENTER,	LLC		
253 EAST HIGHWAY 116		Telephone (816) 539-2376	Alzheimer's Unit No
PLATTSBURG	MO 64477-1561	Level of Care: SNF	Bed Capacity 70
Mailing Address 253 EAST HWY 116		County CLINTON	DMH Licensed No
PLATTSBURG	MO 64477-1561	Region 4 Medicare/Medicaid	Facility Number 22058
NIWA NUIDOING & PEWAR			
NIXA NURSING & REHAB		m	
1104 NORTH MAIN ST	NO 65714 0016	Telephone (417) 725-1777	Alzheimer's Unit No
NIXA	MO 65714-9316	Level of Care: SNF	Bed Capacity 82
Mailing Address 1104 N MAIN ST	MO (57714 0016	County CHRISTIAN	DMH Licensed No
NIXA	MO 65714-9316	Region 1 Medicare/Medicaid	Facility Number 13840
NODAWAY HEALTHCARE			
22371 STATE HIGHWAY 46		Telephone (660) 562-2876	Alzheimer's Unit No
MARYVILLE	MO 64468-8157	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 307		County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-0307	Region 4 Medicare/Medicaid	Facility Number 05766

Wednesday, June 4, 2025 Page 94 of 139

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

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

NODALANDA MIDONIO OFFICE				
NORMANDY NURSING CENTER		T-1	A 1-1	NI-
7301 SAINT CHARLES ROCK RD SAINT LOUIS	MO 63133-1737	Telephone (314) 862-0555 Level of Care: SNF	Alzheimer's Unit	No 116
Mailing Address 7301 SAINT CHARL		County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	No
SAINT LOUIS	MO 63133-1737	·	Facility Number	01118
SAINT LOUIS	WIO 03133-1/37	Region 7 Medicare/Medicaid	Facility Number	01118
NORTERRE				
2580 NORTERRE CIRCLE		Telephone (816) 479-4793	Alzheimer's Unit	Yes
LIBERTY	MO 64068-3412	Level of Care: ALF**	Bed Capacity	60
Mailing Address 2580 NORTERRE CI		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3412	Region 4	Facility Number	31005
NORTERRE 2555 NORTERRE CIRCLE		Telephone (816) 479-4793	Alzheimer's Unit	No
LIBERTY	MO 64068-3313	Level of Care: SNF	Bed Capacity	60
Mailing Address 2555 NORTERRE C		County CLAY	DMH Licensed	No
LIBERTY	MO 64086-3313	·	Facility Number	
LIDERTI	NO 04080-3313	Region 4 Medicare/Medicaid	Facility Number	31005
NORTH VILLAGE PARK				
2041 SILVA LN		Telephone (660) 269-7300	Alzheimer's Unit	No
MOBERLY	MO 65270-3658	Level of Care: SNF	Bed Capacity	184
Mailing Address 2041 SILVA LN		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3658	Region 5 Medicare/Medicaid	Facility Number	06481
NODTHI AND DEHADII ITATION	8. HEAT TH CADE CENTED			
NORTHLAND REHABILITATION (4301 NE PARVIN ROAD	W HEALTH CARE CENTER	Telephone (816) 702-8000	Alzheimer's Unit	No
KANSAS CITY	MO 64117-3001	Level of Care: SNF	Bed Capacity	118
Mailing Address 4301 NE PARVIN RO		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64117-3001	•	Facility Number	31230
KANSAS CII I	WO 04117-3001	Region 4 Medicare/Medicaid	Facility Number	31230
NORTHPARK VILLAGE - ASSISTE	ED LIVING BY AMERICARE			
4449 N STATE HIGHWAY NN		Telephone (417) 581-3200	Alzheimer's Unit	No
OZARK	MO 65721-7221	Level of Care: ALF**	Bed Capacity	52
Mailing Address 4449 N STATE HIGH	HWAY NN	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7221	Region 1	Facility Number	20003
NORTHRIDGE PLACE - ASSISTED	LIVING BY AMERICARE			
1500 LYNN ST		Telephone (417) 532-9793	Alzheimer's Unit	Yes
LEBANON	MO 65536-4409	Level of Care: ALF**	Bed Capacity	50
			DMH Licensed	No
Mailing Address 1500 LYNN ST		County LACLEDE		- 10
Mailing Address 1500 LYNN ST LEBANON	MO 65536-4409	County LACLEDE Region 1		20525
Mailing Address 1500 LYNN ST LEBANON	MO 65536-4409	Region 1	Facility Number	20525
LEBANON NORTHWOOD HILLS CARE CENT		Region 1	Facility Number	
NORTHWOOD HILLS CARE CENT 800 NORTH ARTHUR ST	TER	Region 1 Telephone (417) 754-2208	Facility Number Alzheimer's Unit	Yes
NORTHWOOD HILLS CARE CENT 800 NORTH ARTHUR ST HUMANSVILLE		Region 1 Telephone (417) 754-2208 Level of Care: SNF	Facility Number Alzheimer's Unit Bed Capacity	Yes 120
NORTHWOOD HILLS CARE CENT 800 NORTH ARTHUR ST	TER	Region 1 Telephone (417) 754-2208	Facility Number Alzheimer's Unit	Yes

Wednesday, June 4, 2025 Page 95 of 139

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

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

OAK KNOLL SKILLED NURSING	& REHABILITATION CENTER			
37 N CLARK AVE		Telephone (314) 521-7419	Alzheimer's Unit	No
FERGUSON	MO 63135-2323	Level of Care: SNF	Bed Capacity	72
Mailing Address 37 N CLARK AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
FERGUSON	MO 63135-2323	Region 7 Medicare/Medicaid	Facility Number	05864
OAK PARK CARE CENTER				
6637 BERTHOLD AVE		Telephone (314) 781-3444	Alzheimer's Unit	No
SAINT LOUIS	MO 63139-3318	Telephone (314) 781-3444 Level of Care: SNF	Bed Capacity	120
Mailing Address 6637 BERTHOLD A			DMH Licensed	No
SAINT LOUIS	MO 63139-3318			
SAINI LOUIS	WIO 03139-3316	Region 7 Medicare/Medicaid	Facility Number	05914
OAK POINTE OF CARTHAGE				
300 W AIRPORT DR		Telephone (417) 358-3355	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3511	Level of Care: ALF**	Bed Capacity	55
Mailing Address 300 W AIRPORT DE	₹	County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3511	Region 1	Facility Number	30168
OAK POINTE OF KEARNEY				
200 MEADOWBROOK DR		Telephone (816) 628-0075	Alzheimer's Unit	Yes
KEARNEY	MO 64060-8788	Level of Care: ALF**	Bed Capacity	55
Mailing Address 200 MEADOWBRO		County CLAY	DMH Licensed	No
KEARNEY	MO 64060-8788	Region 4	Facility Number	29803
112.114.12.1	110 01000 0700	Region	Tuelley Tulliser	27003
OAK POINTE OF MARYVILLE				
817 SOUTH COUNTRY CLUB DR		Telephone (660) 562-2799	Alzheimer's Unit	Yes
MARYVILLE	MO 64468-1477	Level of Care: ALF**	Bed Capacity	55
Mailing Address 817 SOUTH COUNT		County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-1477	Region 4	Facility Number	29544
OAK POINTE OF MONETT				
1011 OLD AIRPORT ROAD		Telephone (417) 235-3500	Alzheimer's Unit	Yes
MONETT	MO 65708-1375	Level of Care: ALF**	Bed Capacity	55
Mailing Address 1011 OLD AIRPORT	ΓROAD	County LAWRENCE	DMH Licensed	No
MONETT	MO 65708-1375	Region 1	Facility Number	30206
OAK DONNEE OF MEOGNO				
OAK POINTE OF NEOSHO		m 1 1 (417) 451 9970		37
2601 OAK RIDGE EXTENSION	NO. 64050 5565	Telephone (417) 451-8872	Alzheimer's Unit	Yes
NEOSHO	MO 64850-7765	Level of Care: ALF**	Bed Capacity	55
Mailing Address 2601 OAK RIDGE E		County NEWTON	DMH Licensed	No
NEOSHO	MO 64850-7765	Region 1	Facility Number	29972
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 (CLUB DRIVE	County PHELPS	DMH Licensed	No
ROLLA	MO 65401-4356	Region 6	Facility Number	31216

Wednesday, June 4, 2025 Page 96 of 139

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

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

OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON Mailing Address 700 FORREST AVE	MO 63383-7040	Telephone (636) 456-6464 Level of Care: ALF** County WARREN	Alzheimer's Unit Yes Bed Capacity 71 DMH Licensed No
WARRENTON	MO 63383-7040	Region 6	Facility Number 25045
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 WASHINGTON	MO 63090-4354	County FRANKLIN Region 6	DMH Licensed No Facility Number 32114
OAK RIDGE ASSISTED LIVING			
403 CRISPIN ST		Telephone (816) 776-3435	Alzheimer's Unit Yes
RICHMOND	MO 64085-1212	Level of Care: ALF**	Bed Capacity 55
Mailing Address 403 CRISPIN ST RICHMOND	MO 64085-1212	County RAY	DMH Licensed No
RICHIMOND	MO 04083-1212	Region 4	Facility Number 29711
OAKDALE CARE CENTER 2702 DEBBIE LN		Telephone (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
OAKDALE CARE CENTER			
2702 DEBBIE LN POPLAR BLUFF	MO 63901-2650	Telephone (573) 686-5242 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 70
Mailing Address 2702 DEBBIE LN	WO 03701 2030	County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-2650	Region 2 Medicare/Medicaid	Facility Number 18157
OAKDALE CARE CENTER			
2702 DEBBIE LN POPLAR BLUFF	MO 63901-2650	Telephone (573) 686-5242 Level of Care: RCF*	Alzheimer's Unit No Bed Capacity 36
Mailing Address 2702 DEBBIE LN	WO 03901-2030	County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157
OAKRIDGE OF PLATTSBURG			
205 EAST CLAY AVE	MO 64477 8100	Telephone (816) 539-2128	Alzheimer's Unit No
PLATTSBURG Mailing Address PO BOX 247	MO 64477-8100	Level of Care: SNF County CLINTON	Bed Capacity 60 DMH Licensed No
PLATTSBURG	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994
OAKS COTTAGE ASSISTED LIVIN	G, THE	T. 1. (417) 501 0000	411.00.177.0
5448 N 2ND AVENUE OZARK	MO 65721-6210	Telephone (417) 581-0330 Level of Care: ALF**	Alzheimer's Unit Yes Bed Capacity 12
Mailing Address 5448 N 2ND AVENU		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-6210	Region 1	Facility Number 31804

Wednesday, June 4, 2025 Page 97 of 139

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

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

OAKS RETIREMENT COMMUNITY,T	HE		
127 HAMLET ROAD	10.	Telephone (417) 239-1112	Alzheimer's Unit No
	MO 65616-7746	Level of Care: ALF**	Bed Capacity 30
Mailing Address 127 HAMLET ROAD		County TANEY	DMH Licensed No
BRANSON M	MO 65616-7746	Region 1	Facility Number 27358
OAKS THE			
OAKS, THE 5550 NOLAND ROAD		Telephone (816) 356-0200	Alzheimer's Unit No
	MO 64133-3685	Telephone (816) 356-0200 Level of Care: RCF	Bed Capacity 62
Mailing Address 5550 NOLAND RD	710 04133-3083		DMH Licensed Yes
o .	MO 64133-3685	County JACKSON Region 3	
RANSAS CITT IV	7O 04133-3083	Kegion 3	Facility Number 13440
OASIS RESIDENTIAL CARE FACILIT	Y		
3508 PRAIRIE AVE		Telephone (314) 534-3355	Alzheimer's Unit No
SAINT LOUIS M	AO 63107-2214	Level of Care: RCF*	Bed Capacity 20
Mailing Address 3508 PRAIRIE AVE		County SAINT LOUIS CITY	DMH Licensed Yes
•	AO 63107-2214	Region 7	Facility Number 15415
		Tegron .	13 113
ODESSA HEALTH CARE CENTER			
609 GOLF ST		Telephone (816) 230-7530	Alzheimer's Unit No
ODESSA M	AO 64076-1462	Level of Care: SNF	Bed Capacity 60
Mailing Address 609 GOLF ST		County LAFAYETTE	DMH Licensed No
ODESSA M	MO 64076-1462	Region 3 Medicare/Medicaid	Facility Number 05749
OREGON HEALTHCARE		m 1 1 (650) 115 0055	
501 MONROE	50 c1450 5000	Telephone (660) 446-3355	Alzheimer's Unit No
	AO 64473-7800	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 19	50 61450 0040	County HOLT	DMH Licensed No
OREGON M	AO 64473-0019	Region 4 Medicare/Medicaid	Facility Number 06097
ORILLA'S WAY			
1209 SOUTH HIGH ST		Telephone (660) 564-2204	Alzheimer's Unit No
	AO 64456-0056	Level of Care: ALF**	Bed Capacity 37
Mailing Address PO BOX 56		County WORTH	DMH Licensed No
· ·	AO 64456-0056	Region 4	Facility Number 08591
OSAGE BEACH REHABILITATION AN	ND HEALTH CARE CENTER		
844 PASSOVER RD		Telephone (573) 348-2225	Alzheimer's Unit No
OSAGE BEACH M	AO 65065-2834	Level of Care: SNF	Bed Capacity 94
Mailing Address 844 PASSOVER RD		County CAMDEN	DMH Licensed No
OSAGE BEACH M	AO 65065-2834	Region 6 Medicare/Medicaid	Facility Number 06116
OUD I ADV OF MEDOV COUNTRY TO	OME		
OUR LADY OF MERCY COUNTRY HO 2160 MERCY DRIVE	J14115	Telephone (816) 781-5711	Alzheimer's Unit No
	ИО 64068-7955	Level of Care: ALF**	Bed Capacity 44
Mailing Address 2115 MATURANA DRIV		County CLAY	DMH Licensed No
	ио 64068-7955	•	Facility Number 06153
EIDEKI I	/IO 04000-7933	Region 4	racinty number 00153

Wednesday, June 4, 2025 Page 98 of 139

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

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

OWEN ACRES RESIDENTIAL CAR	E FACILITY		
614 COUNTY ROAD 466		Telephone (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	56	County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-2964	Region 2	Facility Number 21093
OXFORD GRAND AT SHOAL CREE	rik		
8280 N TULLIS AVENUE	EK.	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 AVE		County CLAY	DMH Licensed No
KANSAS CITY	MO 64158-7683	Region 4	Facility Number 30758
Mandrid CITT	N10 04130 7003	region 4	racinty (uniber 50756
OZARK MANOR			
1013 HIGHWAY Z		Telephone (573) 783-8338	Alzheimer's Unit No
FREDERICKTOWN	MO 63645-8035	Level of Care: ALF**	Bed Capacity 55
Mailing Address 1013 HIGHWAY Z		County MADISON	DMH Licensed No
FREDERICKTOWN	MO 63645-8035	Region 2	Facility Number 22947
OZARK NURSING & CARE CENTE	CR		
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 RIVER	RSIDE RD	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7688	Region 1 Medicare/Medicaid	Facility Number 06240
		G	
	E EA CH MIN H		
OZARK OAKS RESIDENTIAL CAR	E FACILITY II	F. I. I. (415) 245 55(0)	
3405 S SCHIFFERDECKER	NO 64004 1200	Telephone (417) 347-7760	Alzheimer's Unit No
JOPLIN	MO 64804-1388	Level of Care: RCF*	Bed Capacity 30
Mailing Address PO BOX 2526	MO (4902 252)	County NEWTON	DMH Licensed Yes
JOPLIN	MO 64803-2526	Region 1	Facility Number 13636
OZARK REHABILITATION & HEA	LTH CARE CENTER		
1083 OZARK CARE DR		Telephone (573) 348-1711	Alzheimer's Unit No
OSAGE BEACH	MO 65065-3016	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 270		County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-0270	Region 6 Medicare/Medicaid	Facility Number 06217
OZARK RIVERVIEW MANOR			
1200 WEST HALL ST		Telephone (417) 581-6025	Alzheimer's Unit No
OZARK	MO 65721-9103	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 157	05/21/105	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-0157	Region 1 Medicare/Medicaid	Facility Number 01426
024 IKIK	05/21 015/	region i Medicare/Medicald	racincy ramper 01420
OZARKS METHODIST MANOR, TI	HE		
205 SOUTH COLLEGE		Telephone (417) 258-2573	Alzheimer's Unit Yes
MARIONVILLE	MO 65705-9340	Level of Care: SNF	Bed Capacity 78
Mailing Address PO BOX 403		County LAWRENCE	DMH Licensed No
MARIONVILLE	MO 65705-0403	Region 1 Medicare/Medicaid	Facility Number 06273

Wednesday, June 4, 2025 Page 99 of 139

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

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

OZARKS METHODIST MANOR, T	не			
205 SOUTH COLLEGE		Telephone (417) 258-2573	Alzheimer's Unit	No
MARIONVILLE	MO 65705-9340	Level of Care: RCF	Bed Capacity	76
Mailing Address PO BOX 403		County LAWRENCE	DMH Licensed	No
MARIONVILLE	MO 65705-0403	Region 1	Facility Number	06273
WINGIVELLE	110 03/03 0403	Region 1	Taciney Number	00273
PACIFIC CARE CENTER				
105 SOUTH SIXTH ST		Telephone (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care: ALF**	Bed Capacity	16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638
		Region	Tuesday Trumber	12030
PACIFIC CARE CENTER				
105 SOUTH SIXTH ST		Telephone (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care: SNF	Bed Capacity	120
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number	12638
			•	
PARC PROVENCE				
605 COEUR DE VILLE DR		Telephone (314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-6603	Level of Care: SNF	Bed Capacity	140
Mailing Address 605 COEUR DE VIL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7	Facility Number	24122
PARK PLACE APARTMENTS				
1211 NORTH ASH ST		Telephone (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	Level of Care: ALF	Bed Capacity	18
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2	Facility Number	15542
PARK PLACE II 2000 BOARDWALK PLACE DR		Telephone (636) 625-2900	Alzheimer's Unit	YES
O'FALLON	MO 63368-3901	Level of Care: ALF**	Bed Capacity	124
Mailing Address 2000 BOARDWALK		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-3901	Region 5	Facility Number	29016
OTALLON	WO 03308-3701	Region 5	Facility Number	29010
PARKDALE MANOR HEALTH & F	REHABILITATION			
814 WEST SOUTH AVE		Telephone (660) 582-8161	Alzheimer's Unit	No
MARYVILLE	MO 64468-2772	Level of Care: SNF	Bed Capacity	86
Mailing Address 814 WEST SOUTH A	AVE	County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-2772	Region 4 Medicare/Medicaid	Facility Number	06308
PARKSIDE MANOR				
1201 HUNT AVE		Telephone (573) 449-1448	Alzheimer's Unit	Yes
COLUMBIA	MO 65202-1367	Level of Care: SNF	Bed Capacity	120
Mailing Address 1201 HUNT AVE	1.10 03202 1307	County BOONE	DMH Licensed	No
COLUMBIA	MO 65202-1367	·	Facility Number	11262
	1410 03404-1307	Region 6 Medicare/Medicaid	r acmity mumber	11404

Wednesday, June 4, 2025 Page 100 of 139

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

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

PARKSIDE MANOR, LLC			
300 S SAINT CHARLES ST	Telephone (573) 324-9918	Alzheimer's Unit	No
BOWLING GREEN MO 63334-2221	Level of Care: ALF**	Bed Capacity	48
Mailing Address 300 S SAINT CHARLES ST	County PIKE	DMH Licensed	No
BOWLING GREEN MO 63334-2221	Region 5	Facility Number	05511
	8		
PARKSIDE-ASSISTED LIVING BY AMERICARE			
2100 PARKSIDE AVE	Telephone (573) 308-0834	Alzheimer's Unit	NO
ROLLA MO 65401-5472	Level of Care: ALF**	Bed Capacity	28
Mailing Address 2100 PARKSIDE AVE	County PHELPS	DMH Licensed	No
ROLLA MO 65401-5472	Region 6	Facility Number	
NO 03401-3472	Kegion 0	Facility Number	31191
DADIZVIEW HEAT TH CADE FACILITY			
PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST	Telephone (417) 326-3000	Alzheimer's Unit	Yes
	Level of Care: SNF	Bed Capacity	
			78 N
Mailing Address 119 WEST FOREST	County POLK	DMH Licensed	No
BOLIVAR MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number	17638
PARKVIEW HEALTHCARE			
128 NORTH HARDESTY	Telephone (816) 241-2020	Alzheimer's Unit	No
KANSAS CITY MO 64123-1404	• '		120
		Bed Capacity	
Mailing Address 128 NORTH HARDESTY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64123-1404	Region 3 Medicare/Medicaid	Facility Number	02928
PARKWAY HEALTH CARE CENTER			
2323 SWOPE PARKWAY	Telephone (816) 924-1122	Alzheimer's Unit	No
KANSAS CITY MO 64130-2638	Level of Care: SNF	Bed Capacity	97
Mailing Address 2323 SWOPE PARKWAY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number	07092
KANSAS CITT NIO 04130-2030	Region 5 Medicare/Medicaid	racinty Number	07092
PARKWAY SENIOR LIVING, THE			
550 NE NAPOLEON DR	Telephone (816) 228-8866	Alzheimer's Unit	Yes
BLUE SPRINGS MO 64014-5403	Level of Care: ALF**	Bed Capacity	72
Mailing Address 550 NE NAPOLEON DR	County JACKSON	DMH Licensed	No
BLUE SPRINGS MO 64014-5403	Region 3	Facility Number	29917
		·	
PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE	3		
805 PARKWOOD DR	Telephone (573) 883-3883	Alzheimer's Unit	Yes
SAINTE GENEVIEVE MO 63670-1858	Level of Care: ALF**	Bed Capacity	66
Mailing Address 805 PARKWOOD DR	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE MO 63670-1858	Region 2	Facility Number	23234
PARKWOOD SKILLED NURSING AND REHABILITATION CEN			
3201 PARKWOOD LN	Telephone (314) 291-5911	Alzheimer's Unit	NO
MARYLAND HEIGHTS MO 63043-1334	Level of Care: SNF	Bed Capacity	130
Mailing Address 3201 PARKWOOD LN	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1334	Region 7 Medicare/Medicaid	Facility Number	02471

Wednesday, June 4, 2025 Page 101 of 139

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

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

PEACE HAVEN ASSOCIATION				
12630 ROTT RD		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	MO (2127.1214	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7	Facility Number	06369
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 COLLEG	GE	County MERCER	DMH Licensed	No
PRINCETON	MO 64673-1051	Region 4 Medicare/Medicaid	Facility Number	06453
PETTIS COUNTY ASSISTED LIVIN	IC LLC			
3017 BROOKING PARK AVENUE	id, LLC	Telephone (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
	1410 03301 9321	Region 0	Tuemey Tumber	30112
PILLARS OF NORTH COUNTY HE	ALTH & REHABILITATION CENTER	R, THE		
13700 OLD HALLS FERRY RD		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		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-4109	Region 7 Medicare/Medicaid	Facility Number	07440
PIN OAKS LIVING CENTER				
1525 WEST MONROE ST		Telephone (573) 581-7261	Alzheimer's Unit	No
MEXICO	MO 65265-1201	Level of Care: SNF	Bed Capacity	124
Mailing Address 1525 WEST MONRO	DE ST	County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number	05804
PINE GROVE MANOR				
4359 TAFT AVE		Telephone (314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care: SNF	Bed Capacity	77
Mailing Address 4359 TAFT AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number	00244
PINE LODGE RESIDENTIAL CARE	7			
967 N MAPLE ST	2	Telephone (417) 345-0310	Alzheimer's Unit	No
BUFFALO	MO 65622-7568	Level of Care: RCF	Bed Capacity	22
Mailing Address 967 N MAPLE ST		County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-7568	Region 1	Facility Number	25563
PINE VALLEY AT THE WOODLAN	IDS			
620 WOODLAND MEADOWS		Telephone (636) 202-1050	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care: ALF**	Bed Capacity	48
Mailing Address 620 WOODLAND M	EADOWS	County JEFFERSON	DMH Licensed	No

Facility Number

31974

MO 63010-2030

ARNOLD

Wednesday, June 4, 2025 Page 102 of 139

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

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

PINE VALLEY RCF	
3381 1st STREET	Telephone (573) 760-8601 Alzheimer's Unit No
DOE RUN MO 63637-3	Level of Care: RCF Bed Capacity 12
Mailing Address 3381 1st STREET	County SAINT FRANCOIS DMH Licensed Yes
DOE RUN MO 63637-3	Region 2 Facility Number 08379
PINE VIEW MANOR, INC	
307 NORTH PINEVIEW ST	Telephone (660) 783-2118 Alzheimer's Unit No
STANBERRY MO 64489-1	
Mailing Address 307 NORTH PINEVIEW ST	1 0
STANBERRY MO 64489-1	•
STANDERKT MO 04469-	509 Region 4 Medicare/Medicaid Facility Number 05832
PINE VIEW MANOR, INC	
307 NORTH PINEVIEW ST	Telephone (660) 783-2118 Alzheimer's Unit No
STANBERRY MO 64489-	509 Level of Care: ALF** Bed Capacity 12
Mailing Address 307 NORTH PINEVIEW ST	County GENTRY DMH Licensed No
STANBERRY MO 64489-	509 Region 4 Facility Number 05832
PIONEER SKILLED NURSING CENTER	
1500 SOUTH KANSAS AVE	Telephone (660) 376-2001 Alzheimer's Unit No
MARCELINE MO 64658-	•
Mailing Address 1500 S KANSAS AVE	County CHARITON DMH Licensed No
MARCELINE MO 64658-1	·
WANCELINE WO 04000-	Region 5 Medicare/Medicaid Facility Number 03900
PLEASANT HILL HEALTH AND REHABILITAT	
1300 BROADWAY	Telephone (816) 540-2116 Alzheimer's Unit Yes
PLEASANT HILL MO 64080-	• •
Mailing Address 1300 BROADWAY	County CASS DMH Licensed No
PLEASANT HILL MO 64080-	Region 3 Medicare/Medicaid Facility Number 15101
PLEASANT VALLEY MANOR	
213 DAVIS DR	Telephone (417) 257-0179 Alzheimer's Unit No
WEST PLAINS MO 65775-2	Level of Care: RCF* Bed Capacity 72
Mailing Address 213 DAVIS DR	County HOWELL DMH Licensed No
WEST PLAINS MO 65775-2	Region 2 Facility Number 13641
PLEASANT VALLEY MANOR CARE CENTER	
6814 SOBBIE RD	Telephone (816) 781-5277 Alzheimer's Unit No
LIBERTY MO 64068-9	
	• •
Mailing Address 6814 SOBBIE RD	County CLAY DMH Licensed No
LIBERTY MO 64068-9	Region 4 Medicare/Medicaid Facility Number 06020
PLEASANT VIEW	
641 EUCLID AVE	Telephone (573) 406-1090 Alzheimer's Unit No
HANNIBAL MO 63401-2	1 0
Mailing Address 641 EUCLID AVE	County MARION DMH Licensed No
HANNIBAL MO 63401-2	Region 5 Facility Number 25358

Wednesday, June 4, 2025 Page 103 of 139

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

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

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

Facility Number

21851

MO 63501-0767

KIRKSVILLE

Wednesday, June 4, 2025 Page 104 of 139

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

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

PRIMROSE OF SEDALIA				
3761 WEST 10TH ST		Telephone (660) 527-7054		No
SEDALIA	MO 65301-2524	Level of Care: ALF**		90
Mailing Address 3761 WEST 10TH ST		County PETTIS		No
SEDALIA	MO 65301-2524	Region 6	Facility Number 259	67
PRIMROSE RETIREMENT COMM	LINITY OF TEFEFORON CITY			
1214 FREEDOM BLVD	UNITY OF JEFFERSON CITY	Telephone (573) 634-5408	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0082	Level of Care: ALF**		49
Mailing Address 1214 FREEDOM BL		County COLE		No
JEFFERSON CITY	MO 65109-0082	Region 6	Facility Number 296	
JEITERSON CITT	WO 03109-0082	kegion 0	Facility Number 290	197
PRIMROSE RETIREMENT COMM	UNITY OF KANSAS CITY			
8559 NORTH LINE CREEK PARKWA	Y	Telephone (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 290	20
PRINCETON SENIOR LIVING THE	,			
1701 S E OLDHAM PARKWAY		Telephone (816) 875-4950		es
LEE'S SUMMIT	MO 64081-	Level of Care: ALF**		74
Mailing Address 1701 S E OLDHAM I		County JACKSON		No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number 327	62
PROMENADE SENIOR LIVING				
8825 EAGER ROAD		Telephone (314) 325-7699	Alzheimer's Unit Y	es
SAINT LOUIS	MO 63144-1205	Level of Care: ALF**	Bed Capacity	90
Mailing Address 8825 EAGER ROAD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63144-1205	Region 7	Facility Number 303	63
PROMISE CARE CENTER, LLC		T. 1. 1. (417) 404 5007	A3 3 4 4 77 4/	
1111 CARE AVE	MO (5714.0670	Telephone (417) 494-5037		No
NIXA	MO 65714-9679	Level of Care: RCF		26
Mailing Address 1111 CARE AVE	MO (5714.0670	County CHRISTIAN		No 25
NIXA	MO 65714-9679	Region 1	Facility Number 159	33
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	ET ST	County SAINT LOUIS CITY	DMH Licensed Y	es
SAINT LOUIS	MO 63113-2113	Region 7	Facility Number 179	37
PUTNAM COUNTY CARE CENTER	1			
1814 OAK ST	-	Telephone (660) 947-2492	Alzheimer's Unit	10
UNIONVILLE	MO 63565-1275	Level of Care: SNF		60
Mailing Address 1814 OAK ST		County PUTNAM		No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaid	Facility Number 065	
		0		-

Wednesday, June 4, 2025 Page 105 of 139

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

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

PUXICO NURSING & REHABILIAT	TION CENTER		
540 NORTH HIGHWAY 51		Telephone (573) 222-3125	Alzheimer's Unit No
PUXICO	MO 63960-9117	Level of Care: SNF	Bed Capacity 60
Mailing Address 540 NORTH HWY 51	1	County STODDARD	DMH Licensed No
PUXICO	MO 63960-9117	Region 2 Medicare/Medicaid	Facility Number 03163
OHAH DUN HEALTH CADE CENT	NED.		
QUAIL RUN HEALTH CARE CENT 1405 WEST GRAND AVE	EK	Telephone (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 04429-1118	County DEKALB	DMH Licensed No
CAMERON	MO 64429-0525		
CAMERON	WIO 04429-0323	Region 4 Medicare/Medicaid	Facility Number 03829
QUALITY RESIDENTIAL CARE			
2034 WEST COLLEGE		Telephone (417) 831-6466	Alzheimer's Unit No
SPRINGFIELD	MO 65806-1524	Level of Care: RCF*	Bed Capacity 42
Mailing Address PO BOX 8127		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65801-8127	Region 1	Facility Number 13150
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	Bed Capacity 147
Mailing Address 13230 MANCHESTE	ER RD	County SAINT LOUIS COUNTY	DMH Licensed No
DES PERES	MO 63131-1706	Region 7 Medicare/Medicaid	Facility Number 26726
RAINTREE VILLAGE			
1501 S W ARBORWALK BLVD		Telephone (816) 789-0900	Alzheimer's Unit No
LEE'S SUMMIT	MO 64082-4101	Level of Care: ALF**	Bed Capacity 42
Mailing Address 1501 S W ARBORW	ALK BLVD	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64082-4101	Region 3	Facility Number 33757
RAINTREE VILLAGE			
1501 S W ARBORWALK BLVD		Telephone (816) 789-0900	Alzheimer's Unit No
LEE'S SUMMIT	MO 64082-4101	Level of Care: SNF	Bed Capacity 40
Mailing Address 1501 S W ARBORW	ALK BLVD	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64082-4101	Region 3	Facility Number 33757
RANCH RESIDENTIAL CARE FAC	ILITY THE		
ROUTE 2, BOX 2790		Telephone (573) 238-4253	Alzheimer's Unit No
MARBLE HILL	MO 63764-9510	Level of Care: RCF*	Bed Capacity 32
Mailing Address ROUTE 2, BOX 2790)	County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-9510	Region 2	Facility Number 08707
RANCHO REHAB AND HEALTHCA	ARE CENTER		
615 RANCHO LN		Telephone (314) 839-2150	Alzheimer's Unit No
FLORISSANT	MO 63031-1717	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 RANCHO LN		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-1717	Region 7 Medicare/Medicaid	Facility Number 02585

Wednesday, June 4, 2025 Page 106 of 139

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

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

RATLIFF CARE CENTER			
717 NORTH SPRIGG		Telephone (573) 335-5810	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4815	Level of Care: SNF	Bed Capacity 46
Mailing Address 717 NORTH SPRIGG		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-4815	Region 2 Medicare/Medicaid	Facility Number 17420
RAVENWOOD - ASSISTED LIVING	BY AMERICARE		
1950 EAST REPUBLIC RD		Telephone (417) 890-6000	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-6763	Level of Care: ALF**	Bed Capacity 66
Mailing Address 1950 E REPUBLIC RE		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65804-6763	Region 1	Facility Number 20791
DAVIDAGE AND THE PARTY OF A CONCENTRAL CONCE			
RAVENWOOD TERRACE - ASSISTE 1830 RAVENWOOD	CD LIVING BY AMERICARE	Telephone (660) 263-8004	Alzheimer's Unit Yes
MOBERLY	MO 65270-3002	Level of Care: ALF**	Bed Capacity 55
Mailing Address 1830 RAVENWOOD	10 03270-3002	County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-3002	Region 5	Facility Number 16411
WODERET	WIO 03270-3002	Kegion 5	racinty Number 10411
REHAB OF KANSAS CITY SOUTH			
8033 HOLMES ROAD		Telephone (816) 363-6222	Alzheimer's Unit No
KANSAS CITY	MO 64131-2115	Level of Care: SNF	Bed Capacity 100
Mailing Address 8033 HOLMES ROAD)	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64131-2115	Region 3 Medicare/Medicaid	Facility Number 03680
		g	•
REHABILITATION CENTER OF INI	DEPENDENCE,THE		
1800 S SWOPE DR		Telephone (816) 257-2566	Alzheimer's Unit Yes
INDEPENDENCE	MO 64057-1084	Level of Care: SNF	Bed Capacity 130
Mailing Address 1800 S SWOPE DR		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-1084	Region 3 Medicare/Medicaid	Facility Number 22063
REPUBLIC NURSING & REHAB 901 EAST HIGHWAY 174		Telephone (417) 732-1822	Alzheimer's Unit Yes
REPUBLIC	MO 65738-1155	Level of Care: SNF	Bed Capacity 127
Mailing Address 901 EAST HIGHWAY		County GREENE	DMH Licensed No
REPUBLIC	MO 65738-1155		Facility Number 13684
REI UBLIC	WIO 03730-1133	Region 1 Medicare/Medicaid	Facility Number 13004
REST HAVEN HEALTH CARE CENT	ΓER		
1800 SOUTH INGRAM		Telephone (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
RICHLAND CARE CENTER, INC 400 TRI-COUNTY LANE		Telephone (573) 765-3243	Alzheimer's Unit No
RICHLAND	MO 65556-8582	Level of Care: SNF	Bed Capacity 86
Mailing Address PO BOX 756	110 03330-0302	County PULASKI	DMH Licensed No
RICHLAND	MO 65556-0756	·	Facility Number 08100
RICHLAND	1410 03330-0730	Region 6 Medicare/Medicaid	racinty number 08100

Wednesday, June 4, 2025 Page 107 of 139

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

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

RIDGE CREST NURSING CENTER			
		T-1	Al-baimanta Tirita Van
706 SOUTH MITCHELL	MO (4002 2020	Telephone (660) 429-2177	Alzheimer's Unit Yes
WARRENSBURG	MO 64093-2828	Level of Care: SNF	Bed Capacity 120
Mailing Address 706 SOUTH MITCHE		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number 06640
RIDGEVIEW ASSISTED LIVING CI	FNTFR		
13134 STATE HIGHWAY 25		Telephone (573) 624-4433	Alzheimer's Unit No
DEXTER	MO 63841-9740	Level of Care: ALF**	Bed Capacity 26
Mailing Address 13134 STATE HIGH		County STODDARD	DMH Licensed No
DEXTER	MO 63841-9740	Region 2	Facility Number 10128
DEATER	WIO 03041-9740	Kegion 2	Facility Number 10128
RIDGEWAY RESIDENTIAL CARE			
431 RUSSELL		Telephone (573) 468-4318	Alzheimer's Unit No
SULLIVAN	MO 63080-2228	Level of Care: ALF	Bed Capacity 20
Mailing Address PO BOX 267		County FRANKLIN	DMH Licensed Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number 06668
DATED CHANGE WAS COLD FOR			
RIVER CITY LIVING COMMUNITY	Y	m	
3038 WEST TRUMAN BLVD		Telephone (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
RIVER CROSSING REHAB AND HE	EALTHCARE CENTER		
11278 SCHUETZ RD		Telephone (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
DIVED MICE ACCICED I WING I	DV AMERICARE		
RIVER MIST - ASSISTED LIVING E	31 AMERICARE	Telephone (572) 696 2922	Alzheimer's Unit No
2050 WEST MAUD	MO (2001 4000	Telephone (573) 686-2833	
POPLAR BLUFF	MO 63901-4000	Level of Care: ALF**	Bed Capacity 42
Mailing Address 2050 WEST MAUD	MO (2001 4000	County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4000	Region 2	Facility Number 20291
RIVER OAKS CARE CENTER			
1001 NORTH WALNUT		Telephone (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
RIVERBEND HEIGHTS HEALTH &	REHABILITATION		
1221 HIGHWAY 13 SOUTH		Telephone (660) 259-4695	Alzheimer's Unit No
LEXINGTON	MO 64067-7187	Level of Care: SNF	Bed Capacity 154
Mailing Address 1221 HIGHWAY 13 S		County LAFAYETTE	DMH Licensed No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number 04333
	· · · · · · · · ·		0.1333

Wednesday, June 4, 2025 Page 108 of 139

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

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

RIVERDELL CARE CENTER		T		
1121 11TH ST	MO (5222 1410	Telephone (660) 882-7600		No
BOONVILLE	MO 65233-1419	Level of Care: SNF		60 N-
Mailing Address 1121 11TH ST BOONVILLE	MO 65233-1419	County COOPER		No
BOONVILLE	MO 03233-1419	Region 6 Medicare/Medicaid	Facility Number 144	:28
RIVERS EDGE CARE HOME LLC				
802 KENNEDY DRIVE		Telephone (660) 530-8414	Alzheimer's Unit	ON
WARSAW	MO 65355-	Level of Care: RCF	Bed Capacity	35
Mailing Address 802 KENNEDY DRI	VE	County BENTON	= -	No
WARSAW	MO 65355-	Region 6	Facility Number 335	521
RIVERSIDE NURSING & REHABIL	ITATION CENTED II C			
4700 NW CLIFFVIEW DR	TIATION CENTER, LEC	Telephone (816) 741-5105	Alzheimer's Unit	No
RIVERSIDE	MO 64150-1237	Level of Care: SNF		180
Mailing Address 4700 NW CLIFFVIEW		County PLATTE	1 0	No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	Facility Number 015	
		niegion Nieuroni Vinieuroniu	, J	-
RIVERVIEW AT THE PARK CARE	AND REHABILITATION CENTER			
1100 PROGRESS PARKWAY		Telephone (573) 883-3454	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-9232	Level of Care: SNF	Bed Capacity 1	120
Mailing Address 1100 PROGRESS PA	RKWAY	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number 067	′29
RIVERVIEW NURSING CENTER				
10303 STATE RD C		Telephone (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care: SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number 067	'30
RIVERVIEW RESIDENTIAL PLAC	E			
1200 WEST HALL ST	_	Telephone (417) 581-2510	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care: RCF*		40
Mailing Address PO BOX 157		County CHRISTIAN		No
OZARK	MO 65721-0157	Region 1	Facility Number 014	126
RIVERWAYS MANOR				
403 WATERCRESS RD		Telephone (573) 323-4282	Alzheimer's Unit	No
VAN BUREN	MO 63965-9100	Level of Care: SNF		60
Mailing Address PO BOX 969		County CARTER		No
VAN BUREN	MO 63965-0969	Region 2 Medicare/Medicaid	Facility Number 067	
				• •
ROARING RIVER HEALTH AND R	EHABILITATION			
812 OLD EXETER RD		Telephone (417) 847-2184		Yes
CASSVILLE	MO 65625-1704	Level of Care: SNF		90
Mailing Address 812 OLD EXETER R		County BARRY		No
CASSVILLE	MO 65625-1704	Region 1 Medicare/Medicaid	Facility Number 106	,44

Wednesday, June 4, 2025 Page 109 of 139

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

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

ROCK ISLAND VILLAGE				
619 EAST 8TH STREET		Telephone (573) 557-9545	Alzheimer's Unit	Yes
ELDON M	O 65026-4740	Level of Care: ALF**	Bed Capacity	70
Mailing Address 619 EAST 8TH STREET		County MILLER	DMH Licensed	No
ELDON M	O 65026-4740	Region 6	Facility Number	30865
ROCK POINT NURSING CENTER				
8477 NORTH STREET		Telephone (573) 292-3212	Alzheimer's Unit	Yes
BIRCH TREE M	O 65438-8887	Level of Care: SNF	Bed Capacity	86
Mailing Address 8477 NORTH STREET		County SHANNON	DMH Licensed	No
BIRCH TREE M	O 65438-8887	Region 2 Medicare/Medicaid	Facility Number	00560
ROCKHILL MANOR ASSISTED LIVING	G.			
4235 LOCUST ST	_	Telephone (816) 931-2225	Alzheimer's Unit	No
	O 64110-1016	Level of Care: ALF	Bed Capacity	154
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
· ·	O 64171-0930	Region 3	Facility Number	06794
		region 5		00771
ROCKHILL MANOR ASSISTED LIVING	Ç			
4235 LOCUST ST		Telephone (816) 931-2225	Alzheimer's Unit	No
	O 64110-1016	Level of Care: ALF**	Bed Capacity	36
Mailing Address PO BOX 5930	0.110 1010	County JACKSON	DMH Licensed	Yes
	O 64171-0930	Region 3		06794
11 11 10 10 01 1	0 011/1 0/00	Region 5	Tuemey Tumber	00774
ROCKY RIDGE MANOR				
3111 HIGHWAY A		Telephone (417) 924-8116	Alzheimer's Unit	No
	O 65704-8105	Level of Care: SNF	Bed Capacity	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
· ·	O 65704-8105	Region 1 Medicare/Medicaid		04996
		Ü		
ROLLA PRESBYTERIAN MANOR				
1200 HOMELIFE PLAZA		Telephone (573) 364-7336	Alzheimer's Unit	Yes
ROLLA M	O 65401-2512	Level of Care: ALF**	Bed Capacity	37
Mailing Address 1200 HOMELIFE PLAZA		County PHELPS	DMH Licensed	No
· ·	O 65401-2512	Region 6	Facility Number	18727
		Ü	•	
ROLLA PRESBYTERIAN MANOR				
1200 HOMELIFE PLAZA		Telephone (573) 364-7336	Alzheimer's Unit	No
	O 65401-2512	Level of Care: SNF	Bed Capacity	30
Mailing Address 1200 HOMELIFE PLAZA		County PHELPS	DMH Licensed	No
8	O 65401-2512	Region 6 Medicare/Medicaid		18727
	- 10.01.2012	20091011 V Interior Control	I women't i williamed	10121
ROSEWOOD REHAB AND HEALTHCA	RE CENTER			
1415 WEST WHITE OAK		Telephone (816) 254-3500	Alzheimer's Unit	Yes
	O 64050-2590	Level of Care: SNF	Bed Capacity	300
			• •	

County

Region 3

JACKSON

Medicare/Medicaid

DMH Licensed

Facility Number

No

06604

Mailing Address 1415 WEST WHITE OAK

MO 64050-2590

INDEPENDENCE

Wednesday, June 4, 2025 Page 110 of 139

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

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

ROSEWOOD RESIDENTIAL CARE			
13450 COUNTY RD 7040	Telephone (573) 341-8000	Alzheimer's Unit	No
ROLLA MO 65401-8122	Level of Care: RCF	Bed Capacity	9
Mailing Address 13450 COUNTY RD 7040	County PHELPS	DMH Licensed	No
ROLLA MO 65401-8122	Region 6	Facility Number	21083
ROYAL OAKS CARE CENTER LLC			
507 EAST MARSHALL	Telephone (660) 530-3168	Alzheimer's Unit	No
SWEET SPRINGS MO 65351-9759	Level of Care: ALF	Bed Capacity	51
Mailing Address PO BOX 204	County SALINE	DMH Licensed	Yes
SWEET SPRINGS MO 65351-0204	Region 5	Facility Number	14953
SAGE NURSING & REHAB	T-l-n (214) 922 4700	A 1-1	NI-
3421 GASCONADE ST	Telephone (314) 832-4700	Alzheimer's Unit	No
SAINT LOUIS MO 63118-4201	Level of Care: SNF	Bed Capacity	120
Mailing Address 3421 GASCONADE ST	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number	21455
SALEM CARE CENTER			
1203 NORTH JACKSON	Telephone (573) 729-6649	Alzheimer's Unit	No
SALEM MO 65560-1076	Level of Care: SNF	Bed Capacity	60
Mailing Address 1203 NORTH JACKSON	County DENT	DMH Licensed	No
SALEM MO 65560-1076	Region 6 Medicare/Medicaid	Facility Number	02354
SALEM MO 05300 1070	Region o Medical e/Medicald	racinty Number	02334
SALEM RESIDENTIAL CARE			
1207 EAST ROOSEVELT ST	Telephone (573) 729-9449	Alzheimer's Unit	No
SALEM MO 65560-9676	Level of Care: RCF*	Bed Capacity	35
Mailing Address 1207 EAST ROOSEVELT ST	County DENT	DMH Licensed	No
SALEM MO 65560-9676	Region 6	Facility Number	19746
SALT RIVER COMMUNITY CARE	T. I. 1 (572) 500 4175	A1 1	37
142 SHELBY PLAZA RD	Telephone (573) 588-4175	Alzheimer's Unit	Yes
SHELBINA MO 63468-1065	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 529	County SHELBY	DMH Licensed	No
SHELBINA MO 63468-0529	Region 5 Medicare/Medicaid	Facility Number	06934
SARCOXIE HEALTH CARE CENTER			
1505 MINER	Telephone (417) 548-3434	Alzheimer's Unit	No
SARCOXIE MO 64862-9211	Level of Care: SNF	Bed Capacity	40
Mailing Address 1505 MINER	County JASPER	DMH Licensed	No
SARCOXIE MO 64862-0248	Region 1 Medicare/Medicaid	Facility Number	06864
01002 0210	region - medicare/medicalu	_ 0011001	00004
SCENIC NURSING AND REHABILITATION CENTER, LLC			
1333 SCENIC DR	Telephone (636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM MO 63048-1550	Level of Care: SNF	Bed Capacity	189
Mailing Address 1333 SCENIC DR	County JEFFERSON	DMH Licensed	No
HEDGLII ANELIM	D	Facility Number	09605
HERCULANEUM MO 63048-1550	Region 2 Medicare/Medicaid	racinty Number	07003

Wednesday, June 4, 2025 Page 111 of 139

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

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

SCHUYLER COUNTY NURSING I	HOME DISTRICT			
1306 US HIGHWAY 63		Telephone (660) 766-2291	Alzheimer's Unit	No
QUEEN CITY	MO 63561-2251	Level of Care: SNF	Bed Capacity	60
Mailing Address 1306 US HIGHWA	Y 63	County SCHUYLER	DMH Licensed	No
QUEEN CITY	MO 63561-2251	Region 5 Medicare/Medicaid	Facility Number	07004
SEASONS REHAB AND HEALTHO	CARE CENTER			
15600 WOODS CHAPEL RD	CHRE CENTER	Telephone (816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care: SNF	Bed Capacity	78
Mailing Address 15600 WOODS CH		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712
			·	
CECRET CARRENG				
SECRET GARDENS 351 KEITH ST		Telephone (573) 518-0444	Alzheimer's Unit	No
PARK HILLS	MO 63601-2049	Level of Care: RCF	Bed Capacity	10
	MO 63601-2049		DMH Licensed	Yes
Mailing Address PO BOX 481 PARK HILLS	MO 63601-0481	County SAINT FRANCOIS Region 2	Facility Number	
PARK HILLS	WO 03001-0481	Region 2	racinty Number	17813
SENECA HOME PLACE				
2400 SOUTH CHEROKEE AVE		Telephone (417) 776-8053	Alzheimer's Unit	No
SENECA	MO 64865-9323	Level of Care: RCF*	Bed Capacity	30
Mailing Address 2400 SOUTH CHE		County NEWTON	DMH Licensed	No
SENECA	MO 64865-9323	Region 1	Facility Number	17571
SENECA NURSING				
914 CHICKESAW ST		Telephone (417) 776-8041	Alzheimer's Unit	No
SENECA	MO 64865-9281	Level of Care: SNF	Bed Capacity	80
Mailing Address 914 CHICKESAW	ST	County NEWTON	DMH Licensed	No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number	17090
SEVILLE CARE CENTER				
35625 HIGHWAY 72		Telephone (573) 729-6141	Alzheimer's Unit	No
SALEM	MO 65560-7217	Level of Care: SNF	Bed Capacity	90
Mailing Address 35625 HIGHWAY	72	County DENT	DMH Licensed	No
SALEM	MO 65560-0746	Region 6 Medicare/Medicaid	Facility Number	07110
SHADY OAKS HEALTHCARE CE	ENTER			
335 BUSINESS ROUTE 63		Telephone (417) 264-7256	Alzheimer's Unit	No
THAYER	MO 65791-1415	Level of Care: SNF	Bed Capacity	120
Mailing Address 335 BUSINESS RO	OUTE 63	County OREGON	DMH Licensed	No
THAYER	MO 65791-1415	Region 2 Medicare/Medicaid	Facility Number	01364
SHELBINA VILLA LIFECARE				
218 EAST SHELBINA AVE		Telephone (573) 588-4115	Alzheimer's Unit	No
SHELBINA	MO 63468-4328	Level of Care: ALF**	Bed Capacity	68
Mailing Address 218 EAST SHELBE		County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-4328	Region 5	Facility Number	18584
		8		- 50 0 .

Wednesday, June 4, 2025 Page 112 of 139

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

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

SHEPHERD OF THE HILLS LIVIN	G CENTER			
996 STATE HIGHWAY 248		Telephone (417) 334-6431	Alzheimer's Unit	No
BRANSON	MO 65616-8154	Level of Care: SNF	Bed Capacity	100
Mailing Address 996 STATE HWY 24	18	County TANEY	DMH Licensed	No
BRANSON	MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number	06810
SHEPHERD'S VIEW ASSISTED LIV	VINC			
100 SHEPHERDS LN	VIIIG	Telephone (417) 778-7959	Alzheimer's Unit	No
ALTON	MO 65606-0429	Level of Care: ALF**	Bed Capacity	39
Mailing Address PO BOX 429	1410 03000 0423	County OREGON	DMH Licensed	No
ALTON	MO 65606-0429	Region 2	Facility Number	23135
ALTON	WO 03000-0427	Region 2	racinty Number	23133
SHERBROOKE VILLAGE				
4005 RIPA AVE		Telephone (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care: ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7	Facility Number	15436
SHERBROOKE VILLAGE				
4005 RIPA AVE		Telephone (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care: SNF	Bed Capacity	149
Mailing Address 4005 RIPA AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7 Medicare/Medicaid	Facility Number	15436
SHIRKEY NURSING & REHABILIT	FATION CENTER			
804 WOLLARD BLVD	THION CENTER	Telephone (816) 776-5403	Alzheimer's Unit	Yes
RICHMOND	MO 64085-2227	Level of Care: SNF	Bed Capacity	197
Mailing Address 804 WOLLARD BLV		County RAY	DMH Licensed	No
RICHMOND	MO 64085-2227	Region 4 Medicare/Medicaid	Facility Number	07289
11.01.1.201.12		region : interior (interior	Tuesday I (daily of	07207
SIKESTON CONVALESCENT CEN	TER	T		
103 KENNEDY DR		Telephone (573) 471-6900	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5126	Level of Care: SNF	Bed Capacity	120
Mailing Address 103 KENNEDY DR	1.0 .0001 7.0	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5126	Region 2 Medicare/Medicaid	Facility Number	07331
SILEX COMMUNITY CARE				
111 DUNCAN MANSION RD		Telephone (573) 384-5218	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care: SNF	Bed Capacity	60
Mailing Address 111 DUNCAN MAN	SION RD	County LINCOLN	DMH Licensed	No
SILEX	MO 63377-2229	Region 5 Medicare/Medicaid	Facility Number	06838
SILEX RESIDENTIAL HOME, LLC				
145 DUNCAN MANSION RD		Telephone (573) 384-5213	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care: RCF*	Bed Capacity	60
Mailing Address 145 DUNCAN MAN		County LINCOLN	DMH Licensed	Yes
SILEX	MO 63377-2229	Region 5	Facility Number	20982
		9 -	*	'

Wednesday, June 4, 2025 Page 113 of 139

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

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

SILVER CREEK - ASSISTED LIVIN	C RY AMERICARE			
3325 TEXAS AVE	G DI MULKICAKE	Telephone (417) 626-8100	Alzheimer's Unit Yes	2
JOPLIN	MO 64804-4343	Level of Care: ALF**	Bed Capacity 68	
	WO 04804-4343		DMH Licensed No	
Mailing Address 3325 TEXAS AVE	MO 64904 4242	•		
JOPLIN	MO 64804-4343	Region 1	Facility Number 20541	
SILVER SPUR				
3300 TEXAS AVE		Telephone (314) 773-3408	Alzheimer's Unit No)
SAINT LOUIS	MO 63118-3111	Level of Care: ALF	Bed Capacity 37	7
Mailing Address 3300 TEXAS AVE		County SAINT LOUIS CITY	DMH Licensed Yes	
SAINT LOUIS	MO 63118-3111	Region 7	Facility Number 00185	
SARVI LOUIS	WO 03110-3111	Kegion /	Facility Number 00183	,
SILVERADO LEE'S SUMMIT				
3101 SW 3RD STREET		Telephone (816) 321-1648	Alzheimer's Unit Yes	s
LEE'S SUMMIT	MO 64081-4060	Level of Care: ALF**	Bed Capacity 54	1
Mailing Address 3101 SW 3RD STRE	ET	County JACKSON	DMH Licensed No.)
LEE'S SUMMIT	MO 64081-4060	Region 3	Facility Number 31077	7
EEE S S C. M. M.	112 01001 1000	Region 5	31077	
SILVERSTONE PLACE				
2735 EAGLESON DR		Telephone (573) 426-6200	Alzheimer's Unit No)
ROLLA	MO 65401-8384	Level of Care: SNF	Bed Capacity 110)
Mailing Address 2735 EAGLESON DE	₹	County PHELPS	DMH Licensed No.)
ROLLA	MO 65401-8384	Region 6 Medicare/Medicaid	Facility Number 29351	Ĺ
SKYLINE ASSISTED LIVING LLC				
100 HARD ROCK RD		Telephone (573) 323-2108	Alzheimer's Unit No	
VAN BUREN	MO 63965-7259	Level of Care: ALF**	Bed Capacity 26	5
Mailing Address PO BOX 780		County CARTER	DMH Licensed Yes	š
VAN BUREN	MO 63965-0780	Region 2	Facility Number 29947	1
SMILEY MANOR LLC				
5415 THEKLA AVE		Telephone (314) 932-1360	Alzheimer's Unit No	,
SAINT LOUIS	MO 63120-2513	Level of Care: RCF	Bed Capacity 20	
Mailing Address 5415 THEKLA AVE	WIO 03120-2313			
o contract of the contract of	MO (2120 2512	•		
SAINT LOUIS	MO 63120-2513	Region 7	Facility Number 04078	j
SMILEY MANOR WEST, LLC				
1119 GOODFELLOW BLVD		Telephone (314) 833-3238	Alzheimer's Unit No)
SAINT LOUIS	MO 63112-2513	Level of Care: RCF	Bed Capacity 27	7
Mailing Address 1119 GOODFELLOW	V BLVD	County SAINT LOUIS CITY	DMH Licensed No)
SAINT LOUIS	MO 63112-2513	Region 7	Facility Number 31147	
2000	- 00112 2010			
SOUTH COUNTY HEALTH CARE	CENTER			
1101 WEST OUTER 21 RD		Telephone (636) 296-5455	Alzheimer's Unit No)
ARNOLD	MO 63010-4644	Level of Care: SNF	Bed Capacity 153	3
Mailing Address 1101 WEST OUTER	21 RD	County JEFFERSON	DMH Licensed No)
ARNOLD	MO 63010-4644	Region 2 Medicare/Medicaid	Facility Number 03650)

Wednesday, June 4, 2025 Page 114 of 139

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

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

SOUTH HAMPTON PLACE			
4700 BRANDON WOODS		Telephone (573) 874-3674	Alzheimer's Unit No
COLUMBIA	MO 65203-7169	Level of Care: SNF	Bed Capacity 100
Mailing Address 4700 BRANDON WO	ODS	County BOONE	DMH Licensed No
COLUMBIA	MO 65203-7169	Region 6 Medicare/Medicaid	Facility Number 19799
SOUTH HAVEN RESIDENTIAL CAI	RE CENTER, LLC		
10462 AIRPORT RD	,	Telephone (573) 438-4150	Alzheimer's Unit No
MINERAL POINT	MO 63660-9325	Level of Care: RCF*	Bed Capacity 20
Mailing Address 10462 AIRPORT RD		County WASHINGTON	DMH Licensed Yes
MINERAL POINT	MO 63660-9325	Region 2	Facility Number 10529
			•
	C DV AMEDICADE		
SOUTH POINTE - ASSISTED LIVING	G BY AMERICARE	T. 1. 1. (626) 220 0670	A11
5125 OLD HWY 100 WASHINGTON	MO 63090-3855	Telephone (636) 239-0670 Level of Care: ALF**	Alzheimer's Unit Yes Bed Capacity 72
	MO 63090-3855		
Mailing Address 5125 OLD HWY 100	MO 62000 2855	County FRANKLIN	
WASHINGTON	MO 63090-3855	Region 6	Facility Number 13735
SOUTH VIEW HEALTH CARE, LLC			
951 CREAMERY ROAD		Telephone (417) 255-9322	Alzheimer's Unit No
WEST PLAINS	MO 65775-6052	Level of Care: RCF*	Bed Capacity 32
Mailing Address PO BOX 88		County HOWELL	DMH Licensed Yes
WEST PLAINS	MO 65775-0088	Region 2	Facility Number 23567
SOUTHAVEN			
612 SOUTH BYPASS EAST		Telephone (573) 888-9213	Alzheimer's Unit No
KENNETT	MO 63857-3240	Level of Care: RCF*	Bed Capacity 36
Mailing Address 612 SOUTH BYPASS	EAST	County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-3240	Region 2	Facility Number 24336
SOUTHBROOK NURSING CENTER			
1101 HAZEL LANE		Telephone (573) 756-6658	Alzheimer's Unit No
FARMINGTON	MO 63640-1920	Level of Care: SNF	Bed Capacity 104
Mailing Address 1101 HAZEL LANE	WO 03040-1920	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-1920	Region 2 Medicare/Medicaid	Facility Number 02577
TARGETOR	WO 03040 1920	Region 2 Medical e/Medicalu	Tacinty Number 02377
SOUTHGATE LIVING CENTER			
500 TRUMAN BLVD		Telephone (573) 333-5150	Alzheimer's Unit No
CARUTHERSVILLE	MO 63830-1261	Level of Care: SNF	Bed Capacity 94
Mailing Address 500 TRUMAN BLVD		County PEMISCOT	DMH Licensed No
CARUTHERSVILLE	MO 63830-1261	Region 2 Medicare/Medicaid	Facility Number 01081
SOUTHVIEW ASSISTED LIVING			
9916 REAVIS ROAD		Telephone (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

Wednesday, June 4, 2025 Page 115 of 139

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

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

	DIEG			
SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST	RIES	Telephone (417) 725-7917	Alzheimer's Unit	No
NIXA	MO 65714-7809	Level of Care: RCF	Bed Capacity	12
Mailing Address PO BOX 882	WIO 03/14-7809	County CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-0882	Region 1	Facility Number	18764
NIAA	WIO 03/14-0002	Kegion 1	racinty Number	18/04
SPENCER PLACE - ASSISTED LIV	INC DV AMEDICADE			
265 SPENCER RD	ING DI AMERICARE	Telephone (636) 441-6662	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2430	Level of Care: ALF**	Bed Capacity	74
Mailing Address 265 SPENCER RD	WIO 03370-2430	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2430	Region 5	Facility Number	13294
SAINT ILILIO	WIO 03370-2430	Kegion 5	racinty Number	13294
SPRING MANOR				
3610 PALM ST		Telephone (314) 533-3111	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2505	Level of Care: ALF**	Bed Capacity	94
Mailing Address 3610 PALM ST		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63107-2505	Region 7	Facility Number	28552
			·	
SPRING RIDGE - ASSISTED LIVIN	G BY AMERICARE			
2828 SOUTH MEADOWBROOK		Telephone (417) 889-7100	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-5925	Level of Care: ALF**	Bed Capacity	44
Mailing Address 2828 SOUTH MEAD	OOWBROOK	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5925	Region 1	Facility Number	19713
SPRING VALLEY ASSISTED LIVIN	NG			
2915 SOUTH FREMONT AVE		Telephone (417) 883-4022	Alzheimer's Unit	No
		(117) 005 1022		110
SPRINGFIELD	MO 65804-3608	Level of Care: ALF	Bed Capacity	40
SPRINGFIELD Mailing Address 2915 SOUTH FREM		• '		
		Level of Care: ALF	Bed Capacity	40
Mailing Address 2915 SOUTH FREM	ONT AVE	Level of Care: ALF County GREENE	Bed Capacity DMH Licensed	40 No
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE	ONT AVE MO 65804-3608	Level of Care: ALF County GREENE Region 1	Bed Capacity DMH Licensed Facility Number	40 No 00144
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE	ONT AVE MO 65804-3608 (ABILITATION CENTER	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	40 No 00144 Yes
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 No 00144 Yes 194
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608 ONT AVE	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 No 00144 Yes 194 No
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 No 00144 Yes 194
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 No 00144 Yes 194 No
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	40 No 00144 Yes 194 No 00144
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION 2800 S FORT AVE	ONT AVE MO 65804-3608 IABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	40 No 00144 Yes 194 No 00144
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD	ONT AVE MO 65804-3608 ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 No 00144 Yes 194 No 00144
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS	ONT AVE MO 65804-3608 (ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 No 00144 Yes 194 No 00144 No 146
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD	ONT AVE MO 65804-3608 IABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 No 00144 Yes 194 No 00144
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS	ONT AVE MO 65804-3608 (ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480 MO 65808-3438	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 No 00144 Yes 194 No 00144 No 146
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS SPRINGFIELD	ONT AVE MO 65804-3608 (ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480 MO 65808-3438	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 No 00144 Yes 194 No 00144 No 146
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS SPRINGFIELD SPRINGFIELD SKILLED CARE CE	ONT AVE MO 65804-3608 (ABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480 MO 65808-3438	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE Region 1 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	40 No 00144 Yes 194 No 00144 No 146 No 07460
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS SPRINGFIELD SPRINGFIELD SKILLED CARE CE 2401 W GRAND ST	ONT AVE MO 65804-3608 IABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480 MO 65808-3438 ENTER	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 864-4545	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	40 No 00144 Yes 194 No 00144 No 146 No 07460
Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRING VALLEY HEALTH & REE 2915 SOUTH FREMONT AVE SPRINGFIELD Mailing Address 2915 SOUTH FREM SPRINGFIELD SPRINGFIELD REHABILITATION 2800 S FORT AVE SPRINGFIELD Mailing Address PO BOX 3438 GS SPRINGFIELD SPRINGFIELD SKILLED CARE CE 2401 W GRAND ST SPRINGFIELD	ONT AVE MO 65804-3608 IABILITATION CENTER MO 65804-3608 ONT AVE MO 65804-3608 & HEALTH CARE CENTER MO 65807-3480 MO 65808-3438 ENTER	Level of Care: ALF County GREENE Region 1 Telephone (417) 883-4022 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 882-0035 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid Telephone (417) 864-4545 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	40 No 00144 Yes 194 No 00144 No 07460

Wednesday, June 4, 2025 Page 116 of 139

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

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

SPRINGFIELD VILLA		
1100 EAST MONTCLAIR	Telephone (417) 820-8500	Alzheimer's Unit Yes
SPRINGFIELD MO 65807-5076	Level of Care: SNF	Bed Capacity 146
Mailing Address 1100 EAST MONTCLAIR	County GREENE	DMH Licensed No
SPRINGFIELD MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number 05280
SPRINGHOUSE VILLAGE		
3877 EAST FARM ROAD 132	Telephone (417) 708-3403	Alzheimer's Unit Yes
SPRINGFIELD MO 65802-6241	Level of Care: ALF**	Bed Capacity 100
Mailing Address 3877 EAST FARM ROAD 132	County GREENE	DMH Licensed No
SPRINGFIELD MO 65802-6241	Region 1	Facility Number 32469
	Region	2401109 1,4111001 32109
SSM HEALTH NEURO TRANSITIONAL CENTER	m. 1 . 1	
700 S WOODLAWN AVE	Telephone (636) 339-3350	Alzheimer's Unit No
O'FALLON MO 63366-3026	Level of Care: ALF**	Bed Capacity 12
Mailing Address 700 S WOODLAWN AVE	County ST CHARLES	DMH Licensed No
O'FALLON MO 63366-3026	Region 5	Facility Number 33784
ST AGNES HOME		
10341 MANCHESTER RD	Telephone (314) 965-7616	Alzheimer's Unit No
KIRKWOOD MO 63122-1520	Level of Care: ICF	Bed Capacity 150
Mailing Address 10341 MANCHESTER RD	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD MO 63122-1520	Region 7	Facility Number 07481
ST ANDREW'S ASSISTED LIVING OF BRIDGETON		
11325 ST CHARLES ROCK RD	Telephone (314) 209-1177	Alzheimer's Unit No
BRIDGETON MO 63044-2722	Level of Care: ALF**	Bed Capacity 35
Mailing Address 11325 ST CHARLES ROCK RD	County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON MO 63044-2722	Region 7	Facility Number 22810
MO 03011 2722	Region /	22010
ST ANDREW'S AT FRANCIS PLACE		
400 SUMMERVILLE BLVD	Telephone (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 ANTHONY'S		
1010 EAST 68TH STREET	Telephone (816) 846-0870	Alzheimer's Unit Yes
KANSAS CITY MO 64131-1311	Level of Care: ALF**	Bed Capacity 81
Mailing Address 1010 EAST 68TH STREET	County JACKSON	DMH Licensed No
KANSAS CITY MO 64131-1311	Region 3	Facility Number 32075
ST CLAIR NURSING CENTER		
1035 PLAZA COURT NORTH	Telephone (636) 629-2100	Alzheimer's Unit No
SAINT CLAIR MO 63077-1129	Level of Care: SNF	Bed Capacity 79
Mailing Address 1035 PLAZA CT NORTH	County FRANKLIN	DMH Licensed No
SAINT CLAIR MO 63077-1129	Region 6 Medicare/Medicaid	Facility Number 13744
	-	

Wednesday, June 4, 2025 Page 117 of 139

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

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

ST ELIZABETH CARE CENTER			
649 SOUTH WALNUT ST	Telephone (573) 493-2215	Alzheimer's Unit	No
SAINT ELIZABETH MO 65075-2440	Level of Care: SNF	Bed Capacity	63
Mailing Address 649 SOUTH WALNUT ST	County MILLER	DMH Licensed	No
SAINT ELIZABETH MO 65075-2440	Region 6 Medicare/Medicaid	Facility Number	07523
ST ELIZABETH HALL			
325 NORTH NEWSTEAD AVE	Telephone (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
Mile Using 2707	Region /	racinty rumber	07510
ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE			
1806 SAINT FRANCIS ST	Telephone (573) 888-1188	Alzheimer's Unit	No
KENNETT MO 63857-1568	Level of Care: ALF**	Bed Capacity	50
Mailing Address PO BOX 629	County DUNKLIN	DMH Licensed	No
KENNETT MO 63857-0629	Region 2	Facility Number	18903
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3428	Level of Care: RCF	Bed Capacity	11
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 63640-3428	Region 2	Facility Number	21512
17HQHIQ1017 HIO 030+0 3420	Acgion 2	racinty Number	21312
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3428	Level of Care: SNF	Bed Capacity	118
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-3428	Region 2 Medicare/Medicaid	Facility Number	21512
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3428	Level of Care: RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 63640-3428	Region 2	Facility Number	21512
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Region 2	I welley I willow	21312
ST GENEVIEVE NURSING			
1010 STE GENEVIEVE DR	Telephone (573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE MO 63670-1447	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 426	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number	03254
ST JAMES LIVING CENTER			
415 SIDNEY ST	Telephone (573) 265-8921	Alzheimer's Unit	Yes
SAINT JAMES MO 65559-1070	Level of Care: SNF	Bed Capacity	90
		DMH Licensed	90 No
Mailing Address PO BOX 69	·		
SAINT JAMES MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number	05238

Wednesday, June 4, 2025 Page 118 of 139

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

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

ST IOE MANOD				
ST JOE MANOR 10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care: ALF	Bed Capacity	10
Mailing Address 10 LAKE DR	WIO 03028-1020	County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
BONNE TERRE	WO 03020-1020	Region 2	racinty Number	22004
ST JOE MANOR				
10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care: ALF**	Bed Capacity	36
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
CT YOU MANON				
ST JOE MANOR 10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	Yes
BONNE TERRE	MO 63628-1820	Level of Care: SNF	Bed Capacity	145
Mailing Address 10 LAKE DR	WIO 03028-1820	County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	Facility Number	22664
DONNE TERRE	WO 03020-1020	Region 2 Medicare/Medicaid	racinty Number	22004
ST JOHNS PLACE				
3333 BROWN ROAD		Telephone (314) 426-2211	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-4327	Level of Care: SNF	Bed Capacity	94
Mailing Address 3333 BROWN RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-4327	Region 7 Medicare/Medicaid	Facility Number	18454
ST JOSEPH CHATEAU				
811 NORTH 9TH ST		Telephone (816) 722-9093	Alzheimer's Unit	No
SAINT JOSEPH	MO 64501-1651	Level of Care: SNF	Bed Capacity	69
Mailing Address 811 NORTH 9TH ST		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64508-1651	Region 4 Medicare/Medicaid	Facility Number	07532
ST JOSEPH MANOR HEALTH & RI	EHABILITATION	m. 1		
1317 NORTH 36TH ST	NO 51705 2070	Telephone (816) 676-1630	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-2359	Level of Care: SNF	Bed Capacity	110
Mailing Address 1317 NORTH 36TH S		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-2359	Region 4 Medicare/Medicaid	Facility Number	00526
ST LOUIS ALTENHEIM				
5408 SOUTH BROADWAY		Telephone (314) 353-7225	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63111-2023	Level of Care: ALF**	Bed Capacity	23
Mailing Address 5408 SOUTH BROAL	DWAY	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2023	Region 7	Facility Number	07585
ST LOUIS ALTENHEIM				
5408 SOUTH BROADWAY		Telephone (314) 353-7225	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2023	Level of Care: SNF	Bed Capacity	48
Mailing Address 5408 SOUTH BROAL		County SAINT LOUIS CITY	DMH Licensed	No
		* _		

Medicaid

Facility Number

07585

MO 63111-2023

SAINT LOUIS

Wednesday, June 4, 2025 Page 119 of 139

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

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

ST LOUIS HILLS ASSISTED LIVIN	G AND MEMORY CARE			
6543 CHIPPEWA ST		Telephone (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
ST LUKE'S CARE CENTER, INC				
1220 EAST FAIRVIEW AVE		Telephone (417) 358-9084	Alzheimer's Unit	No
CARTHAGE	MO 64836-3122	Level of Care: ALF**	Bed Capacity	41
Mailing Address 1220 EAST FAIRVIE		County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1	Facility Number	07606
CHITIEIGE	NO 01030 3122	Region 1	racinty Number	07000
ST LUKE'S NURSING AND REHAB	ILITATION			
1220 EAST FAIRVIEW AVE		Telephone (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
ST PETERS POST ACUTE				
5400 EXECUTIVE CENTRE PKWY		Telephone (636) 922-7600	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-2594	Level of Care: SNF	Bed Capacity	130
Mailing Address 5400 EXECUTIVE C	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		Telephone (636) 922-7600	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2594	Level of Care: ALF**	Bed Capacity	62
Mailing Address 5400 EXECUTIVE C	ENTRE PKWY	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2594	Region 5	Facility Number	26014
ST PETERS REHAB AND HEALTH	CARE CENTER			
230 SPENCER RD		Telephone (636) 441-2750	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2425	Level of Care: SNF	Bed Capacity	96
Mailing Address 230 SPENCER RD		County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2425	Region 5 Medicare/Medicaid	Facility Number	07613
ST SOPHIA HEALTH & REHABILI	TATION CENTER			
936 CHARBONIER RD		Telephone (314) 831-4800	Alzheimer's Unit	No
FLORISSANT	MO 63031-5220	Level of Care: SNF	Bed Capacity	240
Mailing Address 936 CHARBONIER I		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-5220	Region 7 Medicare/Medicaid	Facility Number	07631
	- 00001 0220	A Tricultar of Friction	- women I wanted	0,031
CTEELVILLE CENTOD LIVING				
STEELVILLE SENIOR LIVING 311 NORTH SPRING ST		Telephone (573) 260-8850	Alzheimer's Unit	No
STEELVILLE	MO 65565-5089	Telephone (573) 260-8850 Level of Care: ALF	Bed Capacity	21
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed	No
STEELVILLE	MO 65565-5089	·	Facility Number	02860
O LUCL VIELE	1410 03303-3007	Region 6	racinty runner	02800

Wednesday, June 4, 2025 Page 120 of 139

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

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

STEELVILLE SENIOR LIVING				
311 NORTH SPRING ST		Telephone (573) 260-8850	Alzheimer's Unit	YES
STEELVILLE	MO 65565-5089	Level of Care: SNF	Bed Capacity	72
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed	No
STEELVILLE	MO 65565-5089	Region 6 Medicare/Medicaid	Facility Number	02860
STEELVILLE	WO 03303-3089	Region 0 Medicare/Medicaid	Facility Number	02800
STONEBRIDGE ADAMS STREET				
1024 ADAMS ST		Telephone (573) 635-1320	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-3408	Level of Care: SNF	Bed Capacity	120
Mailing Address 1024 ADAMS ST		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-3408	Region 6 Medicare/Medicaid	Facility Number	01339
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		Telephone (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		Telephone (660) 646-4123	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care: ALF**	Bed Capacity	40
Mailing Address 2601 FAIR ST	110 01001 3323	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number	03833
CHELICOTTE	WO 04001-3323	Region +	Facility Number	03633
STONEBRIDGE DESOTO				
1550 VILLAS DR		Telephone (636) 586-6559	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Level of Care: SNF	Bed Capacity	56
Mailing Address 1550 VILLAS DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 2 Medicare/Medicaid	Facility Number	13501
STONEBRIDGE DESOTO				
1550 VILLAS DR		Telephone (636) 586-6559	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Level of Care: ALF**	Bed Capacity	80
Mailing Address 1550 VILLAS DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 2	Facility Number	13501
STONEBRIDGE FLORISSANT				
6768 NORTH HIGHWAY 67		Telephone (314) 741-9101	Alzheimer's Unit	No
FLORISSANT	MO 63034-2742	Level of Care: SNF	Bed Capacity	120
Mailing Address 6768 NORTH HWY 6			DMH Licensed	No
•				
FLORISSANT	MO 63034-2742	Region 7 Medicare/Medicaid	Facility Number	14200
STONEBRIDGE HERMANN				
1800 WEIN ST		Telephone (573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care: ALF	Bed Capacity	18
Mailing Address PO BOX 468		Ct CACCONADE	DMH Licensed	NT.
HERMANN	MO 65041-0468	County GASCONADE	Facility Number	No

Wednesday, June 4, 2025 Page 121 of 139

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

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

STONEBRIDGE HERMANN	m	
1800 WEIN ST	Telephone (573) 486-3155 Alzheimer's Unit	No
HERMANN MO 65041-1601	1 2	118
Mailing Address PO BOX 468 HERMANN MO 65041-0468	County GASCONADE DMH Licensed	No
HERMANN IMO 05041-0408	Region 6 Medicare/Medicaid Facility Number (02690
STONEBRIDGE LAKE OZARK		
872 COLLEGE BLVD	Telephone (573) 302-0900 Alzheimer's Unit	No
OSAGE BEACH MO 65065-8408	Level of Care: ALF** Bed Capacity	40
Mailing Address 872 COLLEGE BLVD	County MILLER DMH Licensed	No
OSAGE BEACH MO 65065-8408	Region 6 Facility Number	20926
STONEBRIDGE LAKE OZARK		
872 COLLEGE BLVD	Telephone (573) 302-0900 Alzheimer's Unit	No
OSAGE BEACH MO 65065-8408	• • • • • • • • • • • • • • • • • • • •	66
Mailing Address 872 COLLEGE BLVD	County MILLER DMH Licensed	No
OSAGE BEACH MO 65065-8408	-	20926
STONEBRIDGE MARBLE HILL		
702 HIGHWAY 34 WEST	Telephone (573) 238-2614 Alzheimer's Unit	No
MARBLE HILL MO 63764-4301		98
Mailing Address 702 HWY 34 WEST	County BOLLINGER DMH Licensed	No
MARBLE HILL MO 63764-4301	Region 2 Medicare/Medicaid Facility Number	10864
STONEBRIDGE MARYLAND HEIGHTS		
2963 DODDRIDGE AVE	Telephone (314) 291-4557 Alzheimer's Unit	No
MARYLAND HEIGHTS MO 63043-1736	Level of Care: SNF Bed Capacity	223
Mailing Address 2963 DODDRIDGE AVE	County SAINT LOUIS COUNTY DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1736	Region 7 Medicare/Medicaid Facility Number	00855
STONEBRIDGE OAK TREE		
3108 WEST TRUMAN BLVD	Telephone (573) 893-3063 Alzheimer's Unit	No
JEFFERSON CITY MO 65109-4918	Level of Care: ALF Bed Capacity	80
Mailing Address 3108 WEST TRUMAN BLVD	County COLE DMH Licensed	No
JEFFERSON CITY MO 65109-4918	Region 6 Facility Number	10300
STONEBRIDGE OAK TREE		
3108 WEST TRUMAN BLVD	Telephone (573) 893-3063 Alzheimer's Unit	No
JEFFERSON CITY MO 65109-4918		42
Mailing Address 3108 WEST TRUMAN BLVD	County COLE DMH Licensed	No
JEFFERSON CITY MO 65109-4918	·	10300
STONEBRIDGE OWENSVILLE		
1016 W HIGHWAY 28	Telephone (573) 437-6877 Alzheimer's Unit	Yes
OWENSVILLE MO 65066-1677		131
Mailing Address PO BOX 593	County GASCONADE DMH Licensed	No
OWENSVILLE MO 65066-0593	·	19051
	8	

Wednesday, June 4, 2025 Page 122 of 139

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

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

STONEBRIDGE VILLA MARIE			
1030 EDMONDS ST		Telephone (573) 635-3381	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-5213	Level of Care: SNF	Bed Capacity 120
Mailing Address 1030 EDMONDS ST		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-5213	Region 6 Medicare/Medicaid	Facility Number 08282
STONEBRIDGE WESTPHALIA		T. 1 . (572) 455 2290	
1899 HIGHWAY 63	MO (5005 2015	Telephone (573) 455-2280	Alzheimer's Unit No
WESTPHALIA	MO 65085-2215	Level of Care: ALF**	Bed Capacity 28
Mailing Address 1899 HWY 63	140 (5005 2215	County OSAGE	DMH Licensed No
WESTPHALIA	MO 65085-2215	Region 6	Facility Number 18653
STONEBRIDGE WESTPHALIA			
1899 HIGHWAY 63		Telephone (573) 455-2280	Alzheimer's Unit No
WESTPHALIA	MO 65085-2215	Level of Care: SNF	Bed Capacity 64
Mailing Address 1899 HWY 63		County OSAGE	DMH Licensed No
WESTPHALIA	MO 65085-2215	Region 6 Medicare/Medicaid	Facility Number 18653
STONECREST HEALTHCARE			
2 HIGHWAY Y		Telephone (573) 244-3171	Alzheimer's Unit No
VIBURNUM	MO 65566-0707	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 707	1410 03300-0707	County IRON	DMH Licensed No
VIBURNUM	MO 65566-0707	Region 2 Medicare/Medicaid	Facility Number 16689
VIDUKINUWI	WO 05500-0707	Region 2 Medicare/Medicaid	Facility Number 10089
STOVER'S RESIDENTIAL CARE FA	ACILITY		
520 EAST 5TH ST		Telephone (660) 265-2079	Alzheimer's Unit No
MILAN	MO 63556-1222	Level of Care: RCF	Bed Capacity 20
Mailing Address 520 EAST 5TH ST		County SULLIVAN	DMH Licensed Yes
MILAN	MO 63556-1222	Region 5	Facility Number 07709
STRAFFORD CARE CENTER			
505 WEST EVERGREEN		Telephone (417) 736-9332	Alzheimer's Unit Yes
STRAFFORD	MO 65757-8625	Level of Care: SNF	Bed Capacity 78
Mailing Address 505 WEST EVERGRE	EEN	County GREENE	DMH Licensed No
STRAFFORD	MO 65757-8625	Region 1 Medicare/Medicaid	Facility Number 21285
STUART HOUSE, LLC THE			
117 S HICKMAN		Telephone (573) 682-3204	Alzheimer's Unit No
CENTRALIA	MO 65240-1316	Level of Care: ICF	Bed Capacity 27
Mailing Address 117 S HICKMAN		County BOONE	DMH Licensed No
CENTRALIA	MO 65240-1316	Region 6	Facility Number 10146
STURGEON RESIDENTIAL CARE			
315 E STONE ST		Telephone (573) 687-3012	Alzheimer's Unit No
STURGEON	MO 65284-8907	Level of Care: RCF	Bed Capacity 20
Mailing Address PO BOX 328		County BOONE	DMH Licensed No
		County Dooring	Ziiii Zieciicu

Facility Number

07733

MO 65284-0328

STURGEON

Wednesday, June 4, 2025 Page 123 of 139

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

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

SUGAR CREEK - ASSISTED LIVING	G BY AMERICARE		
161 PROFESSIONAL PARKWAY		Telephone (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
SUMMIT, THE			
3660 SUMMIT		Telephone (816) 931-1196	Alzheimer's Unit No
KANSAS CITY	MO 64111-4632	Level of Care: SNF	Bed Capacity 64
Mailing Address 3660 SUMMIT		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64111-4632	Region 3 Medicare/Medicaid	Facility Number 18330
SUMMITVIEW TERRACE ASSISTE	DI IVING DV AMEDICADE		
12101 EAST BANNISTER RD	D LIVING DI AMERICARE	Telephone (816) 763-6667	Alzheimer's Unit No
KANSAS CITY	MO 64138-4913	Level of Care: ALF**	Bed Capacity 52
Mailing Address 12101 EAST BANNIS		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64138-4913	Region 3	Facility Number 16311
KANSAS CITT	WIO 04136-4713	Region 5	racinty (uniber 10311
SUNNY HILLS RESIDENTIAL CAR	E FACILITY		
17562 IMPERIAL RD		Telephone (417) 358-6122	Alzheimer's Unit No
CARTHAGE	MO 64836-8753	Level of Care: RCF	Bed Capacity 18
Mailing Address 17562 IMPERIAL RD		County JASPER	DMH Licensed No
CARTHAGE	MO 64836-8753	Region 1	Facility Number 13351
SUNNY MEADOWS LIVING CENTE	ER		
419 NORTH PROSPECT AVE		Telephone (660) 826-5353	Alzheimer's Unit No
SEDALIA	MO 65301-2729	Level of Care: RCF	Bed Capacity 12
Mailing Address 419 N PROSPECT AV	VE	County PETTIS	DMH Licensed Yes
SEDALIA	MO 65301-2729	Region 6	Facility Number 06527
SUNNYHILL INDEPENDENCE CEN	TER		
3343 ARMBRUSTER ROAD	ILX	Telephone (636) 586-2188	Alzheimer's Unit No
DE SOTO	MO 63020-4506	Level of Care: ALF**	Bed Capacity 32
Mailing Address 3343 ARMBRUSTER		County JEFFERSON	DMH Licensed Yes
DE SOTO	MO 63020-4506	Region 2	Facility Number 29674
			•
	DA DESAFRAÇÃO		
SUNNYVIEW NURSING HOME & A	PARTMENTS		
1311 EAST 28TH ST	150 64600 4400	Telephone (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Level of Care: SNF	Bed Capacity 154
Mailing Address 1311 EAST 28TH ST	MO 54500 4400	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		Telephone (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Level of Care: RCF*	Bed Capacity 38
Mailing Address 1311 EAST 28TH ST		County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1103	Region 4	Facility Number 18509

Wednesday, June 4, 2025 Page 124 of 139

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

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

SUNRISE NURSING & MEMORY CARE				
600 EAST SUNRISE DR	Telephone		Alzheimer's Unit	Yes
	1083-9037 Level of C		Bed Capacity	152
Mailing Address 600 EAST SUNRISE DR	County	CASS	DMH Licensed	No
RAYMORE MO 64	1083-9037 Region 3	Medicare/Medicaid	Facility Number	16170
SUNRISE OF CHESTERFIELD				
1880 CLARKSON RD	Telephone	(636) 536-3800	Alzheimer's Unit	Yes
	3017-5000 Level of C		Bed Capacity	95
Mailing Address 1880 CLARKSON RD	County	SAINT LOUIS COUNTY	DMH Licensed	No
	8017-5000 Region 7	SAMAL EGGIS COCIATI	Facility Number	23767
CHESTER ELD MO 05	Kegion /		racinty Number	23707
SUNRISE OF CHESTERFIELD				
1880 CLARKSON RD	Telephone	(636) 536-3800	Alzheimer's Unit	No
CHESTERFIELD MO 63	3017-5000 Level of C	are: ALF**	Bed Capacity	3
Mailing Address 1880 CLARKSON RD	County	SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD MO 630	Region 7		Facility Number	23767
SUNRISE OF DES PERES				
13460 MANCHESTER RD	Telephone	(314) 965-3800	Alzheimer's Unit	Yes
DES PERES MO 63	3131-1734 Level of C	are: ICF	Bed Capacity	102
Mailing Address 13460 MANCHESTER RD	County	SAINT LOUIS COUNTY	DMH Licensed	No
DES PERES MO 63	Region 7		Facility Number	24242
SUNRISE OF WEBSTER GROVES				
45 EAST LOCKWOOD	Telephone	` '	Alzheimer's Unit	Yes
45 EAST LOCKWOOD SAINT LOUIS MO 63	3119-3050 Level of C	are: ALF**	Bed Capacity	90
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD	S119-3050 Level of C County	` '	Bed Capacity DMH Licensed	90 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD	3119-3050 Level of C	are: ALF**	Bed Capacity	90
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63	S119-3050 Level of C County	are: ALF**	Bed Capacity DMH Licensed	90 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER	E119-3050 Level of C County E119-3050 Region 7	are: ALF** SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number	90 No 28242
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE	Level of County Region 7 Telephone	ALF** SAINT LOUIS COUNTY (636) 583-2252	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 28242 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63	Level of County Region 7	ALF** SAINT LOUIS COUNTY (636) 583-2252 Are: SNF	Bed Capacity DMH Licensed Facility Number	90 No 28242 No 120
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE	Level of County Region 7 Telephone	ALF** SAINT LOUIS COUNTY (636) 583-2252	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 28242 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE	Level of County Region 7 Telephone Level of C County Region 7 County County	ALF** SAINT LOUIS COUNTY (636) 583-2252 Are: SNF FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 28242 No 120 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE	Level of County Region 7 Telephone Level of C County Region 7 County County	ALF** SAINT LOUIS COUNTY (636) 583-2252 Are: SNF FRANKLIN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 28242 No 120 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 63	Level of County Region 7 Telephone Level of C County Region 7 County County	are: ALF** SAINT LOUIS COUNTY (636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 28242 No 120 No
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 636 SUNSET HOME 1201 SOUTH POLK	Level of C County Region 7	ALF** SAINT LOUIS COUNTY (636) 583-2252 ARE: SNF FRANKLIN Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 28242 No 120 No 07831
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 636 SUNSET HOME 1201 SOUTH POLK	Level of County Region 7	ALF** SAINT LOUIS COUNTY (636) 583-2252 ARE: SNF FRANKLIN Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 28242 No 120 No 07831
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 630 Mailing Address 400 WEST PARK AVE UNION MO 630 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 640 Mailing Address 1201 S POLK	Level of County Region 7	are: ALF** SAINT LOUIS COUNTY (636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 28242 No 120 No 07831
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 630 Mailing Address 400 WEST PARK AVE UNION MO 630 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 64 Mailing Address 1201 S POLK MAYSVILLE MO 64	Level of County Region 7	(636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF DEKALB	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 28242 No 120 No 07831
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 630 Mailing Address 400 WEST PARK AVE UNION MO 630 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 640 Mailing Address 1201 S POLK MAYSVILLE MO 640 SUNSHINE VILLA	Level of County Region 7	(636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF DEKALB 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	90 No 28242 No 120 No 07831 No 60 No 07798
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 63 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 64 Mailing Address 1201 S POLK MAYSVILLE MO 64 SUNSHINE VILLA 2520 JAMES ST	Level of County Region 7	are: ALF** SAINT LOUIS COUNTY (636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF DEKALB 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	90 No 28242 No 120 No 07831 No 60 No 07798
A5 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 63 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 64 Mailing Address 1201 S POLK MAYSVILLE MO 64 SUNSHINE VILLA 2520 JAMES ST SCOTT CITY MO 63	Level of County Region 7	(636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF DEKALB 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	90 No 28242 No 120 No 07831 No 60 No 07798
45 EAST LOCKWOOD SAINT LOUIS MO 63 Mailing Address 45 EAST LOCKWOOD SAINT LOUIS MO 63 SUNSET HEALTH CARE CENTER 400 WEST PARK AVE UNION MO 63 Mailing Address 400 WEST PARK AVE UNION MO 63 SUNSET HOME 1201 SOUTH POLK MAYSVILLE MO 64 Mailing Address 1201 S POLK MAYSVILLE MO 64 SUNSHINE VILLA 2520 JAMES ST SCOTT CITY MO 63 Mailing Address 2520 JAMES ST	Level of County Region 7	are: ALF** SAINT LOUIS COUNTY (636) 583-2252 are: SNF FRANKLIN Medicare/Medicaid (816) 449-2158 are: SNF DEKALB 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	90 No 28242 No 120 No 07831 No 60 No 07798

Wednesday, June 4, 2025 Page 125 of 139

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

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

SUNTERRA SPRINGS DARDENNE	PRAIRIE		
7275 STATE HIGHWAY N		Telephone (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
SUNTERRA SPRINGS INDEPENDE	NCE		
19200 E 37TH TERRACE S	NCE	Telephone (816) 335-3008	Alzheimer's Unit No
INDEPENDENCE	MO 64057-8324	Level of Care: SNF	Bed Capacity 38
Mailing Address 19200 E 37TH TERR.		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-8324		Facility Number 30894
INDEI ENDENCE	WO 04037-6324	Region 3 Medicare	racinty Number 50894
SUNTERRA SPRINGS SPRINGFIEL	D		
4935 S NATIONAL AVE		Telephone (417) 720-8050	Alzheimer's Unit No
SPRINGFIELD	MO 65810-2989	Level of Care: SNF	Bed Capacity 38
Mailing Address 4935 S NATIONAL A	VE	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65810-2989	Region 1 Medicare	Facility Number 31273
SUPERIOR MANOR OF DOWNTOV	VN, LLC		
1501 CLINTON STREET		Telephone (314) 921-2625	Alzheimer's Unit No
SAINT LOUIS	MO 63106-4100	Level of Care: RCF	Bed Capacity 40
Mailing Address 1501 CLINTON STRI	EET	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63106-4100	Region 7	Facility Number 30136
SUPERIOR MANOR OF FESTUS, LI			
12827 HIGHWAY TT	LC	Telephone (636) 352-1000	Alzheimer's Unit No
FESTUS	MO 63028-4351	Level of Care: SNF	Bed Capacity 55
Mailing Address 12827 HWY TT	WIO 03028-4331	County JEFFERSON	DMH Licensed No
FESTUS	MO 63028-4351	·	
FESTUS	WO 03028-4531	Region 2 Medicare/Medicaid	Facility Number 06820
SURREY PLACE ST LUKE'S HOSPI	TAL SKILLED NURSING		
14701 OLIVE BLVD		Telephone (314) 542-3300	Alzheimer's Unit NO
CHESTERFIELD	MO 63017-2221	Level of Care: SNF	Bed Capacity 130
Mailing Address 14701 OLIVE BLVD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number 15467
SWIFT CREEK RESIDENTIAL CAR	RE CENTER		
1673 HIGHWAY 53		Telephone (573) 776-6051	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4132	Level of Care: RCF*	Bed Capacity 12
Mailing Address 1673 HIGHWAY 53		County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-4132	Region 2	Facility Number 20386
		-	
SWITZER RESIDENTIAL CAPE			
SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE		Telephone (573) 785-9399	Alzheimer's Unit No.
3260 MYSTIC LANE	MO 63901-3067	Telephone (573) 785-9399 Level of Care: RCF*	Alzheimer's Unit No Bed Canacity 20
3260 MYSTIC LANE POPLAR BLUFF	MO 63901-3067	Level of Care: RCF*	Bed Capacity 20
3260 MYSTIC LANE		- · · · · · · · · · · · · · · · · · · ·	

Wednesday, June 4, 2025 Page 126 of 139

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

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

SYLVAN HOUSE				
30 SHERMAN RD		Telephone (314) 892-2212	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-4125	Level of Care: RCF	Bed Capacity	40
Mailing Address 30 SHERMAN RD		County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS	MO 63125-4125	Region 7	Facility Number	15078
SYLVIA G THOMPSON RESIDENC	E CENTER INC			
3333 WEST TENTH ST	Z CENTER, INC	Telephone (660) 826-2118	Alzheimer's Unit	Yes
SEDALIA	MO 65301-2113	Level of Care: SNF	Bed Capacity	120
Mailing Address 3333 WEST TENTH		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2113	Region 6 Medicaid	Facility Number	17278
TEAL LAKE - ASSISTED LIVING B	SY AMERICARE			
1722 HUNTINGFIELD DR		Telephone (573) 582-7800	Alzheimer's Unit	No
MEXICO	MO 65265-3808	Level of Care: ALF**	Bed Capacity	42
Mailing Address 1722 HUNTINGFIEL		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	23534
TESSLAND RESIDENTIAL CARE F	FACILITY LLC			
24583 HIGHWAY 5	ACILITIELE	Telephone (660) 265-4391	Alzheimer's Unit	No
MILAN	MO 63556-2809	Level of Care: RCF	Bed Capacity	9
Mailing Address 24583 HWY 5	110 03330 2007	County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-2809	Region 5	Facility Number	19990
THE A II (110 03330 2007	Region 5	racinty ramper	17770
THOMAS RESIDENTIAL CARE FA	CILITY 3			
1415 OLIVE ST		Telephone (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		Telephone (660) 442-3146	Alzheimer's Unit	No
MOUND CITY	MO 64470-1610	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 308	1120 01170 1010	County HOLT	DMH Licensed	No
MOUND CITY	MO 64470-0308	Region 4 Medicare/Medicaid	Facility Number	07998
			·	
TIFFANY SPRINGS REHABILITAT	TION & HEALTH CARE CENTER			
9191 N AMBASSADOR DR		Telephone (816) 741-5570	Alzheimer's Unit	No
KANSAS CITY	MO 64154-7247	Level of Care: SNF	Bed Capacity	120
Mailing Address 9191 N AMBASSAD	OR DR	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number	30748
TIFFANY SPRINGS SENIOR CARE	COMMUNITY			
9101 N AMBASSADOR DRIVE		Telephone 816-621-3810	Alzheimer's Unit	Yes
KANSAS CITY	MO 64154-7295	Level of Care: ALF**	Bed Capacity	89
Mailing Address 9101 N AMBASSAD		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-7295	Region 4	Facility Number	30748
		-	•	

Wednesday, June 4, 2025 Page 127 of 139

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

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

TIGER PLACE			
2910 BLUFF CREEK DR		Telephone (573) 256-4620	Alzheimer's Unit No
COLUMBIA	MO 65201-3522	Level of Care: ICF	Bed Capacity 112
Mailing Address 2910 BLUFF CREEK	DR	County BOONE	DMH Licensed No
COLUMBIA	MO 65201-3522	Region 6	Facility Number 24341
TIMBERS ASSISTED LIVING, THE			
239 KAREN DRIVE		Telephone (573) 415-0390	Alzheimer's Unit Yes
HOLTS SUMMIT	MO 65043-2522	Level of Care: ALF**	Bed Capacity 100
Mailing Address 239 KAREN DRIVE	1410 030+3-2322	County CALLAWAY	DMH Licensed No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number 30384
HOLIS SUMMII	WO 03043-2322	kegion 0	Facility Number 30384
TIPTON OAK MANOR			
601 WEST MORGAN ST		Telephone (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
TOWNSHIP SENIOR LIVING, THE			
4150 WEST REPUBLIC ROAD		Telephone (417) 881-7800	Alzheimer's Unit Yes
BATTLEFIELD	MO 65619-7111	Level of Care: ALF**	Bed Capacity 66
Mailing Address 4150 WEST REPUBL		County GREENE	DMH Licensed No
BATTLEFIELD	MO 65619-7111	Region 1	Facility Number 31903
DATTELLED	MO 03017-7111	Region 1	Facility Number 31903
TROY MANOR			
200 THOMPSON DR		Telephone (636) 528-8446	Alzheimer's Unit No
TROY	MO 63379-2308	Level of Care: ALF	Bed Capacity 20
Mailing Address 200 THOMPSON DR		County LINCOLN	DMH Licensed No
TROY	MO 63379-2308	Region 5	Facility Number 05397
TROY MANOR			
200 THOMPSON DR		Telephone (636) 528-8446	Alzheimer's Unit Yes
TROY	MO 63379-2308	Level of Care: SNF	Bed Capacity 130
Mailing Address 200 THOMPSON DR		County LINCOLN	DMH Licensed No
TROY	MO 63379-2308	Region 5 Medicare/Medicaid	Facility Number 05397
TRUMAN HEALTHCARE & REHAE	RILITATION CENTER		
206 WEST FIRST ST		Telephone (417) 682-5718	Alzheimer's Unit Yes
LAMAR	MO 64759-1291	Level of Care: SNF	Bed Capacity 123
Mailing Address 206 WEST FIRST ST		County BARTON	DMH Licensed No
LAMAR	MO 64759-1291	Region 1 Medicare/Medicaid	Facility Number 01346
LA WITH	110 UT/37-12/1	vegion i Medicale/Medicald	racincy runnoci 01340
TRUMAN LAKE MANOR, INC			
600 EAST 7TH ST		Telephone (417) 644-2248	Alzheimer's Unit YES
LOWRY CITY	MO 64763-9671	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 415		County SAINT CLAIR	DMH Licensed No

Medicare/Medicaid

Facility Number

08140

MO 64763-0415

LOWRY CITY

Wednesday, June 4, 2025 Page 128 of 139

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

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

TRUSTWELL LIVING OF RAYTOW	N			
9110 EAST 63RD ST		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 64133-4893	Region 3		4227
	110 01133 1073	Region 5	ruemey rumber 2	7221
TURNERS ROCK				
3911 EAST HIGHWAY D		Telephone (417) 459-4070	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65809-	Level of Care: ALF**	Bed Capacity	70
Mailing Address 3911 EAST HIGHWAY	Y D	County GREENE	DMH Licensed	No
SPRINGFEILD	MO 65809-	Region 1	Facility Number 3	2441
TWIN OAKS AT HERITAGE POINTI	E			
228 SAVANNAH TERRACE		Telephone (636) 542-5200	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-3741	Level of Care: ALF**	Bed Capacity	70
Mailing Address 228 SAVANNAH TER	RACE	County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-3741	Region 5	Facility Number 2	6877
TWIN OAKS ESTATE, INC				
707 EMGE RD		Telephone (636) 542-5200	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care: RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2118	Region 5	Facility Number 0	8209
TWIN PINES ADULT CARE CENTEI	R			
1900 S JAMISON		Telephone (660) 665-2887	Alzheimer's Unit	NO
KIRKSVILLE	MO 63501-5302	Level of Care: SNF	Bed Capacity	120
Mailing Address 1900 S JAMISON		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number 0	8218
U-CITY FOREST MANOR				
1301 PARTRIDGE AVE		Telephone (314) 862-5556	Alzheimer's Unit	No
SAINT LOUIS	MO 63130-1944	Level of Care: SNF	Bed Capacity	120
Mailing Address 1301 PARTRIDGE AV	Æ	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63130-1944	Region 7 Medicare/Medicaid	Facility Number 1	5454
UNION MANOR, LLC				
2711 NORTH UNION BLVD		Telephone (314) 383-7310	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1003	Level of Care: RCF*	Bed Capacity	50
Mailing Address 2711 NORTH UNION	BLVD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-1003	Region 7	Facility Number 1	1002
UNION NURSING				
1080 MARIE LANE		Telephone (636) 206-8585	Alzheimer's Unit	No
1080 MARIE LANE UNION	MO 63084-1056	Telephone (636) 206-8585 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 60
	MO 63084-1056	- · · · · · · · · · · · · · · · · · · ·		

Wednesday, June 4, 2025 Page 129 of 139

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

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

URBANA GROUP HOME		T-lk (200) 002 5141	Alzheimer's Unit No
310 WALNUT ST URBANA	MO 65767-9208	Telephone (800) 993-5141 Level of Care: RCF	Alzheimer's Unit No Bed Capacity 20
Mailing Address 310 WALNUT ST	1410 03707-9208	County DALLAS	DMH Licensed Yes
URBANA	MO 65767-9208	Region 1	Facility Number 08242
CKB/HVI	MO 03707 7200	Region 1	racincy runiber 08242
VALLEY MANOR AND REHABILIT	FATION CENTER		
1410 HOSPITAL DR		Telephone (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
VALLEY PARK NORTH		T. I. I. (572) 502 4005	A11 ' 17 '
2631 FAIRWAY DR FULTON	MO 65251 2026	Telephone (573) 592-4995 Level of Care: RCF	Alzheimer's Unit No Bed Capacity 19
Mailing Address 2631 FAIRWAY DR	MO 65251-3936	County CALLAWAY	DMH Licensed No
FULTON	MO 65251-3936	Region 6	Facility Number 29982
TOLION	WO 03231-3930	kegion 0	racinty Number 29982
VALLEY PARK RETIREMENT CEN	NTER		
355 KAREN DR		Telephone (573) 896-0208	Alzheimer's Unit No
HOLTS SUMMIT	MO 65043-2519	Level of Care: RCF	Bed Capacity 22
Mailing Address 355 KAREN DR		County CALLAWAY	DMH Licensed No
HOLTS SUMMIT	MO 65043-2519	Region 6	Facility Number 27986
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		County MONITEAU	DMH Licensed No
CALIFORNIA	MO 65018-1964	Region 6	Facility Number 30595
VALLEY RESIDENTIAL CARE			
101 SOUTH KNOB ST		Telephone (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
VALLEY VIEW HEALTH & REHAR	BILITATION		
1600 EAST ROLLINS ST		Telephone (660) 263-6887	Alzheimer's Unit No
MOBERLY	MO 65270-2478	Level of Care: SNF	Bed Capacity 96
Mailing Address 1600 E ROLLINS ST		County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-2478	Region 5 Medicare/Medicaid	Facility Number 13167
VERONICA HOUSE			
12284 DEPAUL DR		Telephone (314) 209-8814	Alzheimer's Unit No
BRIDGETON	MO 63044-2508	Level of Care: ALF**	Bed Capacity 100
Mailing Address 12284 DEPAUL DR		County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2508	Region 7	Facility Number 22460

Wednesday, June 4, 2025 Page 130 of 139

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

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

VICTORIAN PLACE OF CUBA, RES	IDENTIAL 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		County CRAWFORD	DMH Licensed No
CUBA	MO 65453-8089	Region 6	Facility Number 25463
	, RESIDENTIAL CARE BY AMERICA		
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 LANE		County GASCONADE	DMH Licensed No
HERMANN	MO 65041-1600	Region 6	Facility Number 24982
VICTORIAN DI ACE OF OWENCYII	LE DECIDENTIAL CADE DV AMED	ICADE	
301 NORTH 7TH ST	LLE, RESIDENTIAL CARE BY AMER	Telephone (573) 437-5396	Alzheimer's Unit No
OWENSVILLE	MO 65066-1075	Level of Care: RCF	Bed Capacity 48
Mailing Address 301 NORTH 7TH ST	WO 03000-1073	County GASCONADE	DMH Licensed No
OWENSVILLE	MO 65066-1075	Region 6	Facility Number 24133
OWENSVILLE	WO 03000-1073	Region	racinty Number 24133
VICTORIAN PLACE OF ST CLAIR,	ASSISTED LIVING BY AMERICARE		
160 CHARLES DR		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 FRANKLIN	DMH Licensed No
SAINT CLAIR	MO 63077-1936	Region 6	Facility Number 26005
			•
VICTORIAN PLACE OF SHLLIVAN	, ASSISTED LIVING BY AMERICAR	F	
1250 EAST SPRINGFIELD RD	, ASSISTED LIVING DI AMERICANI	Telephone (573) 468-5217	Alzheimer's Unit No
SULLIVAN	MO 63080-1358	Level of Care: ALF**	Bed Capacity 48
Mailing Address 1250 EAST SPRINGF		County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1358	Region 6	Facility Number 26324
SCELIVALV	110 03000 1330	Kegion 0	20324
VICTORIAN PLACE OF UNION, AS	SISTED LIVING BY AMERICARE		
1320 W MAIN		Telephone (636) 584-0085	Alzheimer's Unit No
UNION	MO 63084-1084	Level of Care: ALF**	Bed Capacity 48
Mailing Address 1320 W MAIN		County FRANKLIN	DMH Licensed No
UNION	MO 63084-1084	Region 6	Facility Number 24408
	TON, ASSISTED LIVING BY AMERIC		
2800 RABBIT TRAIL DR		Telephone (636) 390-9500	Alzheimer's Unit No
WASHINGTON	MO 63090-6737	Level of Care: ALF**	Bed Capacity 48
Mailing Address 2800 RABBIT TRAIL		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-6737	Region 6	Facility Number 27659
VIENNA POINTE RESIDENTIAL CA	ARE		
112 PARKWAY DR		Telephone (573) 422-3230	Alzheimer's Unit No
VIENNA	MO 65582-8003	Level of Care: RCF	Bed Capacity 48
Mailing Address 112 PARKWAY DR		County MARIES	DMH Licensed No
VIENNA	MO 65582-8003	Region 6	Facility Number 23333
		· o	. 20000

Wednesday, June 4, 2025 Page 131 of 139

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

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

VILLA AT BLUE RIDGE, THE		
701 BLUE RIDGE ROAD	Telephone (573)	Alzheimer's Unit No
COLUMBIA MO 6520	1-3734 Level of Care: SNF	Bed Capacity 97
Mailing Address 701 BLUE RIDGE ROAD	County BOONE	DMH Licensed No
COLUMBIA MO 6520	1-3734 Region 6 Medicar	e/Medicaid Facility Number 01706
VILLAGE ASSISTED LIVING	m (015)	47 2700 AVA AVA
1704 NORTHWEST O'BRIEN RD	• •	Alzheimer's Unit Yes
LEE'S SUMMIT MO 6408	20101010101	· · · · · · · · · · · · · · · · ·
Mailing Address 1704 NORTHWEST O'BRIEN RE LEE'S SUMMIT MO 6408	•	DMH Licensed No
LEE'S SUMMIT MO 6408	1-1559 Region 3	Facility Number 16108
VILLAGE ASSISTED LIVING		
1701 NW O'BRIEN RD	Telephone (816)	447-2700 Alzheimer's Unit Yes
LEE'S SUMMIT MO 6408	1-1559 Level of Care: ALF**	Bed Capacity 50
Mailing Address 1701 NW O'BRIEN RD	County JACKSON	DMH Licensed No
LEE'S SUMMIT MO 6408	1-1559 Region 3	Facility Number 29258
VILLAGE AT CARROLL PARK, THE		
5301 HARRY TRUMAN DR	•	'61-6838 Alzheimer's Unit No
GRANDVIEW MO 6403		Bed Capacity 93
Mailing Address 5301 HARRY TRUMAN DR	County JACKSON	DMH Licensed No
GRANDVIEW MO 6403	0-1708 Region 3	Facility Number 03157
VILLAGE CARE CENTER, INC		
810 EAST EDWARDS ST	Telephone (660)	662-3515 Alzheimer's Unit No
MARYVILLE MO 6446	8-2917 Level of Care: SNF	Bed Capacity 46
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed No
MARYVILLE MO 6446	Region 4 Medicar	e/Medicaid Facility Number 20361
WILL AGE GADE GENERE ING		
VILLAGE CARE CENTER, INC 810 EAST EDWARDS ST	Tolophono (660)	662-3515 Alzheimer's Unit No
MARYVILLE MO 6446	* '	62-3515 Alzheimer's Unit No Bed Capacity 18
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	• •
MARYVILLE MO 6446	•	Facility Number 20361
MARTINEE	Kegion 4	raemey Number 20001
VILLAGE WEST, THE		
318 EAST LITTLE BRICK ROAD	Telephone (816)	Alzheimer's Unit No
CAMERON MO 6442	9-1231 Level of Care: RCF*	Bed Capacity 27
Mailing Address 318 EAST LITTLE BRICK RD	County CLINTON	DMH Licensed No
CAMERON MO 6442	9-1231 Region 4	Facility Number 18104
VILLAGE, THE		
320 EAST LITTLE BRICK RD	Telephone (816)	Alzheimer's Unit No
CAMERON MO 6442		Bed Capacity 49
Mailing Address 320 EAST LITTLE BRICK RD	County CLINTON	DMH Licensed No
CAMERON MO 6442	•	Facility Number 08945
	· ·	

Wednesday, June 4, 2025 Page 132 of 139

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

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

VIII LAC OF LACKCON LLC THE				
VILLAS OF JACKSON LLC THE				
670 BROADRIDGE DRIVE		Telephone (573) 986-8210	Alzheimer's Unit	Yes
JACKSON	MO 63755-3044	Level of Care: ALF**	Bed Capacity	84
Mailing Address 670 BROADRIDGE DR	IVE	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-3044	Region 2	Facility Number 3	0623
VINTAGE GARDENS ASSISTED LIVI	NG			
3302 NORTH WOODBINE ROAD		Telephone (816) 279-3330	Alzheimer's Unit	No
	MO 64505-9323	Level of Care: ALF**	Bed Capacity	44
Mailing Address 3302 N WOODBINE RO		County BUCHANAN	DMH Licensed	No
	MO 64505-9323	Region 4		2959
SAINT JOSEFFF	VIO 04303-9323	Region 4	racinty Number 2.	2939
WANTA OF GARDENG AGGGGDD AND	NG			
VINTAGE GARDENS ASSISTED LIVI	NG	TELL 1 (01.6) 270 2220	A11 '	3.7
3302 NORTH WOODBINE ROAD		Telephone (816) 279-3330	Alzheimer's Unit	Yes
	MO 64505-9323	Level of Care: ALF	Bed Capacity	51
Mailing Address 3302 NORTH WOODB		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64505-9323	Region 4	Facility Number 2:	2959
NOW LOD THE LEGISLES OF THE LEGISLES	N.			
VOYAGE HEALTHCARE OF MALDE	N			
500 BARRETT DRIVE		Telephone (573) 276-3843	Alzheimer's Unit	No
	MO 63863-1204	Level of Care: RCF	Bed Capacity	96
Mailing Address 500 BARRETT DRIVE		County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2	Facility Number 0	6656
MON CONDINCENTED A CONCERN A MANA	0.110			
VSL SPRINGFIELD ASSISTED LIVIN	G, LLC	T		
1401 WEST ELFINDALE STREET		Telephone (417) 831-3828	Alzheimer's Unit	No
	MO 65807-1295	Level of Care: ALF	Bed Capacity	50
Mailing Address 1401 WEST ELFINDAL	E STREET	County GREENE	DMH Licensed	No
SPRINGFIELD				
	MO 65807-1295	Region 1	Facility Number 3:	2492
WAGNED DESIDENTIAL GADE INC	MO 65807-1295	Region 1	Facility Number 3.	2492
WAGNER RESIDENTIAL CARE, INC	MO 65807-1295			
320 N CHAMBER DR		Telephone (573) 783-4511	Alzheimer's Unit	No
320 N CHAMBER DR FREDERICKTOWN	MO 65807-1295 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF	Alzheimer's Unit Bed Capacity	No 40
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR	MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON	Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR		Telephone (573) 783-4511 Level of Care: RCF	Alzheimer's Unit Bed Capacity DMH Licensed	No 40
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN	MO 63645-7947 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON	Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING	MO 63645-7947 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2	No 40 Yes 8451
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST	MO 63645-7947 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit	No 40 Yes 8451
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN	MO 63645-7947 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity	No 40 Yes 8451 No 35
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST	MO 63645-7947 MO 63645-7947 G MO 63935-1420	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes 8451 No 35 Yes
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST	MO 63645-7947 MO 63645-7947	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes 8451 No 35
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST DONIPHAN	MO 63645-7947 MO 63645-7947 MO 63935-1420 MO 63935-1420	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes 8451 No 35 Yes
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST DONIPHAN WARRENSBURG MANOR CARE CEN	MO 63645-7947 MO 63645-7947 MO 63935-1420 MO 63935-1420	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	No 40 Yes 8451 No 35 Yes 8354
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST DONIPHAN WARRENSBURG MANOR CARE CEN 400 CARE CENTER DR	MO 63645-7947 MO 63645-7947 MO 63935-1420 MO 63935-1420 TTER	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY Region 2 Telephone (660) 747-2216	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0	No 40 Yes 8451 No 35 Yes 8354
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST DONIPHAN WARRENSBURG MANOR CARE CEN 400 CARE CENTER DR WARRENSBURG	MO 63645-7947 MO 63645-7947 MO 63935-1420 MO 63935-1420 TTER MO 64093-3100	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY Region 2 Telephone (660) 747-2216 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity	No 40 Yes 8451 No 35 Yes 8354
320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 N CHAMBER DR FREDERICKTOWN WALNUT STREET ASSISTED LIVING 404 WALNUT ST DONIPHAN Mailing Address 404 WALNUT ST DONIPHAN WARRENSBURG MANOR CARE CEN 400 CARE CENTER DR WARRENSBURG Mailing Address 400 CARE CENTER DR	MO 63645-7947 MO 63645-7947 MO 63935-1420 MO 63935-1420 TTER MO 64093-3100	Telephone (573) 783-4511 Level of Care: RCF County MADISON Region 2 Telephone (573) 996-4283 Level of Care: ALF County RIPLEY Region 2 Telephone (660) 747-2216	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 0 Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes 8451 No 35 Yes 8354

Wednesday, June 4, 2025 Page 133 of 139

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

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

WARRENTON MANOR			
65 STATE HIGHWAY AA		Telephone (636) 456-8700	Alzheimer's Unit Yes
WRIGHT CITY	MO 63383-3301	Level of Care: SNF	Bed Capacity 120
Mailing Address 65 STATE HIGHWA	Y AA	County WARREN	DMH Licensed No
WRIGHT CITY	MO 63390-3301	Region 6 Medicare/Medicaid	Facility Number 02505
WARSAW HEALTH AND REHABIL	LITATION CENTER		
1609 SUNCHASE DR	1.0	Telephone (660) 438-2970	Alzheimer's Unit Yes
WARSAW	MO 65355-3059	Level of Care: SNF	Bed Capacity 90
Mailing Address 1609 SUNCHASE DE		County BENTON	DMH Licensed No
WARSAW	MO 65355-3059	Region 6 Medicare/Medicaid	Facility Number 15243
WATERFORD LADIES HOME			
500 NW VESPER ST		Telephone (816) 228-6337	Alzheimer's Unit No
BLUE SPRINGS	MO 64014-2744	Level of Care: RCF	Bed Capacity 27
Mailing Address 500 NW VESPER ST		County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64014-2744	Region 3	Facility Number 13774
BECE SI KII (OS	100 00014 2744	Kegion 5	racincy runiber
WATTS STREET MANOR			
301 WATTS ST		Telephone (573) 431-4874	Alzheimer's Unit No
PARK HILLS	MO 63601-1839	Level of Care: RCF*	Bed Capacity 16
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number 06579
WEBB CITY HEALTH AND REHAB	BILITATION CENTER		
2077 STADIUM DR		Telephone (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		Telephone (417) 859-5144	Alzheimer's Unit No
MARSHFIELD	MO 65706-2325	Level of Care: SNF	Bed Capacity 90
Mailing Address 1687 W WASHINGTO	ON ST	County WEBSTER	DMH Licensed No
MARSHFIELD	MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number 08405
WEBWOOD ASSISTED LIVING, LL	.C		
1640 WALDO HATLER DRIVE		Telephone (417) 451-2997	Alzheimer's Unit NO
NEOSHO	MO 64850-8059	Level of Care: ALF	Bed Capacity 31
Mailing Address 1640 WALDO HATL	ER DRIVE	County NEWTON	DMH Licensed No
NEOSHO	MO 64850-8059	Region 1	Facility Number 31265
WEDGEWOOD GARDENS			
17996 BUSINESS 13		Telephone (417) 272-6666	Alzheimer's Unit Yes
REEDS SPRING	MO 65737-9663	Level of Care: ALF**	Bed Capacity 46
Mailing Address 17996 BUSINESS 13		County STONE	DMH Licensed No
REEDS SPRING	MO 65737-9663	Region 1	Facility Number 20615
			20013

Wednesday, June 4, 2025 Page 134 of 139

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

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

WELLINGTON SENIOR LIVING,TI	HF.		
1051 KENT STREET		Telephone (816) 222-0379	Alzheimer's Unit Yes
LIBERTY	MO 64068-2257	Level of Care: ALF**	Bed Capacity 72
Mailing Address 1051 KENT STREET		County CLAY	DMH Licensed No
LIBERTY	MO 64068-2257	Region 4	Facility Number 33016
EIDEKT I	110 01000 2237	Region	Tuenty (value)
WELLSVILLE HEALTH CARE CEN	NTER		
250 E LOCUST		Telephone (573) 684-2002	Alzheimer's Unit No
WELLSVILLE	MO 63384-1422	Level of Care: SNF	Bed Capacity 112
Mailing Address 250 E LOCUST		County MONTGOMERY	DMH Licensed No
WELLSVILLE	MO 63384-1422	Region 6 Medicare/Medicaid	Facility Number 02740
WEST PINE GROUP HOME			
4232 WEST PINE BLVD		Telephone (314) 531-9450	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2840	Level of Care: RCF	Bed Capacity 9
Mailing Address 4232 WEST PINE BI		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2840	Region 7	Facility Number 05948
SAIRT LOOIS	WIO 03100 2040	region /	racinty (value)
WEST VUE NURSING AND REHAB	ILITATION CENTER		
210 DAVIS DR		Telephone (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
WESTBROOK CARE CENTER			
401 S PLATTE CLAY WAY		Telephone (816) 628-2222	Alzheimer's Unit No
KEARNEY	MO 64060-7714	Level of Care: RCF*	Bed Capacity 27
Mailing Address 401 S PLATTE CLA	Y WAY	County CLAY	DMH Licensed No
KEARNEY	MO 64060-7714	Region 4	Facility Number 19757
WESTBURY SENIOR LIVING THE			
550 STONE VALLEY PARKWAY		Telephone (573) 818-7030	Alzheimer's Unit Yes
COLUMBIA	MO 65203-5567	Level of Care: ALF**	Bed Capacity 72
Mailing Address 550 STONE VALLEY		County BOONE	DMH Licensed No
COLUMBIA	MO 65203-5567	Region 6	Facility Number 32666
		Region 0	2 denty 1 danser 32000
WESTCHESTER HOUSE, THE			
550 WHITE RD		Telephone (314) 469-1200	Alzheimer's Unit No
CHESTERFIELD	MO 63017-2316	Level of Care: SNF	Bed Capacity 159
Mailing Address 550 WHITE RD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2316	Region 7 Medicare/Medicaid	Facility Number 08474
WESTGATE			
3130 JOHN DUFFY DR		Telephone (417) 553-3688	Alzheimer's Unit Yes
JOPLIN	MO (4904-1560	Level of Care: SNF	Bed Capacity 120
	VIU 048U4-1309		
Mailing Address 3130 IOHN DUFFY I	MO 64804-1569 DR		
Mailing Address 3130 JOHN DUFFY I JOPLIN		County JASPER Region 1 Medicare/Medicaid	DMH Licensed No Facility Number 31754

Wednesday, June 4, 2025 Page 135 of 139

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

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

WESTPORT ESTATES - ASSISTED	LIVING BY AMERICARE			
904 APACHE DR		Telephone (660) 886-5500	Alzheimer's Unit Y	<i>l</i> es
MARSHALL	MO 65340-2900	Level of Care: ALF**	Bed Capacity	62
Mailing Address 904 APACHE DR		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-2900	Region 5	Facility Number 162	.02
WESTVIEW AT ELLISVILLE ASSIS	STED I IVING			
27 REINKE RD	SIED LIVING	Telephone (636) 527-5554	Alzheimer's Unit Y	Zes -
ELLISVILLE	MO 63021-4734	Level of Care: ALF**		99
Mailing Address 27 REINKE RD	NIO 03021 4734	County SAINT LOUIS COUNTY		No
ELLISVILLE	MO 63021-4734	Region 7	Facility Number 281	
ELLIS VIELE	WO 03021-4734	Kegion /	Facility Number 201	04
WESTVIEW NURSING HOME		F. 1		
301 WEST DUNLOP ST	MO (242) 22(7	Telephone (573) 267-3920		No
CENTER	MO 63436-2267	Level of Care: SNF		60 N
Mailing Address 301 WEST DUNLOP		County RALLS		No
CENTER	MO 63436-2267	Region 5 Medicare/Medicaid	Facility Number 156	34
WESTWOOD HILLS HEALTH & RI	EHABILITATION CENTER			
3100 WARRIOR LANE		Telephone (573) 785-0851		No
POPLAR BLUFF	MO 63901-8686	Level of Care: SNF		.32
Mailing Address 3100 WARRIOR LAN		County BUTLER		No
POPLAR BLUFF	MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number 085	12
WEXFORD PLACE ASSISTED LIVI	NG AND MEMORY SUPPORT BY SE	NIOR STAR		
6460 NORTH COSBY AVE		Telephone (816) 743-4259	Alzheimer's Unit Y	l'es
KANSAS CITY	MO 64151-2377	Level of Care: ALF**	Bed Capacity	98
Mailing Address 6460 NORTH COSB	Y AVE	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-2377	Region 4	Facility Number 288	61
WHISPERING OAKS RCF II, LLC				
203 NORTH B ST		Telephone (573) 686-4490	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5413	Level of Care: RCF*	Bed Capacity	45
Mailing Address 203 NORTH B ST		County BUTLER	DMH Licensed Y	l'es
POPLAR BLUFF	MO 63901-5413	Region 2	Facility Number 167	51
WHISPERING PINES SENIOR LIVI	NG			
4904 EAST WELLRIDGE LN		Telephone (417) 781-0099	Alzheimer's Unit	No
JOPLIN	MO 64801-8793	Level of Care: RCF*	Bed Capacity	20
Mailing Address 4904 EAST WELLRI	DGE LN	County JASPER		No
JOPLIN	MO 64801-8793	Region 1	Facility Number 094	.77
		-	•	
WHITE OAK ASSISTED LIVING				
1515 WEST WHITE OAK		Telephone (816) 254-3500	Alzheimer's Unit	No
INDEPENDENCE	MO 64050-2557	Level of Care: ALF**		78
Mailing Address 1515 WEST WHITE		County JACKSON		No
Mailing Address 1515 WEST WHITE OF INDEPENDENCE				

Wednesday, June 4, 2025 Page 136 of 139

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

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

WILDWOOD SENIOR LIVING THE					
3002 SOUTH JOHN DUFFY DRIVE		Telephone	(417) 623-2233	Alzheimer's Unit	Yes
	IO 64804-1656	Level of Care:	ALF**	Bed Capacity	74
Mailing Address 3002 SOUTH JOHN DUF			SPER	DMH Licensed	No
JOPLIN M	IO 64804-1656	Region 1		Facility Number	31370
WILLARD CARE CENTER					
400 WEST WALNUT LN		Telephone	(417) 742-3593	Alzheimer's Unit	Yes
	IO 65781-9432	Level of Care:	SNF	Bed Capacity	66
Mailing Address 400 W WALNUT LN		County GR	EENE	DMH Licensed	No
WILLARD M	IO 65781-9432	Region 1	Medicare/Medicaid	Facility Number	16393
WILLOW BROOKE - ASSISTED LIVIN	C RV AMEDICADE				
#1 NORTH POTOMAC CT	G DT AMERICARE	Telephone	(636) 583-2799	Alzheimer's Unit	No
	IO 63084-1113	Level of Care:	ALF**	Bed Capacity	50
Mailing Address 1 NORTH POTOMAC C			ANKLIN	DMH Licensed	No
	IO 63084-1113	·	AINKLIN	Facility Number	
UNION	10 03064-1113	Region 6		racinty Number	13596
WILLOW CARE NURSING HOME					
2646 STATE ROUTE 76		Telephone	(417) 469-3152	Alzheimer's Unit	Yes
WILLOW SPRINGS M	IO 65793-8254	Level of Care:	SNF	Bed Capacity	105
Mailing Address PO BOX 309			WELL	DMH Licensed	No
· ·	IO 65793-0309	•	Medicare/Medicaid	Facility Number	08614
		region - 1	viculai e iviculai u	Tuessey Tuessey	00011
WILLOW WEST APARTMENTS					
2644 STATE ROUTE 76		Telephone	(417) 469-3152	Alzheimer's Unit	No
WILLOW SPRINGS M	IO 65793-8254	Level of Care:	ALF	Bed Capacity	36
Mailing Address PO BOX 309		County HO	WELL	DMH Licensed	No
WILLOW SPRINGS M	IO 65793-0309	Region 2		Facility Number	08614
WILL OWGDDEN WELL NEGG & DEVIA	DW MILETON				
WILLOWCREEK WELLNESS & REHA	BILITATION	m 1 1	(214) 020 2211	A1 1	N
250 NEW FLORISSANT RD SOUTH	IO (2001 (71)	Telephone	(314) 838-2211	Alzheimer's Unit	No
	IO 63031-6716	Level of Care:	SNF	Bed Capacity	158
Mailing Address 250 NEW FLORISSANT		•	INT LOUIS COUNTY	DMH Licensed	No
FLORISSANT M	IO 63031-6716	Region 7	Medicare/Medicaid	Facility Number	05782
WILSHIRE AT LAKEWOOD REHAB C	ENTER				
600 NE MEADOWVIEW DR		Telephone	(816) 554-9866	Alzheimer's Unit	No
	IO 64064-1983	Level of Care:	SNF	Bed Capacity	170
Mailing Address 600 NE MEADOWVIEW			CKSON	DMH Licensed	No
	IO 64064-1983		Medicare/Medicaid	Facility Number	22471
ELLS SOMMIT		region 5	vicaicai c/14icuicaiu	zaemej ramoei	227/1
WILSON'S CREEK NURSING & REHA	В				
3403 WEST MT VERNON		Telephone	(417) 864-5600	Alzheimer's Unit	Yes
SPRINGFIELD M	IO 65802-5241	Level of Care:	SNF	Bed Capacity	172
Mailing Address 3403 WEST MT VERNO	N	County GR	EENE	DMH Licensed	No
SPRINGFIELD M	IO 65802-5241	Region 1	Medicare/Medicaid	Facility Number	05579

Wednesday, June 4, 2025 Page 137 of 139

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

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

MUNICIPEGED MUDGING CENTED	D IC		
WINCHESTER NURSING CENTER	, INC	T-l (572) 202 (702	Al-la-i
400 WINCHESTER DRIVE	MO 62022 7500	Telephone (573) 293-6702	Alzheimer's Unit No
BERNIE	MO 63822-7500	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 760		County STODDARD	DMH Licensed No
BERNIE	MO 63822-0760	Region 2 Medicare/Medicaid	Facility Number 31391
WINCHESTER PLACE ASSISTED I	LIVING, LLC		
404 WINCHESTER ROAD	21,11,0,1220	Telephone (573) 293-6705	Alzheimer's Unit NO
BERNIE	MO 63822-7500	Level of Care: ALF**	Bed Capacity 38
Mailing Address 404 WINCHESTER I		County STODDARD	DMH Licensed No
BERNIE	MO 63822-7500		
BERNIE	MO 63822-7300	Region 2	Facility Number 31391
WINDEMERE HEALTHCARE CEN	TER LLC		
3100 NORTH WEST VIVION RD		Telephone (816) 741-0753	Alzheimer's Unit NO
RIVERSIDE	MO 64150-9436	Level of Care: RCF	Bed Capacity 65
Mailing Address 3100 NORTH WEST	VIVION RD	County PLATTE	DMH Licensed No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number 08668
RIVERODE	110 01130 7130	Region	ruemey (vanise)
WINDSOR ESTATES OF ST CHARI	LES		
2150 WEST RANDOLPH ST		Telephone (636) 946-4966	Alzheimer's Unit No
SAINT CHARLES	MO 63301-0894	Level of Care: SNF	Bed Capacity 66
Mailing Address 2150 WEST RANDO	LPH ST	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-0894	Region 5 Medicare/Medicaid	Facility Number 06316
		-	
WINDSOR HEALTHCARE & REHA	AB CENTER		
809 WEST BENTON		Telephone (660) 647-3102	Alzheimer's Unit No
WINDSOR	MO 65360-1239	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 5		County HENRY	DMH Licensed No
WINDSOR	MO 65360-0005	Region 1 Medicare/Medicaid	Facility Number 21715
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		County LINCOLN	DMH Licensed Yes
WINFIELD	MO 63389-1122	Region 5	Facility Number 08729
WINTELD	WIO 03367-1122	Kegion 5	Facility Number 08729
WOOD OAKS, INC			
1804 SOUTH STERLING AVE		Telephone (816) 254-5400	Alzheimer's Unit No
INDEPENDENCE	MO 64052-3845	Level of Care: RCF*	Bed Capacity 30
Mailing Address PO BOX 520049		County JACKSON	DMH Licensed Yes
INDEPENDENCE	MO 64052-0049	Region 3	Facility Number 02389
WOODLAND MANOR 1347 EAST VALLEY WATERMILL R	D	Telephone (417) 833-1220	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3739	Level of Care: SNF	Bed Capacity 94
Mailing Address 1347 EAST VALLEY		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3739	•	Facility Number 05794
SI KINGFIELD	IVIO 03003-3737	Region 1 Medicare/Medicaid	racinty number 05/94

Wednesday, June 4, 2025 Page 138 of 139

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

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

WOODLAND	MANOR	NURSING	CENTER
HOODEAND	MANON	DIMONOIT	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 1749 GILSINN	N LANE	County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-2039	Region 2 Medicare/Medicaid	Facility Number	12549
WORTH COUNTY CONVALI	FSCENT CENTER			
	ESCENT CENTER	(660) 564 2204		
503 E 4TH ST		Telephone (660) 564-3304	Alzheimer's Unit	No
GRANT CITY	MO 64456-8363	Level of Care: SNF	Bed Capacity	50
Mailing Address 503 E 4TH ST	•	County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number	08779

Wednesday, June 4, 2025 Page 139 of 139

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

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