Missouri Long Term Care Facilities Directory

| BAPTIST HOMES OF ADRIAN | | | | |
|---|----------------------------|--|---------------------|----------|
| 402 WEST 1ST STREET | | Telephone (816) 297-8901 | Alzheimer's Unit | No |
| | MO 64720-9277 | Level of Care: SNF | | 38 |
| Mailing Address 402 WEST 1ST STREI | | County BATES | | No |
| · · | MO 64720-9277 | Region 3 Medicare/Medicaid | Facility Number 000 | |
| | 1110 01720 7277 | Region 5 Medicare/Medicard | racinty (value) | 32 |
| ADDEN CENTOD HEAT TH | | | | |
| ABBEY SENIOR HEALTH 206 NORTH MAIN ST | | Telephone (636) 240-5754 | Alzheimer's Unit | 10 |
| | MO 63366- | Telephone (636) 240-5754 Level of Care: ALF** | | 10 |
| | | | • • | No |
| Mailing Address 206 NORTH MAIN ST O'FALLON | MO 63366-2299 | | | |
| OFALLON | WO 03300-2299 | Region 5 | Facility Number 273 | 07 |
| ABBEY SENIOR HEALTH | | | | |
| 206 NORTH MAIN ST | | Telephone (636) 240-5754 | Alzheimer's Unit | No |
| | MO 63366-2299 | Level of Care: SNF | | 55 |
| Mailing Address 206 NORTH MAIN ST | | County SAINT CHARLES | | No |
| e e | MO 63366-2299 | Region 5 Medicare/Medicaid | Facility Number 273 | |
| OTALLON | WO 03300-2299 | Region 5 Medicare/Medicaid | Facility Number 273 | 07 |
| ABERDEEN HEIGHTS | | | | |
| 505 COUCH AVE | | Telephone (314) 909-6000 | Alzheimer's Unit | No |
| | MO 63122-5536 | Level of Care: ALF** | | 36 |
| Mailing Address 505 COUCH AVE | 1110 03122 3330 | County SAINT LOUIS COUNTY | | No |
| · · | MO 63122-5536 | Region 7 | Facility Number 275 | |
| MMCN GOD | 110 03122 3330 | Region / | Tuenty Number 275 | 70 |
| ABERDEEN HEIGHTS | | | | |
| 505 COUCH AVE | | Telephone (314) 909-6000 | Alzheimer's Unit Y | es |
| 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 275 | 70 |
| | | | | |
| ABERDEEN HEIGHTS | | | | |
| 505 COUCH AVE | | Telephone (314) 909-6000 | | No |
| | MO 63122-5536 | Level of Care: SNF | Bed Capacity | 38 |
| Mailing Address 505 COUCH AVE | | County SAINT LOUIS COUNTY | | No |
| KIRKWOOD | MO 63122-5536 | Region 7 Medicare/Medicaid | Facility Number 275 | 70 |
| ACKERT PARK SKILLED NURSING | . & DEHARII ITATION CENTED | | | |
| 894 LELAND AVE | & REHADILITATION CENTER | Telephone (314) 726-4767 | Alzheimer's Unit | No |
| | MO 63130-3239 | Level of Care: SNF | | 30 |
| Mailing Address 894 LELAND AVE | 1710 03130-3237 | County SAINT LOUIS COUNTY | | 30 No |
| | MO 63130-3239 | • | | |
| ONIVERSII I CII I | MIO 03130-3237 | Region 7 Medicare/Medicaid | Facility Number 021 | UU |
| ADAIR VILLAGE | | | | |
| 1801 N GAINES DR | | Telephone (660) 885-8196 | Alzheimer's Unit Y | es. |
| CLINTON | MO 64735-1127 | Level of Care: SNF | Bed Capacity 1: | 20 |
| Mailing Address 1801 N GAINES DR | | County HENRY | | No |
| CLINTON | MO 64735-1127 | Region 1 Medicare/Medicaid | Facility Number 085 | 21 |
| | | | | |

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| ADDINGTON PLACE OF LEE'S SU | IMMIT | | |
|----------------------------------|-------------------------------------|---------------------------------|------------------------|
| 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 PAR | KWAY | County JACKSON | DMH Licensed No |
| LEE'S SUMMIT | MO 64063-1007 | Region 3 | Facility Number 28136 |
| | | | · |
| ADDINGTON PLACE OF SHOAL O | CREEK | | |
| 9601 NORTH TULLIS DR | | Telephone (816) 407-9667 | Alzheimer's Unit Yes |
| KANSAS CITY | MO 64157-7890 | Level of Care: ALF** | Bed Capacity 88 |
| Mailing Address 9601 NORTH TULL | | County CLAY | DMH Licensed No |
| KANSAS CITY | MO 64157-7890 | Region 4 | Facility Number 28129 |
| KANDAD CITT | WO 04137-7670 | Region 7 | Facility Number 20129 |
| ADVANCE ASSISTED LIVING | | | |
| 252 PAYTON PLACE | | Telephone (573) 722-5200 | Alzheimer's Unit No |
| ADVANCE | MO 63730-7251 | Level of Care: ALF | Bed Capacity 44 |
| Mailing Address PO BOX 790 | WO 03730-7231 | County STODDARD | DMH Licensed No |
| | MO (2720 0700 | · | |
| ADVANCE | MO 63730-0790 | Region 2 | Facility Number 28426 |
| ADVANCED CARE OF ST JOSEPH | ſ | | |
| 3002 N 18TH ST | • | Telephone (816) 364-4200 | Alzheimer's Unit No |
| SAINT JOSEPH | MO 64505-1872 | Level of Care: SNF | Bed Capacity 180 |
| | WO 04303-1072 | | DMH Licensed No |
| Mailing Address 3002 N 18TH ST | MO 64505 1972 | • | |
| SAINT JOSEPH | MO 64505-1872 | Region 4 Medicare/Medicaid | Facility Number 08000 |
| AEGIS HEALTH AND REHABILIT | ATION | | |
| 1441 CHARIC DR | | Telephone (636) 394-2522 | Alzheimer's Unit No |
| WILDWOOD | MO 63021-2001 | Level of Care: SNF | Bed Capacity 66 |
| Mailing Address 1441 CHARIC DR | 1120 00021 2001 | County SAINT LOUIS COUNTY | DMH Licensed No |
| WILDWOOD | MO 63021-2001 | Region 7 Medicare/Medicaid | Facility Number 17887 |
| WILDWOOD | WIO 03021-2001 | Region / Wieurcare/Wieurcaru | racinty (valider 1700) |
| AKINS HEALTH CARE, INC | | | |
| 4432 WEST BELLE PL | | Telephone (314) 652-8908 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63108-2617 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address 4432 WEST BELLE | PL. | County SAINT LOUIS CITY | DMH Licensed Yes |
| SAINT LOUIS | MO 63108-2617 | Region 7 | Facility Number 00078 |
| SIMAL BOOK | 110 03100 2017 | Region | ruemey rumber 00070 |
| ALLEGRO | | | |
| 1055 BELLEVUE AVENUE | | Telephone (314) 332-8372 | Alzheimer's Unit Yes |
| RICHMOND HEIGHTS | MO 63117-1827 | Level of Care: ALF** | Bed Capacity 88 |
| Mailing Address 1055 BELLEVUE A | VENUE | County SAINT LOUIS COUNTY | DMH Licensed No |
| RICHMOND HEIGHTS | MO 63117-1827 | Region 7 | Facility Number 31437 |
| | · · · · · · · · · · · · · · · · · · | · 0 | |
| ALPINE BREEZE HEALTH AND W | VELLNESS | | |
| 6124 RAYTOWN RD | | Telephone (816) 358-8222 | Alzheimer's Unit Yes |
| RAYTOWN | MO 64133-4007 | Level of Care: SNF | Bed Capacity 154 |
| Mailing Address 6124 RAYTOWN RI | D | County JACKSON | DMH Licensed No |
| RAYTOWN | MO 64133-4007 | Region 3 Medicare/Medicaid | Facility Number 00768 |
| | | | |

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| AMBERWOOD ESTATES NURSING | G AND REHABILITATION | | |
|---|---|---------------------------------|-------------------------|
| 5303 BERMUDA DR | | Telephone (314) 385-0910 | Alzheimer's Unit NO |
| NORMANDY | MO 63121-1407 | Level of Care: SNF | Bed Capacity 115 |
| Mailing Address 5303 BERMUDA DE | R | County SAINT LOUIS COUNTY | DMH Licensed No |
| NORMANDY | MO 63121-1407 | Region 7 Medicare/Medicaid | Facility Number 01238 |
| | | | |
| ANEW HEALTHCARE AND REHA | B-WELLSVILLE | | |
| 250 E LOCUST | - · · · · · · - · · · · · · | Telephone (573) 684-2002 | Alzheimer's Unit No |
| WELLSVILLE | MO 63384-1422 | Level of Care: SNF | Bed Capacity 112 |
| Mailing Address 250 E LOCUST | | County MONTGOMERY | DMH Licensed No |
| WELLSVILLE | MO 63384-1422 | Region 6 Medicare/Medicaid | Facility Number 02740 |
| WEBES VIELE | 110 03301 1122 | region o Medical et Medicald | 1 acmity (value) 02/40 |
| | | | |
| ANEW HEALTHCARE ODESSA | | | |
| 609 GOLF ST | | Telephone (816) 230-7530 | Alzheimer's Unit No |
| ODESSA | MO 64076-1462 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 609 GOLF ST | | County LAFAYETTE | DMH Licensed No |
| ODESSA | MO 64076-1462 | Region 3 Medicare/Medicaid | Facility Number 05749 |
| | | | |
| ANEW HEALTHCARE OPERATIO | NS-SARCOXIE, LLC | | |
| 1505 MINER | | Telephone (417) 548-3434 | Alzheimer's Unit No |
| SARCOXIE | MO 64862-9211 | Level of Care: SNF | Bed Capacity 40 |
| Mailing Address 1505 MINER | | County JASPER | DMH Licensed No |
| SARCOXIE | MO 64862-0248 | Region 1 Medicare/Medicaid | Facility Number 06864 |
| | | - | |
| A NIEW THE AT THICA DE CAMANINATI | • | | |
| ANEW HEALTHCARE SAVANNAH 13277 STATE ROUTE D | <u>L</u> | Telephone (816) 324-5991 | Alzheimer's Unit Yes |
| SAVANNAH | MO 64485-9431 | Level of Care: SNF | Bed Capacity 88 |
| Mailing Address 13277 STATE ROUT | | County ANDREW | DMH Licensed No |
| SAVANNAH | MO 64485-9431 | · | |
| SAVAINIAH | WIO 04463-9431 | Region 4 Medicare/Medicaid | Facility Number 07147 |
| | | | |
| 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 DODSON HOME | | | |
| 4616 HIGHWAY D | | Telephone (573) 756-5530 | Alzheimer's Unit No |
| FARMINGTON | MO 63640-7241 | Level of Care: RCF* | Bed Capacity 20 |
| Mailing Address 4616 HWY D | | County SAINT FRANCOIS | DMH Licensed Yes |
| FARMINGTON | MO 63640-7241 | Region 2 | Facility Number 02160 |
| | | - | |
| ANNA DODSON HOME | | | |
| ANNA DODSON HOME 4616 HIGHWAY D | | Telephone (573) 756-5530 | Alzheimer's Unit No |
| FARMINGTON | MO 63640-7241 | Level of Care: RCF | Bed Capacity 17 |
| Mailing Address 4616 HWY D | 1110 03010-7211 | County SAINT FRANCOIS | DMH Licensed Yes |
| FARMINGTON | MO 63640-7241 | • | Facility Number 02160 |
| PARMINUTUN | 1910 03040-7241 | Region 2 | Facility Number 02160 |

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| ANNA'S HOUSE ASSISTED LIVING F | ACILITY | | |
|---|--------------------|--|---|
| 25466 NORTH HWY 5 | | Telephone (417) 839-7637 | Alzheimer's Unit No |
| LEBANON | MO 65536- | Level of Care: ALF | Bed Capacity 80 |
| Mailing Address PO BOX 969 | | County LACLEDE | DMH Licensed No |
| LEBANON | MO 65536-0969 | Region 1 | Facility Number 08791 |
| | | | |
| ANNIAIC HOUSE DESIDENTELAL CADI | E EACH ITYLL C | | |
| ANNA'S HOUSE RESIDENTIAL CARI 194 STATE HIGHWAY MM | E FACILITY LLC | Telephone (417) 473-6000 | Alzheimer's Unit No |
| | MO 65713-8411 | · · · · · · · · · · · · · · · · · · · | |
| Mailing Address 194 STATE HWY MM | WIO 03713-0411 | Level of Care: RCF County WEBSTER | Bed Capacity 11 DMH Licensed No |
| o . | MO 65713-8411 | | |
| NIANGOA | WIO 03/13-8411 | Region 1 | Facility Number 13487 |
| | | | |
| ANNIE'S HOUSE INC | | T. I. I. (572) 229 1200 | A11 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 |
| 25228 BUZZARD DRIVE | NO (27(4 0400 | Telephone (573) 238-1300 | Alzheimer's Unit No |
| | MO 63764-9408 | Level of Care: RCF | Bed Capacity 40 |
| Mailing Address 25228 BUZZARD DRIV | | County BOLLINGER | DMH Licensed Yes |
| MARBLE HILL | MO 63764-9408 | Region 2 | Facility Number 30984 |
| | | | |
| ANTHOLOGY OF THE PLAZA | | | |
| 2 EMANUEL CLEAVER II BLVD | | Telephone (816) 505-3030 | Alzheimer's Unit Yes |
| | MO 64112-1712 | Level of Care: ALF** | Bed Capacity 96 |
| Mailing Address 2 EMANUEL CLEAVE | | County JACKSON | DMH Licensed No |
| KANSAS CITY | MO 64112-1712 | Region 3 | Facility Number 31791 |
| | | | |
| APPLE RIDGE CARE CENTER | | | |
| 100 WEST THOMAS AVE | | Telephone (660) 493-2232 | Alzheimer's Unit Yes |
| | MO 64096-9143 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address PO BOX 188 | | County LAFAYETTE | DMH Licensed No |
| WAVERLY | MO 64096-0188 | Region 3 Medicare/Medicaid | Facility Number 08823 |
| | | | |
| APPLEGATE RETIREMENT HOME | | T-l (214) (21 2002 | Alzheimer's Unit No |
| 1204 TELEGRAPH RD | MO (2125 2520 | Telephone (314) 631-2003 | |
| | MO 63125-2528 | Level of Care: RCF* | Bed Capacity 38 |
| Mailing Address 1204 TELEGRAPH RD | 140 (2125 2520 | County SAINT LOUIS COUNTY | DMH Licensed Yes |
| SAINT LOUIS | MO 63125-2528 | Region 7 | Facility Number 14409 |
| ADDI ETONI CITY MANOD | | | |
| APPLETON CITY MANOR 600 NORTH OHIO ST | | T-1 (660) 476 2129 | Al-beimente III-ia No |
| | MO (4704 1600 | Telephone (660) 476-2128 | Alzheimer's Unit No |
| | MO 64724-1609 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address PO BOX 98 | MO (4724 0000 | County SAINT CLAIR | DMH Licensed No |
| APPLETON CITY | MO 64724-0098 | Region 1 Medicare/Medicaid | Facility Number 01637 |
| ADRAD HILLS NUDSING AND DELLA | RII ITATION CENTED | | |
| ARBOR HILLS NURSING AND REHA 800 CHAMBERS RD | DILITATION CENTER | Telephone (314) 524-1111 | Alzheimer's Unit No |
| | MO 63135-2133 | Telephone (314) 524-1111 Level of Care: SNF | Bed Capacity 150 |
| Mailing Address 800 CHAMBERS RD | WIO 03133-2133 | County SAINT LOUIS COUNTY | |
| | MO 63135 2133 | • | |
| FERGUSON | MO 63135-2133 | Region 7 Medicare/Medicaid | Facility Number 01435 |

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| | A DAY AND A NEW COLUMN | | |
|--|--------------------------------|---------------------------------|--|
| ARBOR HILLS NURSING AND REH 800 CHAMBERS RD | ABILITATION CENTER | Telephone (314) 524-1111 | Alzheimer's Unit No |
| FERGUSON | MO 63135-2133 | Level of Care: ALF** | Bed Capacity 28 |
| Mailing Address 800 CHAMBERS RD | | County SAINT LOUIS COUNTY | DMH Licensed No |
| FERGUSON | MO 63135-2133 | Region 7 | Facility Number 01435 |
| ERGOSON | 03133 2133 | Region / | Tuenty Number 01433 |
| ARBOR VIEW NURSING AND REHA | ABILITATION | | |
| 6400 THE CEDARS COURT | | Telephone (636) 274-1777 | Alzheimer's Unit Yes |
| CEDAR HILL | MO 63016-2220 | Level of Care: SNF | Bed Capacity 150 |
| Mailing Address 6400 THE CEDARS O | CT | County JEFFERSON | DMH Licensed No |
| CEDAR HILL | MO 63016-2220 | Region 2 Medicare/Medicaid | Facility Number 12647 |
| | | | |
| | MEMORY CARE ASSISTED LIVING B | | |
| 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 | 110 (2000 1070 | County FRANKLIN | DMH Licensed No |
| SULLIVAN | MO 63080-1270 | Region 6 | Facility Number 16094 |
| APROPS AT CLENDALE CAPDENS | S - MEMORY CARE BY AMERICARE | тнг | |
| 1300 SOUTH MAIN | 3-MEMORI CARE DI AMERICARE | Telephone (660) 885-2272 | Alzheimer's Unit Yes |
| CLINTON | MO 64735-2728 | Level of Care: ALF** | Bed Capacity 42 |
| Mailing Address 1300 S MAIN | MO 01733 2720 | County HENRY | DMH Licensed No |
| CLINTON | MO 64735-2728 | Region 1 | Facility Number 17054 |
| | | region - | 1705 |
| ARBORS AT HARMONY GARDENS | -MEMORY CARE ASSISTED LIVING | BY AMERICARE 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 A | VENUE | County JOHNSON | DMH Licensed No |
| WARRENSBURG | MO 64093-1228 | Region 3 | Facility Number 31389 |
| ADDODE AT HIGH AND ODEST | ALZHEIMEDC ACCICTED I IVING DV | AMEDICADE THE | |
| 620 GILASPY ROAD | ALZHEIMERS ASSISTED LIVING BY | Telephone (660) 627-8004 | Alzheimer's Unit Yes |
| KIRKSVILLE | MO 63501-4678 | Level of Care: ALF** | Bed Capacity 28 |
| Mailing Address 620 GILASPY RD | 1410 03301-4076 | County ADAIR | DMH Licensed No |
| KIRKSVILLE | MO 63501-4678 | Region 5 | Facility Number 23608 |
| | | - | |
| ARBORS AT LAKEVIEW BEND - AS | SSISTED LIVING BY AMERICARE, T | HE | |
| 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 HUNTINGFIELI | D DR | County AUDRAIN | DMH Licensed No |
| MEXICO | MO 65265-3808 | Region 5 | Facility Number 13544 |
| ARBORS AT MOUNT CARMEL, TH | TE. | | |
| 723 FIRST CAPITOL DR | | Telephone (636) 946-4140 | Alzheimer's Unit No |
| SAINT CHARLES | MO (2201 2720 | Level of Care: ALF** | Bed Capacity 30 |
| Mailing Address 723 FIRST CAPITOL | MO 03301-2729 | Level of Care: Allinin | Deu Capacity W |
| Mailing Address /23 FIRST CAFTED A | MO 63301-2729 DR | | 1 0 |
| SAINT CHARLES | | County SAINT CHARLES Region 5 | DMH Licensed No Facility Number 29396 |

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| ARBORS AT PARKSIDE - MEMORY | CARE ASSISTED LIVING BY AMER | RICARE | |
|-----------------------------------|--------------------------------|---------------------------------|-------------------------|
| 1700 EAST 10TH ST | | Telephone (573) 364-2602 | Alzheimer's Unit Yes |
| ROLLA | MO 65401-4600 | Level of Care: ALF** | Bed Capacity 22 |
| Mailing Address 1700 EAST 10TH ST | | County PHELPS | DMH Licensed No |
| ROLLA | MO 65401-4600 | Region 6 | Facility Number 13589 |
| | 00.01.1000 | Region | 1000 |
| ARBORS AT VICTORIAN PLACE O | F CUBA, MEMORY CARE ASSISTED | LIVING BY AMERICARE, THE | |
| 903 HWY DD | | Telephone (573) 885-0551 | Alzheimer's Unit Yes |
| CUBA | MO 65453-8089 | Level of Care: ALF** | Bed Capacity 32 |
| Mailing Address 903 HWY DD | | County CRAWFORD | DMH Licensed No |
| CUBA | MO 65453-8089 | Region 6 | Facility Number 27071 |
| ARBORS AT VICTORIAN PLACE O | F WASHINGTON, MEMORY CARE A | SSISTED LIVING BY AMERICARE. | THE |
| 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 | | County FRANKLIN | DMH Licensed No |
| WASHINGTON | MO 63090-6711 | • | |
| WASHINGTON | WO 03090-0711 | Region 6 | Facility Number 28065 |
| ARBORS AT WESTBROOK TERRA | CE-ALZHEIMER'S ASSISTED LIVING | G BY AMERICARE | |
| 3409 NORTH 10 MILE DR | | Telephone (573) 556-5648 | Alzheimer's Unit Yes |
| JEFFERSON CITY | MO 65109-0530 | Level of Care: ALF** | Bed Capacity 26 |
| Mailing Address 3409 NORTH 10 MIL | E DR | County COLE | DMH Licensed No |
| JEFFERSON CITY | MO 65109-0530 | Region 6 | Facility Number 27914 |
| | | region | Tuesday 1 (amount 27)11 |
| ARBORS AT WESTRIDGE PLACE - | MEMORY CARE BY AMERICARE, T | гне | |
| 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 | | County SCOTT | DMH Licensed No |
| SIKESTON | MO 63801-5443 | Region 2 | Facility Number 12693 |
| SIRESTOR | 110 03001 3443 | Region 2 | racinty (united 12093 |
| ARIZONA CARE CENTER | | | |
| 101 ARIZONA ST | | Telephone (573) 237-4830 | Alzheimer's Unit No |
| NEW HAVEN | MO 63068-1210 | Level of Care: ALF | Bed Capacity 15 |
| Mailing Address 101 ARIZONA ST | | County FRANKLIN | DMH Licensed Yes |
| NEW HAVEN | MO 63068-1210 | Region 6 | Facility Number 19080 |
| | | | |
| ARMOUR OAKS SENIOR LIVING C | COMMUNITY | | |
| 8100 WORNALL RD | | Telephone (816) 363-5141 | Alzheimer's Unit No |
| KANSAS CITY | MO 64114-5806 | Level of Care: ALF | Bed Capacity 47 |
| Mailing Address 8100 WORNALL RD | | County JACKSON | DMH Licensed No |
| KANSAS CITY | MO 64114-5806 | Region 3 | Facility Number 00199 |
| ADMOUD OAKS SENIOR A WAYS | | | |
| ARMOUR OAKS SENIOR LIVING C | UMIMUNII Y | T-lh (01c) 3c3 5141 | Allahadaran ta Ti da |
| 8100 WORNALL RD | MO (4114 500) | 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 |

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| ARROWHEAD SENIOR LIVING CO | OMMUNITY | | |
|---------------------------------|-------------------|---------------------------------|-------------------------|
| 6100 ARROWHEAD DRIVE | | Telephone (573) 302-7111 | Alzheimer's Unit No |
| OSAGE BEACH | MO 65065-2754 | Level of Care: SNF | Bed Capacity 80 |
| Mailing Address 6100 ARROWHEAD | DRIVE | County CAMDEN | DMH Licensed No |
| OSAGE BEACH | MO 65065-2754 | Region 6 Medicare/Medicaid | Facility Number 31536 |
| | | 5 | |
| 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 | | County CAMDEN | DMH Licensed No |
| OSAGE BEACH | MO 65065-2754 | Region 6 | Facility Number 31536 |
| OSTIGE BEHEIT | 110 03003 2731 | Region 0 | racincy runner 31330 |
| ASCENSION LIVING SHERBROOK | KE 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 | 1110 00120 2070 | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63125-2378 | Region 7 Medicare/Medicaid | Facility Number 15436 |
| SAINI LOUIS | WIO 03123-2376 | Region / Wedicare/Medicald | racinty Number 13430 |
| ASCENSION LIVING SHERBROOK | KE 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 |
| SARVI EOCIS | 110 03123 2370 | Kegion / | racinty (uniber 15450 |
| ASH GROVE HEALTHCARE FACI | LITY | | |
| 401 NORTH MEDICAL DR | | 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 DE | R | County SAINT FRANCOIS | DMH Licensed No |
| FARMINGTON | MO 63640-9235 | Region 2 | Facility Number 18138 |
| ACHDIDA HEIGHES OF CHILLY | OTHE | | |
| ASHBURY HEIGHTS OF CHILLIC | OTHE | m 1 1 (650) 505 1050 | |
| 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 |
| ASHBURY HEIGHTS OF FAYETTE | E | | |
| 200 GROCE ST | | Telephone (660) 248-3603 | Alzheimer's Unit No |
| FAYETTE | MO 65248-9813 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 200 GROCE ST | 002.0 /010 | County HOWARD | DMH Licensed No |
| FAYETTE | MO 65248-9813 | Region 5 | Facility Number 23894 |
| | 1.10 0.02-10 7013 | Region 5 | 23094 |

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| ASHBURY HEIGHTS OF FULTON | | | |
|-------------------------------------|----------------|---------------------------------|------------------------|
| 704 WEST CHESTNUT | | Telephone (573) 642-2015 | Alzheimer's Unit No |
| | MO 65251-1254 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 704 WEST CHESTNUT | | County CALLAWAY | DMH Licensed No |
| FULTON | MO 65251-1254 | Region 6 | Facility Number 23923 |
| ASHBURY HEIGHTS OF JEFFERSON | N CITY | | |
| 834 WEATHERED ROCK COURT | Vell1 | Telephone (573) 634-7402 | Alzheimer's Unit No |
| | MO 65101-1824 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 834 WEATHERED RO | | County COLE | DMH Licensed No |
| e e | MO 65101-1824 | Region 6 | Facility Number 23936 |
| ASHBURY HEIGHTS OF LAURIE | | | |
| 299 HIGHWAY RA | | Telephone (573) 374-0076 | Alzheimer's Unit No |
| | MO 65038-6024 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 299 HIGHWAY RA | WIG 03030 0024 | County MORGAN | DMH Licensed No |
| _ | MO 65038-6024 | Region 6 | Facility Number 23915 |
| LIONE | 110 03030 0021 | Region 0 | 23)13 |
| ASHBURY HEIGHTS OF MONTGOM | IERY CITY | | |
| 625 WEST 2ND ST | | Telephone (573) 564-3386 | Alzheimer's Unit No |
| MONTGOMERY CITY | MO 63361-1762 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 625 WEST 2ND ST | | County MONTGOMERY | DMH Licensed No |
| MONTGOMERY CITY | MO 63361-1762 | Region 6 | Facility Number 20160 |
| ASHBURY HEIGHTS OF TIPTON | | | |
| 908 SOUTH PARK | | Telephone (660) 433-6496 | Alzheimer's Unit No |
| | MO 65081-8408 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 908 SOUTH PARK | | County MONITEAU | DMH Licensed No |
| • | MO 65081-8408 | Region 6 | Facility Number 16506 |
| | | | |
| ASHLAND HEALTHCARE | | TEMPORARY CLO | SURE - STAFFING |
| 300 SOUTH HENRY CLAY BLVD | | Telephone (573) 657-2877 | Alzheimer's Unit No |
| ASHLAND | MO 65010-9438 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 300 S HENRY CLAY E | BLVD | County BOONE | DMH Licensed No |
| ASHLAND | MO 65010-9438 | Region 6 Medicare/Medicaid | Facility Number 17908 |
| ASHLAND VILLA - ASSISTED LIVIN | C RV AMERICARE | | |
| 301 SOUTH HENRY CLAY BLVD | G D1 AMERICARE | Telephone (573) 657-1920 | Alzheimer's Unit No |
| | MO 65010-9439 | Level of Care: ALF** | Bed Capacity 72 |
| Mailing Address 301 SOUTH HENRY C | | County BOONE | DMH Licensed No |
| • | MO 65010-9439 | Region 6 | Facility Number 20303 |
| 1. ISTILLE II ID | 05010 7757 | Acgivii 0 | ruemey rumber 20303 |
| ASHLEY MANOR HEALTH & REHA | BILITATION | | |
| 1630 RADIO HILL ROAD | | Telephone (660) 882-6584 | Alzheimer's Unit No |
| | MO 65233-1957 | Level of Care: SNF | Bed Capacity 52 |
| Mailing Address 1630 RADIO HILL ROA | | County COOPER | DMH Licensed No |
| BOONVILLE | MO 65233-1957 | Region 6 Medicare/Medicaid | Facility Number 00216 |

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| ASPEN POINT HEALTH AND REH | 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 S | T | 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 STR | REET | County FRANKLIN | DMH Licensed No |
| WASHINGTON | MO 63090-3549 | Region 6 | Facility Number 32779 |
| | | _ | |
| A COUNT CENTOR I WING A DWANG | TT- | | |
| ASPIRE SENIOR LIVING ADVANCE 315 SOUTH TILLEY ST | .E | Telephone (573) 722-3440 | Alzheimer's Unit No |
| ADVANCE | MO 62720 7220 | - · · · · · · · · · · · · · · · · · · · | |
| | MO 63730-7230 | | Bed Capacity 70 DMH Licensed No |
| Mailing Address 315 S TILLEY ST ADVANCE | MO 62720 7220 | · | |
| ADVANCE | MO 63730-7230 | Region 2 Medicare/Medicaid | Facility Number 11722 |
| | | | |
| ASPIRE SENIOR LIVING EAST PR | AIRIE | | |
| 186 MILLAR RD | | Telephone (573) 649-3551 | Alzheimer's Unit No |
| EAST PRAIRIE | MO 63845-1180 | Level of Care: SNF | Bed Capacity 70 |
| Mailing Address PO BOX 299 | | County MISSISSIPPI | DMH Licensed No |
| EAST PRAIRIE | MO 63845-0299 | Region 2 Medicare/Medicaid | Facility Number 12083 |
| | | | |
| ASPIRE SENIOR LIVING EXCELSI | 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 MEADOWLAR | RK LN | County CLAY | DMH Licensed No |
| EXCELSIOR SPRINGS | MO 64024-3304 | Region 4 Medicare/Medicaid | Facility Number 19197 |
| | | - | |
| A COUNT CENTOR I WING TONESPI | UD C | | |
| ASPIRE SENIOR LIVING JONESBU | URG | T-1 | A 1-1 |
| 308 CEDAR AVE | MO (2251 1126 | Telephone (636) 488-5400 | Alzheimer's Unit Yes |
| JONESBURG | MO 63351-1126 | Level of Care: SNF | Bed Capacity 90 |
| Mailing Address PO BOX 218 JONESBURG | MO 62251 0219 | County MONTGOMERY | DMH Licensed No |
| JONESBURG | MO 63351-0218 | Region 6 Medicare/Medicaid | Facility Number 13265 |
| | | | |
| ASPIRE SENIOR LIVING MALDEN | J | | |
| 1209 STOKELAN | | Telephone (573) 276-5115 | Alzheimer's Unit Yes |
| MALDEN | MO 63863-1335 | Level of Care: SNF | Bed Capacity 70 |
| Mailing Address 1209 STOKELAN | | County DUNKLIN | DMH Licensed No |
| MALDEN | MO 63863-1335 | Region 2 Medicare/Medicaid | Facility Number 12465 |
| | | | |
| ASPIRE SENIOR LIVING MOBERI | Y | | |
| 700 EAST URBANDALE DR | | Telephone (660) 263-9060 | Alzheimer's Unit Yes |
| MOBERLY | MO 65270-1966 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 700 EAST URBAND | | County RANDOLPH | DMH Licensed No |
| MOBERLY | MO 65270-1966 | Region 5 Medicare/Medicaid | Facility Number 12523 |
| | | | 12323 |

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| ASPIRE SENIOR LIVING OAK GRO | OVE | TILL (010) 500 4110 | |
|----------------------------------|---------------------------------------|---------------------------------|-------------------------|
| 2108 SW MITCHELL STREET | MO (1075 0470 | 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 | MO (4075 0470 | County JACKSON | DMH Licensed No |
| OAK GROVE | MO 64075-9472 | Region 3 Medicare/Medicaid | Facility Number 05849 |
| ASPIRE SENIOR LIVING PLATTE | CITY | | |
| 220 O'ROURKE DRIVE | | Telephone (816) 858-5222 | Alzheimer's Unit No |
| PLATTE CITY | MO 64079-9360 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address PO BOX 1310 | | County PLATTE | DMH Licensed No |
| PLATTE CITY | MO 64079-1310 | Region 4 Medicare/Medicaid | Facility Number 12655 |
| ASSISTED LIVING AT CHARLESS | VILLAGE | | |
| 5943 TELEGRAPH RD | , 122.102 | Telephone (314) 846-2002 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63129-4715 | Level of Care: ALF** | Bed Capacity 18 |
| Mailing Address 5943 TELEGRAPH R | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63129-4715 | Region 7 | Facility Number 05586 |
| Sim (1 Book) | 110 0012) 1/10 | Region , | 1 101119 1 10111001 |
| ASSISTED LIVING AT THE MEADO | 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 MEADOWLAND | OS ESTATES LN | County SAINT CHARLES | DMH Licensed No |
| O'FALLON | MO 63366-4591 | Region 5 | Facility Number 26475 |
| ATHENE NURSING AND REHABIL | ITATION | | |
| 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 RE | | County SAINT LOUIS COUNTY | DMH Licensed No |
| TOWN AND COUNTRY | MO 63017-8400 | Region 7 Medicare/Medicaid | Facility Number 01508 |
| | | | |
| ATRIUM PLACE HEALTH AND RE | HABILITATION | | |
| 2600 REDMAN RD | | Telephone (314) 355-8585 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63136-5863 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 2600 REDMAN RD | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63136-5863 | Region 7 Medicare/Medicaid | Facility Number 18697 |
| AUBURN CREEK - ASSISTED LIVI | NG 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 CREE | | County CAPE GIRARDEAU | DMH Licensed No |
| CAPE GIRARDEAU | MO 63701-1732 | Region 2 | Facility Number 19892 |
| | | - | - |
| AUBURN RIDGE LIVING CENTER | | | |
| 1425 ASHBURY WAY | | Telephone (573) 634-2031 | Alzheimer's Unit No |
| WARDSVILLE | MO 65101-1007 | Level of Care: RCF | Bed Capacity 24 |
| Mailing Address 1425 ASHBURY WA | | County COLE | DMH Licensed No |
| WARDSVILLE | MO 65101-1007 | Region 6 | Facility Number 31832 |

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| AURORA HEALTH AND REHABII | 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 | I RD | County PHELPS | DMH Licensed | No |
| ROLLA | MO 65401-2615 | Region 6 Medicare/Medicaid | Facility Number | 08862 |
| | | | | |
| AURORA NURSING CENTER | | | | |
| 1700 SOUTH HUDSON AVE | | Telephone (417) 678-2165 | Alzheimer's Unit | Yes |
| AURORA | MO 65605-2717 | Level of Care: SNF | Bed Capacity | 125 |
| Mailing Address 1700 S HUDSON AV | VE | County LAWRENCE | DMH Licensed | No |
| AURORA | MO 65605-2717 | Region 1 Medicare/Medicaid | Facility Number | 00234 |
| | | | | |
| AUTUMN OAKS CARING CENTER 1310 HOVIS ST | R | Telephone (417) 926-5128 | Alzheimer's Unit | Yes |
| MOUNTAIN GROVE | MO 65711-1219 | Level of Care: SNF | Bed Capacity | 120 |
| | MO 03/11-1219 | | • • | |
| Mailing Address 1310 HOVIS ST | MO (5711 1010 | 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 | 110 01001 1170 | County JASPER | DMH Licensed | No |
| JOPLIN | MO 64801-1170 | Region 1 | Facility Number | 20779 |
| JOI LIIV | WO 04001-1170 | Region 1 | racinty Number | 20119 |
| AUTUMN RIDGE RESIDENCES | | | | |
| 300 AUTUMN RIDGE DR | | Telephone (636) 931-8400 | Alzheimer's Unit | No |
| HERCULANEUM | MO 63048-1506 | Level of Care: RCF* | Bed Capacity | 81 |
| Mailing Address 300 AUTUMN RIDO | GE DR | County JEFFERSON | DMH Licensed | Yes |
| HERCULANEUM | MO 63048-1506 | Region 2 | Facility Number | 15845 |
| | | | | |
| AUTUMN VIEW GARDENS 16219 AUTUMN VIEW TERRACE DI | D | Telephone (636) 458-5225 | Alzheimer's Unit | Yes |
| | | • , , | | |
| ELLISVILLE | MO 63011-4743 | Level of Care: ALF** | Bed Capacity | 150 |
| Mailing Address 16219 AUTUMN VI | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| ELLISVILLE | MO 63011-4743 | Region 7 | Facility Number | 20751 |
| AUTUMN VIEW GARDENS AT SC | HUETZ ROAD | | | |
| 11210 SCHUETZ RD | | Telephone (314) 993-9888 | Alzheimer's Unit | Yes |
| SAINT LOUIS | MO 63146-4933 | Level of Care: ALF** | Bed Capacity | 110 |
| Mailing Address 11210 SCHUETZ RI | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63146-4933 | Region 7 | Facility Number | 22909 |
| S.M. I EOOB | 05110 1755 | Aregion / | - ucincy runiber | 22707 |
| 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 |
| KANSAS CITY | MO 64152-0008 | Region 4 | Facility Number | 10857 |
| | | | | |

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| AVA PLACE | | | | |
|--|---|---|---|--|
| 1101 LYLE STREET | | Telephone (417) 683-6999 | Alzheimer's Unit | No |
| AVA | MO 65608-1269 | Level of Care: RCF* | Bed Capacity | 40 |
| Mailing Address PO BOX 1269 | | County DOUGLAS | DMH Licensed | Yes |
| AVA | MO 65608-1269 | Region 1 | Facility Number | 20718 |
| | | | | |
| AVALON GARDEN | | | | |
| 4359 TAFT AVE | | Telephone (314) 752-2022 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63116-1533 | • | | 77 |
| | MO 63116-1333 | | Bed Capacity | |
| Mailing Address 4359 TAFT AVE | NO 62116 1522 | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS | MO 63116-1533 | Region 7 Medicare/Medicaid | Facility Number | 00244 |
| | | | | |
| AVALON MEMORY CARE | | | | |
| 5342 BUTLER HILL ROAD | | Telephone (314) 849-2985 | Alzheimer's Unit | Yes |
| SAINT LOUIS | MO 63128-4152 | Level of Care: ALF** | Bed Capacity | 30 |
| Mailing Address 5342 BUTLER HILL | ROAD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63128-4152 | Region 7 | Facility Number | 30425 |
| | | | | |
| AVALON VIEW HEALTH AND WE | LLNESS | | | |
| 1200 WEST COLLEGE ST | | Telephone (816) 781-3020 | Alzheimer's Unit | Yes |
| LIBERTY | MO 64068-1036 | Level of Care: SNF | Bed Capacity | 140 |
| Mailing Address 1200 WEST COLLEG | GE ST | County CLAY | DMH Licensed | No |
| LIBERTY | MO 64068-1036 | Region 4 Medicare/Medicaid | Facility Number | 01961 |
| | | | | |
| | | | | |
| BAILEY HOUSE | | | | |
| BAILEY HOUSE 102 BAILEY ST | | Telephone (573) 756-6374 | Alzheimer's Unit | No |
| 102 BAILEY ST | MO 63640-1819 | Telephone (573) 756-6374 Level of Care: RCF | Alzheimer's Unit | No 12 |
| 102 BAILEY ST FARMINGTON | MO 63640-1819 | Level of Care: RCF | Bed Capacity | 12 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST | | Level of Care: RCF County SAINT FRANCOIS | Bed Capacity DMH Licensed | 12 Yes |
| 102 BAILEY ST FARMINGTON | MO 63640-1819 MO 63640-1819 | Level of Care: RCF | Bed Capacity | 12 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON | | Level of Care: RCF County SAINT FRANCOIS | Bed Capacity DMH Licensed | 12 Yes |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER | | Level of Care: RCF County SAINT FRANCOIS Region 2 | Bed Capacity DMH Licensed Facility Number | 12 Yes 00256 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR | MO 63640-1819 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 12 Yes 00256 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO | | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 Yes 00256 No 18 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR | MO 63640-1819 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 Yes 00256 No 18 No |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO | MO 63640-1819 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 Yes 00256 No 18 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO | MO 63640-1819 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 Yes 00256 No 18 No |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER | MO 63640-1819 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 Yes 00256 No 18 No 00910 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR | MO 63640-1819 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 Yes 00256 No 18 No 00910 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO | MO 63640-1819 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 Yes 00256 No 18 No 00910 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR | MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 Yes 00256 No 18 No 00910 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO | MO 63640-1819 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 Yes 00256 No 18 No 00910 |
| 102 BAILEY ST FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO | MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 Yes 00256 No 18 No 00910 |
| FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAPTIST HOME, THE | MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 Yes 00256 No 18 No 00910 |
| FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAPTIST HOME, THE 101 RIGGS-SCOTT LN | MO 63020-5046 MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid Telephone (573) 546-7429 | 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 Yes 00256 No 18 No 00910 No 61 No 00910 |
| FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAPTIST HOME, THE 101 RIGGS-SCOTT LN IRONTON | MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid Telephone (573) 546-7429 Level of Care: ICF | 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 Yes 00256 No 18 No 00910 No 61 No 00910 |
| FARMINGTON Mailing Address 102 BAILEY ST FARMINGTON BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAPTIST HOME, THE 101 RIGGS-SCOTT LN | MO 63020-5046 MO 63020-5046 MO 63020-5046 MO 63020-5046 | Level of Care: RCF County SAINT FRANCOIS Region 2 Telephone (636) 586-2291 Level of Care: RCF* County JEFFERSON Region 2 Telephone (636) 586-2291 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid Telephone (573) 546-7429 | 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 Yes 00256 No 18 No 00910 No 61 No 00910 |

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| DA PONCO MONO ONE | | | | |
|---|-----------------|--|----------------------------------|----------|
| BAPTIST HOME, THE 1625 WEST GARTON RD | | Telephone (417) 581-2101 | Alzheimer's Unit | No |
| OZARK | MO 65721-6637 | Level of Care: ALF** | Bed Capacity | 30 |
| Mailing Address PO BOX 1040 | 3.25 32,21 332, | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-1040 | Region 1 | Facility Number | 21509 |
| | | 8 | • | |
| BAPTIST HOME, THE | | | | |
| 1625 WEST GARTON RD | | Telephone (417) 581-2101 | Alzheimer's Unit | No |
| OZARK | MO 65721-6637 | Level of Care: ICF | Bed Capacity | 33 |
| Mailing Address PO BOX 1040 | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-1040 | Region 1 | Facility Number | 21509 |
| | | | | |
| BAPTIST HOME, THE 500 BAPTIST HOME LN | | Telephone (660) 646 6210 | Alahaiman'a Unit | No |
| CHILLICOTHE | MO 64601-3973 | Telephone (660) 646-6219 Level of Care: ALF** | Alzheimer's Unit Bed Capacity | No 20 |
| Mailing Address 500 BAPTIST HOME | | County LIVINGSTON | DMH Licensed | No |
| CHILLICOTHE | MO 64601-3973 | Region 4 | Facility Number | 14084 |
| CHILLICOTHE | WO 04001 3713 | Region 4 | racinty raniber | 14004 |
| BAPTIST HOME, THE | | | | |
| 101 RIGGS-SCOTT LN | | Telephone (573) 546-7429 | Alzheimer's Unit | No |
| IRONTON | MO 63650-4338 | Level of Care: ALF | Bed Capacity | 56 |
| Mailing Address PO BOX 87 | | County IRON | DMH Licensed | No |
| IRONTON | MO 63650-0087 | Region 2 | Facility Number | 00274 |
| BAPTIST HOMES OF INDEPENDE | NCE | | | |
| 17451 MEDICAL CENTER PARKWAY | | Telephone (816) 373-7795 | Alzheimer's Unit | No |
| INDEPENDENCE | MO 64057-1805 | Level of Care: SNF | Bed Capacity | 118 |
| Mailing Address 17451 MEDICAL CE | | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-1805 | Region 3 Medicare/Medicaid | Facility Number | 03782 |
| | | | | |
| BAPTIST HOMES OF INDEPENDENT | | T-11 | A 1-1 TT | NO |
| 17451 MEDICAL CENTER PARKWAY INDEPENDENCE | MO 64057-1805 | Telephone (816) 373-7795 Level of Care: RCF | Alzheimer's Unit Bed Capacity | 20 |
| Mailing Address 17451 MEDICAL CE | | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-1805 | Region 3 | Facility Number | 03782 |
| | 110 01007 1000 | Region 5 | Tuesticy Tuestice | 03702 |
| BAPTIST HOMES, TRI-COUNTY | | | | |
| 601 NORTH GALLOWAY RD | | Telephone (573) 594-6467 | Alzheimer's Unit | Yes |
| VANDALIA | MO 63382-1252 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 601 NORTH GALLO | | County AUDRAIN | DMH Licensed | No |
| VANDALIA | MO 63382-1252 | Region 5 Medicare/Medicaid | Facility Number | 08096 |
| BAPTIST HOMES, TRI-COUNTY | | | | |
| 601 NORTH GALLOWAY RD | | Telephone (573) 594-6467 | Alzheimer's Unit | No |
| VANDALIA | MO 63382-1252 | Level of Care: RCF | Bed Capacity | 20 |
| Mailing Address 601 NORTH GALLO | WAY RD | County AUDRAIN | DMH Licensed | No |
| VANDALIA | MO 63382-1252 | Region 5 | Facility Number | 08096 |
| | | | | |

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| BARATHAVEN ALZHEIMER'S SPEC | CIAL CARE CENTER | | | |
|--|-----------------------------|---------------------------------|---------------------------|-------|
| 1030 BARATHAVEN DR | | Telephone (636) 329-9160 | Alzheimer's Unit | Yes |
| DARDENNE PRAIRIE | MO 63368-8606 | Level of Care: ALF** | Bed Capacity | 66 |
| Mailing Address 1030 BARATHAVEN | DR | County SAINT CHARLES | DMH Licensed | No |
| DARDENNE PRAIRIE | MO 63368-8606 | Region 5 | Facility Number | 26902 |
| | | | | |
| BARNABAS ACRES | | | | |
| 210 FRANKS LN | | Telephone (573) 803-8887 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63701-8439 | Level of Care: ALF | Bed Capacity | 56 |
| Mailing Address 210 FRANKS LN | 1120 00701 0109 | County CAPE GIRARDEAU | DMH Licensed | Yes |
| CAPE GIRARDEAU | MO 63701-8439 | Region 2 | Facility Number | 05130 |
| CH E GHUREELIG | 110 03701 0139 | Region 2 | racinty runiber | 03130 |
| DADNADAC DEDWOOD MANOD | | | | |
| BARNABAS REDWOOD MANOR 1194 LANDON RD | | Telephone (573) 468-8150 | Alzheimer's Unit | No |
| | MO (5441 9219 | • ' | | |
| BOURBON | MO 65441-8218 | Level of Care: RCF | Bed Capacity | 47 |
| Mailing Address 1194 LANDON RD | 1.50 (5.11) (2.10) | County CRAWFORD | DMH Licensed | Yes |
| BOURBON | MO 65441-8218 | Region 6 | Facility Number | 08609 |
| BADNES IEMISH DESCRIPTION SAN | D. | | | |
| BARNES-JEWISH EXTENDED CARI | E. | | | |
| 401 CORPORATE PARK DR | | Telephone (314) 725-7447 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63105-4201 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 401 CORPORATE PA | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63105-4201 | Region 7 Medicare/Medicaid | Facility Number | 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 R | RD . | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-7349 | Region 2 | Facility Number | 17300 |
| DT GOV | _ | | | |
| BEACON HILL RESIDENTIAL CARI | E. | Tolonhone (916) 521 6169 | Alabaimanta II | NT. |
| 2905 CAMPBELL | MO (4100 1417 | Telephone (816) 531-6168 | Alzheimer's Unit | No |
| KANSAS CITY | MO 64109-1417 | Level of Care: RCF* | Bed Capacity | 37 |
| Mailing Address 2905 CAMPBELL | 3.50 54400 444 5 | County JACKSON | DMH Licensed | Yes |
| KANSAS CITY | MO 64109-1417 | Region 3 | Facility Number | 00329 |
| BEAUTIFUL SAVIOR HOME | | | | |
| 1003 SOUTH CEDAR ST | | Telephone (816) 331-0781 | Alzheimer's Unit | No |
| BELTON | MO 64012-3703 | - | | 55 |
| Mailing Address 1003 S CEDAR ST | 141O 04012-3703 | Level of Care: ALF County CASS | Bed Capacity DMH Licensed | |
| S . | MO (4012 2702 | • | | No |
| BELTON | MO 64012-3703 | Region 3 | Facility Number | 00342 |
| BEAUTIFUL SAVIOR HOME | | | | |
| 1003 SOUTH CEDAR ST | | Telephone (816) 331-0781 | Alzheimer's Unit | No |
| BELTON | MO 64012-3703 | Level of Care: SNF | Bed Capacity | 126 |
| Mailing Address 1003 S CEDAR ST | | County CASS | DMH Licensed | No |
| BELTON | MO 64012-3703 | Region 3 Medicare/Medicaid | Facility Number | 00342 |
| ELLI VII | 1.10 01012 0100 | region - Medical C/Medical C | - acmey rummer | 00572 |

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| BEAUVAIS REHAB AND HEALTHC | ARE CENTER | | |
|--------------------------------------|-----------------|--|-------------------------------------|
| 3625 MAGNOLIA AVE | | Telephone (314) 771-2990 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63110-4048 | Level of Care: SNF | Bed Capacity 184 |
| Mailing Address 3625 MAGNOLIA AV | | County SAINT LOUIS CITY | DMH Licensed No |
| SAINT LOUIS | MO 63110-4048 | Region 7 Medicare/Medicaid | Facility Number 09528 |
| BEEHIVE HOMES OF GRAIN VALI | ÆY | | |
| 101 CROSS CREEK DR | | Telephone (816) 224-2700 | Alzheimer's Unit No |
| GRAIN VALLEY | MO 64029-9561 | Level of Care: ALF** | Bed Capacity 32 |
| Mailing Address 101 CROSS CREEK I | OR . | County JACKSON | DMH Licensed No |
| GRAIN VALLEY | MO 64029-9561 | Region 3 | Facility Number 24279 |
| DELL'EFONTE A INTE C'A DISENC MUDO | UNIC & DEITAD | TEMPORARY CLO | CLIDE CTAFFING |
| BELLEFONTAINE GARDENS NURS | OING & REHAB | | |
| 9500 BELLEFONTAINE RD SAINT LOUIS | MO 62127 1226 | Telephone (314) 388-0796 Level of Care: SNF | Alzheimer's Unit No Bed Capacity 96 |
| | MO 63137-1336 | | DMH Licensed No |
| Mailing Address 9500 BELLEFONTAL | | • | |
| SAINT LOUIS | MO 63137-1336 | Region 7 Medicare/Medicaid | Facility Number 02598 |
| BELLEVIEW CARE CENTER | | | |
| 1616 WEISENBORN RD | | Telephone (816) 749-3919 | Alzheimer's Unit Yes |
| SAINT JOSEPH | MO 64507-2527 | Level of Care: SNF | Bed Capacity 90 |
| Mailing Address 1616 WEISENBORN | RD | County BUCHANAN | DMH Licensed No |
| SAINT JOSEPH | MO 64508-2527 | Region 4 Medicare/Medicaid | Facility Number 10346 |
| BELLEVIEW CARE CENTER | | | |
| 1616 WEISENBORN RD | | Telephone (816) 749-3919 | Alzheimer's Unit No |
| SAINT JOSEPH | MO 64507-2527 | Level of Care: ALF | Bed Capacity 100 |
| Mailing Address 1616 WEISENBORN | RD | County BUCHANAN | DMH Licensed Yes |
| SAINT JOSEPH | MO 64507-2527 | Region 4 | Facility Number 10346 |
| BELLEVIEW VALLEY NURSING H | OME | | |
| 23144 HIGHWAY 32 | OME | Telephone (573) 697-5311 | Alzheimer's Unit No |
| BELLEVIEW | MO 63623-6346 | Level of Care: SNF | Bed Capacity 122 |
| Mailing Address 23144 HIGHWAY 32 | 112 03023 03 10 | County IRON | DMH Licensed No |
| BELLEVIEW | MO 63623-6346 | Region 2 Medicare/Medicaid | Facility Number 00382 |
| DELOVED HEALTWAND DOWN | MEATHON CHAMPER | | |
| BELOVED HEALTH AND REHABIL | TIATION CENTER | T-1 (572) 577 2100 | Alabata at Tiat |
| 328 MUNGER LANE | MO (2401-2261 | Telephone (573) 577-2100 | Alzheimer's Unit No |
| HANNIBAL | MO 63401-2361 | Level of Care: SNF | Bed Capacity 111 |
| Mailing Address 328 MUNGER LANE | MO (2401-2261 | County MARION | DMH Licensed No |
| HANNIBAL | MO 63401-2361 | Region 5 Medicare/Medicaid | Facility Number 03340 |
| BENEDICT JOSEPH LABRE CENTE | ER | | |
| 3863 CLEVELAND | | Telephone (314) 664-3927 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63110-4009 | Level of Care: RCF | Bed Capacity 15 |
| Mailing Address 3863 CLEVELAND | | County SAINT LOUIS CITY | DMH Licensed Yes |
| SAINT LOUIS | MO 63110-4009 | Region 7 | Facility Number 21163 |

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| BENTLEYS EXTENDED CARE | | | | | |
|--------------------------------------|--------------|----------------|---------------------|---------------------------|-------|
| 3060 ASHBY ROAD | | Telephone | (314) 426-0433 | Alzheimer's Unit | No |
| OVERLAND MO | 63114-1342 | Level of Care: | SNF | Bed Capacity | 72 |
| Mailing Address 3060 ASHBY RD | | County SA | AINT LOUIS COUNTY | DMH Licensed | No |
| OVERLAND MO | 63114-1342 | Region 7 | Medicare/Medicaid | Facility Number | 22613 |
| BENTON HOUSE OF BLUE SPRINGS | | | | | |
| 1701 NW JEFFERSON ST | | Telephone | (816) 224-2727 | Alzheimer's Unit | Yes |
| | 64015-7229 | Level of Care: | ` ′ | Bed Capacity | 95 |
| Mailing Address 1701 NW JEFFERSON ST | 04013-7229 | | CKSON | DMH Licensed | No. |
| 9 | 64015-7229 | Region 3 | ICKSON | Facility Number | 29729 |
| BLUE SI KINOS INIO | 04013-7229 | Region 5 | | Facinty Number | 29129 |
| 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 DR | | County CA | ASS | DMH Licensed | No |
| RAYMORE MO | 64083-8122 | Region 3 | | Facility Number | 29896 |
| BENTON HOUSE OF STALEY HILLS | | | | | |
| 11071 N WOODLAND AVE | | Telephone | (816) 372-1888 | Alzheimer's Unit | Yes |
| | 64155-1552 | Level of Care: | ` ′ | | 80 |
| Mailing Address 11071 N WOODLAND AV | | | LAY | Bed Capacity DMH Licensed | No |
| _ | 64155-1552 | | LA I | | |
| KANSAS CITT INIO | 04155-1352 | Region 4 | | Facility Number | 30774 |
| BENTON HOUSE OF TIFFANY SPRINGS | ; | | | | |
| 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 PL | ATTE | 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 RD | | County SA | AINT LOUIS COUNTY | DMH Licensed | No |
| FLORISSANT MO | 63031-5308 | Region 7 | Medicare/Medicaid | Facility Number | 14817 |
| BERNARD CARE CENTER | | | | | |
| 4335 WEST PINE BLVD | | Telephone | (314) 371-0200 | Alzheimer's Unit | No |
| | 63108-2205 | Level of Care: | ` ' | Bed Capacity | 141 |
| Mailing Address 4335 WEST PINE BLVD | 03100 2203 | | AINT LOUIS CITY | DMH Licensed | No |
| _ | 63108-2205 | Region 7 | Medicare/Medicaid | Facility Number | 00436 |
| MIC MIC | 03100 2203 | Acgion / | Micuical C/Medicald | racincy runner | 00430 |
| BERTRAND NURSING AND REHAB CEN | VTER | | | | |
| 603 WEST HIGHWAY 62 | | Telephone | (573) 683-4290 | Alzheimer's Unit | No |
| | 63823-9738 | Level of Care: | | Bed Capacity | 60 |
| Mailing Address 603 WEST HIGHWAY 62 | <0.000 0.000 | | ISSISSIPPI | DMH Licensed | No |
| BERTRAND MO | 63823-9738 | Region 2 | Medicare/Medicaid | Facility Number | 00440 |

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

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| BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE | | | |
|---|---------------------------------|--|-------|
| 202 EAST MILL ST | Telephone (417) 754-8711 | Alzheimer's Unit | No |
| HUMANSVILLE MO 65674-8507 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 202 EAST MILL ST | County POLK | DMH Licensed | No |
| HUMANSVILLE MO 65674-8507 | Region 1 Medicare/Medicaid | Facility Number | 18672 |
| | | | |
| BIRCH POINTE HEALTH AND REHABILITATION | | | |
| 3705 S JEFFERSON AVE | Telephone (417) 889-0773 | Alzheimer's Unit | Yes |
| SPRINGFIELD MO 65807-5880 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 3705 S JEFFERSON AVE | County GREENE | DMH Licensed | No |
| SPRINGFIELD MO 65807-5880 | Region 1 Medicare/Medicaid | Facility Number | 31013 |
| BISHOP SPENCER PLACE, INC, THE | | | |
| 4301 MADISON AVE | Telephone (816) 931-4277 | Alzheimer's Unit | No |
| KANSAS CITY MO 64111-3491 | Level of Care: ALF** | Bed Capacity | 40 |
| Mailing Address 4301 MADISON AVE | County JACKSON | DMH Licensed | No |
| KANSAS CITY MO 64111-3491 | Region 3 | Facility Number | 20635 |
| | Region | 2 4011103 1 (41111111111111111111111111111111111 | 20033 |
| BISHOP SPENCER PLACE, INC, THE | | | |
| 4301 MADISON AVE | Telephone (816) 931-4277 | Alzheimer's Unit | No |
| KANSAS CITY MO 64111-3491 | Level of Care: SNF | Bed Capacity | 57 |
| Mailing Address 4301 MADISON AVE | County JACKSON | DMH Licensed | No |
| KANSAS CITY MO 64111-3491 | Region 3 Medicare/Medicaid | Facility Number | 20635 |
| BLESSED HOMES | | | |
| 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 |
| NAMAS CITT INC 04113-2223 | region 3 | Pacinty Number | 2/1/3 |
| BLESSING CENTER, THE | | | |
| 302 NORTH MAIN | Telephone (660) 397-2293 | Alzheimer's Unit | No |
| EDINA MO 63537-1353 | Level of Care: RCF | Bed Capacity | 51 |
| Mailing Address 302 NORTH MAIN | County KNOX | DMH Licensed | Yes |
| EDINA MO 63537-1353 | Region 5 | Facility Number | 03728 |
| BLUE CASTLE BOLIVAR LLC | | | |
| 1830 E LAVERNE ST | Telephone (417) 777-2583 | Alzheimer's Unit | No |
| BOLIVAR MO 65613-1488 | Level of Care: RCF* | Bed Capacity | 30 |
| Mailing Address 1830 E LAVERNE ST | County POLK | DMH Licensed | Yes |
| BOLIVAR MO 65613-1488 | · | | |
| DOLIVAR INO 03013-1408 | Region 1 | Facility Number | 24698 |
| BLUE CIRCLE REHAB AND NURSING | | | |
| 2939 MAGAZINE STREET | Telephone (314) 531-0500 | Alzheimer's Unit | No |
| SAINT LOUIS MO 63106-1245 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 2939 MAGAZINE STREET | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS MO 63106-1245 | Region 7 Medicare/Medicaid | Facility Number | 15258 |
| | | | |

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| 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 MILL | | County JACKSON | DMH Licensed No |
| | MO 64058-2022 | • | |
| INDEPENDENCE | MO 64058-2022 | Region 3 | Facility Number 11146 |
| BLUEGRASS TERRACE | | | |
| 102 REDTAIL DR | | Telephone (573) 657-0899 | Alzheimer's Unit No |
| ASHLAND | MO 65010-1179 | Level of Care: RCF | Bed Capacity 16 |
| Mailing Address 102 REDTAIL DR | | County BOONE | DMH Licensed No |
| ASHLAND | MO 65010-1179 | Region 6 | Facility Number 25731 |
| A STILL HAD | 1410 03010 1177 | Kegion 0 | racinty Number 25/51 |
| BLUFF CREEK TERRACE - ASSIST | TED LIVING BY AMERICARE | | |
| 3104 BLUFF CREEK DR | | Telephone (573) 815-9111 | Alzheimer's Unit Yes |
| COLUMBIA | MO 65201-3524 | Level of Care: ALF** | Bed Capacity 48 |
| Mailing Address 3104 BLUFF CREEK | C DR | County BOONE | DMH Licensed No |
| COLUMBIA | MO 65201-3524 | Region 6 | Facility Number 20625 |
| | | | 20025 |
| BLUFFS, THE | | | |
| 3105 BLUFF CREEK DR | | Telephone (573) 442-6060 | Alzheimer's Unit Yes |
| COLUMBIA | MO 65201-3529 | Level of Care: SNF | Bed Capacity 132 |
| Mailing Address 3105 BLUFF CREEK | C DR | County BOONE | DMH Licensed No |
| COLUMBIA | MO 65201-3529 | Region 6 Medicare/Medicaid | Facility Number 00754 |
| BOARDING INN, THE | | | |
| 9444 MIDLAND BLVD | | Telephone (314) 426-0091 | Alzheimer's Unit No |
| OVERLAND | MO 63114-3328 | Level of Care: RCF | Bed Capacity 40 |
| Mailing Address 9444 MIDLAND BL | | County SAINT LOUIS COUNTY | DMH Licensed Yes |
| OVERLAND | MO 63114-3328 | Region 7 | Facility Number 00709 |
| OVERLAND | WO 03114-3320 | Kegion / | racinty Number 00709 |
| BOLIVAR MANOR HOUSE | | | |
| 404 EAST BROADWAY | | Telephone (417) 327-5790 | Alzheimer's Unit No |
| BOLIVAR | MO 65613-2019 | Level of Care: RCF* | Bed Capacity 20 |
| Mailing Address PO BOX 175 | | County POLK | DMH Licensed Yes |
| BOLIVAR | MO 65613-0175 | Region 1 | Facility Number 04529 |
| BOULEVARD SENIOR LIVING OF | ST CHARLES THE | | |
| 3340 EHLMANN ROAD | SI CHARLES, HE | Telephone (636) 757-5077 | Alzheimer's Unit Yes |
| SAINT CHARLES | MO 62201 4097 | | |
| | MO 63301-4087 | | Bed Capacity 128 |
| Mailing Address 3340 EHLMANN RO | | County SAINT CHARLES | DMH Licensed No |
| SAINT CHARLES | MO 63301-4087 | Region 5 | Facility Number 31029 |
| BOULEVARD SENIOR LIVING OF | WENTZVILLE, THE | | |
| 120 PERRY CATE BOULEVARD | | Telephone (636) 698-9458 | Alzheimer's Unit Yes |
| WENTZVILLE | MO 63385-4719 | Level of Care: ALF** | Bed Capacity 62 |
| Mailing Address 120 PERRY CATE B | OULEVARD | County SAINT CHARLES | DMH Licensed No |
| WENTZVILLE | MO 63385-4719 | Region 5 | Facility Number 31404 |
| | | - | |

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| 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 25 |
| 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 | VING BY AMERICARE | | |
| 902 NORTH MAIN | | Telephone (417) 725-0177 | Alzheimer's Unit No |
| NIXA | MO 65714-9384 | Level of Care: ALF** | Bed Capacity 50 |
| Mailing Address 902 NORTH MAIN | | County CHRISTIAN | DMH Licensed No |
| NIXA | MO 65714-9384 | Region 1 | Facility Number 17732 |
| | | 11091011 | 1,7,02 |
| | | | |
| BRENT B TINNIN MANOR | | T. 1 . (570) 660 0545 | |
| 220 EUEL POLK DR | NO (2)(2) FO(F | 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 | 160 (0.50) 50 (5 | County REYNOLDS | DMH Licensed No |
| ELLINGTON | MO 63638-7967 | Region 2 Medicare/Medicaid | Facility Number 08027 |
| | | | |
| BRENTMOOR RETIREMENT COM | MUNITY | | |
| 8600 DELMAR BLVD | | Telephone (314) 995-3811 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63124-1973 | Level of Care: ALF** | Bed Capacity 36 |
| Mailing Address 8600 DELMAR BLVI | O . | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63124-1973 | Region 7 | Facility Number 19968 |
| | | | |
| BRIDGEWAY RESIDENTIAL CARE | FACILITY | | |
| 828 JEFFERSON ST | | Telephone (573) 642-7770 | Alzheimer's Unit No |
| FULTON | MO 65251-1877 | Level of Care: RCF* | Bed Capacity 94 |
| Mailing Address 828 JEFFERSON ST | 1110 00201 1077 | County CALLAWAY | DMH Licensed Yes |
| FULTON | MO 65251-1877 | Region 6 | Facility Number 13522 |
| | | 11091011 | 13322 |
| | | | |
| BRIDGEWOOD HEALTH CARE CE | NTER | T. 1. 1 (016) 042 0101 | A11. |
| 11515 TROOST | MO (4121 276) | Telephone (816) 943-0101 | Alzheimer's Unit NO |
| KANSAS CITY | MO 64131-3769 | Level of Care: SNF | Bed Capacity 166 |
| Mailing Address 11515 TROOST | MO (4121 2760 | County JACKSON | DMH Licensed No |
| KANSAS CITY | MO 64131-3769 | Region 3 Medicare/Medicaid | Facility Number 06555 |
| | | | |
| BRISTOL MANOR OF AURORA | | | |
| 740 SOUTH HUDSON | | Telephone (417) 678-7535 | Alzheimer's Unit No |
| AURORA | MO 65605-2512 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 740 SOUTH HUDSON | N | County LAWRENCE | DMH Licensed No |
| AURORA | MO 65605-2512 | Region 1 | Facility Number 20352 |
| | | | |
| BRISTOL MANOR OF BETHANY | | | |
| 811 SOUTH 24TH ST | | Telephone (660) 425-7133 | Alzheimer's Unit No |
| BETHANY | MO 64424-2631 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 811 SOUTH 24TH ST | | County HARRISON | DMH Licensed No |
| BETHANY | MO 64424-2631 | Region 4 | Facility Number 19068 |
| | | | |

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| BRISTOL MANOR OF BOONVILLE | Σ | | |
|-----------------------------------|-----------------|---------------------------------|------------------------|
| 1290 ASHLEY RD | | Telephone (660) 882-3393 | Alzheimer's Unit No |
| BOONVILLE | MO 65233-2108 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1290 ASHLEY RD | | County COOPER | DMH Licensed No |
| BOONVILLE | MO 65233-2108 | Region 6 | Facility Number 17310 |
| | | | |
| BRISTOL MANOR OF BROOKFIEL | LD | | |
| 338 THOMPSON | | Telephone (660) 258-5065 | Alzheimer's Unit No |
| BROOKFIELD | MO 64628-2419 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 338 THOMPSON | | County LINN | DMH Licensed No |
| BROOKFIELD | MO 64628-2419 | Region 5 | Facility Number 18666 |
| | | | |
| BRISTOL MANOR OF BUFFALO | | T. 1 . (417) 245 5500 | All to the track |
| 1002 SOUTH BIRCH | MO (5(22) 0455 | Telephone (417) 345-5500 | Alzheimer's Unit No |
| BUFFALO | MO 65622-9455 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1002 SOUTH BIRCH | | County DALLAS | DMH Licensed No |
| BUFFALO | MO 65622-9455 | Region 1 | Facility Number 18142 |
| BRISTOL MANOR OF BUTLER | | | |
| 411 SOUTH DELAWARE | | Telephone (660) 679-3661 | Alzheimer's Unit No |
| BUTLER | MO 64730-2311 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 411 S DELAWARE | WIO 04730-2311 | County BATES | DMH Licensed No |
| BUTLER | MO 64730-2311 | | |
| BUILER | WO 04730-2311 | Region 3 | Facility Number 18817 |
| BRISTOL MANOR OF CALIFORNI | A | | |
| 605 PARKVIEW DR | | Telephone (573) 796-4342 | Alzheimer's Unit No |
| CALIFORNIA | MO 65018-2001 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 605 PARKVIEW DR | | County MONITEAU | DMH Licensed No |
| CALIFORNIA | MO 65018-2001 | Region 6 | Facility Number 17401 |
| | | | |
| BRISTOL MANOR OF CAMDENTO | N | | |
| 75 FOURTH ST | | Telephone (573) 346-6800 | Alzheimer's Unit No |
| CAMDENTON | MO 65020-6891 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 75 FOURTH ST | | County CAMDEN | DMH Licensed No |
| CAMDENTON | MO 65020-6891 | Region 6 | Facility Number 17914 |
| | | | |
| BRISTOL MANOR OF CAMERON | | | |
| 920 NORTH HARRIS | | Telephone (816) 632-6133 | Alzheimer's Unit No |
| CAMERON | MO 64429-1145 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 920 NORTH HARRIS | | County CLINTON | DMH Licensed No |
| CAMERON | MO 64429-1145 | Region 4 | Facility Number 18295 |
| BRISTOL MANOR OF CARROLLTO | ON | | |
| 1016 EAST 10TH ST | 011 | Telephone (660) 542-2349 | Alzheimer's Unit No |
| CARROLLTON | MO 64633-9348 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1016 EAST 10TH ST | | County CARROLL | DMH Licensed No |
| CARROLLTON | MO 64633-9348 | Region 4 | Facility Number 18316 |
| C. INNOLLI OI | 1110 01033 7310 | Region 7 | 10310 |

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| BRISTOL MANOR OF CARTHAGE | | | |
|--|------------------|--|--|
| 2131 SOUTH RIVER AVE | | Telephone (417) 358-9788 | Alzheimer's Unit No |
| CARTHAGE | MO 64836-3350 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 2131 S RIVER AVE | 3.22 0.000 0.000 | County JASPER | DMH Licensed Yes |
| CARTHAGE | MO 64836-3350 | Region 1 | Facility Number 20858 |
| 6.11.11.162 | 0.000 0.000 | region 1 | 20030 |
| BRISTOL MANOR OF CENTRALIA | | | |
| 610 NORTH JEFFERSON ST | | Telephone (573) 682-5913 | Alzheimer's Unit No |
| CENTRALIA | MO 65240-1178 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 610 NORTH JEFFERS | | County BOONE | DMH Licensed No |
| CENTRALIA | MO 65240-1178 | Region 6 | Facility Number 18286 |
| BRISTOL MANOR OF CLINTON | | | |
| 1402 EAST FRANKLIN | | Telephone (660) 885-8391 | Alzheimer's Unit No |
| CLINTON | MO 64735-1768 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1402 EAST FRANKL | IN | County HENRY | DMH Licensed No |
| CLINTON | MO 64735-1768 | Region 1 | Facility Number 16656 |
| DDICTOL MANOD OF ELDON | | | |
| BRISTOL MANOR OF ELDON 1201 EAST NORTH ST | | T-1 (572) 202 1200 | Alzheimer's Unit No |
| ELDON | MO 65026-2651 | Telephone (573) 392-1200 Level of Care: RCF | Alzheimer's Unit No Bed Capacity 12 |
| Mailing Address 1201 EAST NORTH S | | County MILLER | DMH Licensed No |
| ELDON | MO 65026-2651 | Region 6 | Facility Number 17701 |
| ELDOIV | 110 03020 2031 | Acgion 0 | racinty (uniber 1770) |
| BRISTOL MANOR OF ELSBERRY | | | |
| 1402 RIVERVIEW DR | | Telephone (573) 898-5955 | Alzheimer's Unit No |
| ELSBERRY | MO 63343-1612 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1402 RIVERVIEW DE | | County LINCOLN | DMH Licensed No |
| ELSBERRY | MO 63343-1612 | Region 5 | Facility Number 20015 |
| BRISTOL MANOR OF FULTON | | | |
| 750 SIGN PAINTER ROAD | | Telephone (573) 642-7557 | Alzheimer's Unit No |
| FULTON | MO 65251-2514 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 750 SIGN PAINTER F | RD | County CALLAWAY | DMH Licensed No |
| FULTON | MO 65251-2514 | Region 6 | Facility Number 18575 |
| BRISTOL MANOR OF HOLDEN | | | |
| 501 WEST SECOND | | Telephone (816) 732-6789 | Alzheimer's Unit No |
| HOLDEN | 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 |
| DDICTOL MANOD OF LEFEBROON | CHTV | | |
| BRISTOL MANOR OF JEFFERSON | CILY | Tolonkono (572) 7(1 5772 | Alahaimania IIvit |
| 510 KENSINGTON PARK JEFFERSON CITY | MO 65100 6247 | Telephone (573) 761-5772 Level of Care: RCF | Alzheimer's Unit No |
| | MO 65109-6247 | | Bed Capacity 12 DMH Licensed No |
| Mailing Address 510 KENSINGTON P. JEFFERSON CITY | | · | |
| JEFFERSON CIT I | MO 65109-6247 | Region 6 | Facility Number 20116 |

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| BRISTOL MANOR OF LAMAR | | | |
|--|-----------------|--|----------------------------------|
| 603 EAST 17TH ST | MO (455) 2202 | Telephone (417) 682-6762 | Alzheimer's Unit No |
| LAMAR | MO 64759-2303 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 603 EAST 17TH ST | MO 64750 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 |
| LINCOLN | MO 65338-2587 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 204 SOUTH HIGHWA | | County BENTON | DMH Licensed No |
| LINCOLN | MO 65338-2587 | Region 6 | Facility Number 18092 |
| ERICOER | 110 03330 2307 | Region 0 | 100/2 |
| BRISTOL MANOR OF MACON | | | |
| 707 RANCHLAND DR | | Telephone (660) 385-3020 | Alzheimer's Unit No |
| MACON | MO 63552-1994 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 707 RANCHLAND DR | ₹ | County MACON | DMH Licensed No |
| MACON | MO 63552-1994 | Region 5 | Facility Number 17865 |
| DDIGTON WIND OF WINDSTAND | | | |
| BRISTOL MANOR OF MARCELINE | | T-1 | Al-la-i |
| 102 EAST HAYDEN | MO (4659 2002 | Telephone (660) 376-2210 | Alzheimer's Unit No |
| MARCELINE Mailing Address 102 EAST HAVDEN | MO 64658-2003 | Level of Care: RCF County LINN | Bed Capacity 12 DMH Licensed No |
| Mailing Address 102 EAST HAYDEN MARCELINE | MO 64658-2003 | · | |
| MARCELINE | WO 04038-2003 | Region 5 | Facility Number 17764 |
| BRISTOL MANOR OF MARYVILLE | | | |
| 323 EAST SUMMIT DR | | Telephone (660) 582-4131 | Alzheimer's Unit No |
| MARYVILLE | MO 64468-3619 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 323 EAST SUMMIT D | R | County NODAWAY | DMH Licensed No |
| MARYVILLE | MO 64468-3619 | Region 4 | Facility Number 19843 |
| DDISTOL MANOD OF MONDOF OF | TV. | | |
| BRISTOL MANOR OF MONROE CIT 1017 EAST LAWN ST | l 1 | Telephone (573) 735-3068 | Alzheimer's Unit No |
| MONROE CITY | MO 63456-1433 | Telephone (573) 735-3068 Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1017 EAST LAWN ST | | County MONROE | DMH Licensed Yes |
| MONROE CITY | MO 63456-1433 | Region 5 | Facility Number 20045 |
| MONROE CIT I | 1410 03430-1433 | region 3 | Facility 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 |
| | | | |

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| BRISTOL MANOR OF OAK GROVE | € | | |
|----------------------------------|---------------|---------------------------------|--|
| 300 NORTH AUSTIN | | Telephone (816) 625-8691 | Alzheimer's Unit No |
| OAK GROVE | MO 64075-8109 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 300 N AUSTIN | | County JACKSON | DMH Licensed No |
| OAK GROVE | MO 64075-8109 | Region 3 | Facility Number 16552 |
| BRISTOL MANOR OF ODESSA | | | |
| 115 SOUTH 5TH ST | | Telephone (816) 633-8692 | Alzheimer's Unit No |
| ODESSA | MO 64076-1330 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 115 S 5TH ST | | County LAFAYETTE | DMH Licensed No |
| ODESSA | MO 64076-1330 | Region 3 | Facility Number 16547 |
| BRISTOL MANOR OF PACIFIC | | | |
| 2049 ROSE LN | | Telephone (636) 257-8020 | Alzheimer's Unit No |
| PACIFIC | MO 63069-1165 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 2049 ROSE LN | | County FRANKLIN | DMH Licensed No |
| PACIFIC | MO 63069-1165 | Region 6 | Facility Number 20237 |
| BRISTOL MANOR OF PALMYRA | | | |
| 1815 SOUTH MAIN | | Telephone (573) 769-2127 | Alzheimer's Unit No |
| PALMYRA | MO 63461-1961 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1815 SOUTH MAIN | | County MARION | DMH Licensed No |
| PALMYRA | MO 63461-1961 | Region 5 | Facility Number 20260 |
| BRISTOL MANOR OF PLEASANT I | HILL | | |
| 2124 HIGHRIDGE | | Telephone (816) 987-2562 | Alzheimer's Unit No |
| PLEASANT HILL | MO 64080-1912 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 2124 HIGHRIDGE | | County CASS | DMH Licensed No |
| PLEASANT HILL | MO 64080-1912 | Region 3 | Facility Number 16538 |
| BRISTOL MANOR OF PRINCETON | ſ | | |
| 200 NORTH FULLERTON | | Telephone (660) 748-4354 | Alzheimer's Unit No |
| PRINCETON | MO 64673-1176 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 200 N FULLERTON | | County MERCER | DMH Licensed No |
| PRINCETON | MO 64673-1176 | Region 4 | Facility Number 18846 |
| BRISTOL MANOR OF RAYMORE | | | |
| 604 EAST SUNRISE DR | | Telephone (816) 322-6782 | Alzheimer's Unit No |
| RAYMORE | MO 64083-9037 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 604 EAST SUNRISE | | 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 | | | |
| REPUBLIC | MO 65738-1124 | County GREENE Region 1 | DMH Licensed No Facility Number 20841 |

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| BRISTOL MANOR OF SALISBURY | | | | |
|---|--|---|---|---|
| 102 NORTH WILLIE ST | | Telephone (660) 388-5728 | Alzheimer's Unit | No |
| SALISBURY | MO 65281-1458 | Level of Care: RCF | Bed Capacity | 12 |
| Mailing Address 102 NORTH WILLIE | ST | County CHARITON | DMH Licensed | No |
| 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 | | 12 |
| | | | Bed Capacity | |
| Mailing Address 1208 EAST 24TH ST | | County PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-8231 | Region 6 | Facility Number | 15808 |
| | | | | |
| BRISTOL MANOR OF SMITHVILL | E | T. I. I. (01.6) 522 4400 | A1 1 | N |
| 1502 SOUTH COMMERCIAL | NO 64000 0474 | Telephone (816) 532-4490 | Alzheimer's Unit | No |
| SMITHVILLE | MO 64089-8474 | Level of Care: RCF | Bed Capacity | 12 |
| Mailing Address 1502 S COMMERCIA | | 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 |
| | | | | |
| BRISTOL MANOR OF TRENTON | | | | |
| | | | | |
| 1701 EAST 28TH ST | | Telephone (660) 359-5599 | Alzheimer's Unit | No |
| 1701 EAST 28TH ST TRENTON | MO 64683-1177 | Telephone (660) 359-5599 Level of Care: RCF | Alzheimer's Unit Bed Capacity | No 12 |
| | MO 64683-1177 | • ' | | |
| TRENTON | MO 64683-1177 MO 64683-1177 | Level of Care: RCF | Bed Capacity | 12 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON | MO 64683-1177 | Level of Care: RCF County GRUNDY | Bed Capacity DMH Licensed | 12 No |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL | MO 64683-1177 | Level of Care: RCF County GRUNDY Region 4 | Bed Capacity DMH Licensed Facility Number | 12 No 18597 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH | MO 64683-1177 E | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 12 No 18597 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE | MO 64683-1177 E H MO 63565-1142 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 No 18597 No 12 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 No 18597 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE | MO 64683-1177 E H MO 63565-1142 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 No 18597 No 12 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 No 18597 No 12 No |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG MO 64093-1994 MO 64093-1994 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF County JOHNSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 12 No 18597 No 12 No 19153 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG BRISTOL MANOR OF WARRENTO | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG MO 64093-1994 MO 64093-1994 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF County JOHNSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 No 18597 No 12 No 19153 No 12 No 16599 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG BRISTOL MANOR OF WARRENTO 815 WOOLF ROAD | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG MO 64093-1994 MO 64093-1994 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF County JOHNSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 No 18597 No 12 No 19153 No 12 No 16599 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG BRISTOL MANOR OF WARRENTO 815 WOOLF ROAD WARRENTON | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG MO 64093-1994 MO 64093-1994 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF County JOHNSON Region 3 Telephone (636) 456-1437 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 | 12 No 18597 No 12 No 19153 No 12 No 16599 |
| TRENTON Mailing Address 1701 EAST 28TH ST TRENTON BRISTOL MANOR OF UNIONVILL 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE Mailing Address 715 NORTH 22ND ST UNIONVILLE BRISTOL MANOR OF WARRENSB 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG Mailing Address 603 CREACH WARRENSBURG BRISTOL MANOR OF WARRENTO 815 WOOLF ROAD | MO 64683-1177 E H MO 63565-1142 T, HWY 5 NORTH MO 63565-1142 URG MO 64093-1994 MO 64093-1994 | Level of Care: RCF County GRUNDY Region 4 Telephone (660) 947-2151 Level of Care: RCF County PUTNAM Region 5 Telephone (660) 747-8319 Level of Care: RCF County JOHNSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 12 No 18597 No 12 No 19153 No 12 No 16599 |

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| 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 |
| BRISTOL MANOR OF WASHINGTO | ON | | |
| 100 WEST 12TH ST | OI V | 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 | WIO 03070-4443 | County FRANKLIN | DMH Licensed No |
| WASHINGTON | MO 63090-4445 | Region 6 | |
| WASHINGTON | WO 03090-4443 | kegion 0 | Facility Number 20138 |
| BRISTOL MANOR OF WEBB CITY | | | |
| 1803 NORTH MAIN, HIGHWAY D | | Telephone (417) 673-4231 | Alzheimer's Unit No |
| WEBB CITY | MO 64870-1193 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 1803 NORTH MAIN, | HIGHWAY D | County JASPER | DMH Licensed No |
| WEBB CITY | MO 64870-1193 | Region 1 | Facility Number 20537 |
| | | 8 | · |
| 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 | | 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 | 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 |
| | | ū | |
| BRISTOL MANOR OF WILLARD | | T. 1 (445) 5 10 0000 | |
| 511 WATSON | MO (55701 0014 | Telephone (417) 742-0090 | Alzheimer's Unit No |
| WILLARD | MO 65781-8314 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 511 WATSON | | County GREENE | DMH Licensed No |
| WILLARD | MO 65781-8314 | Region 1 | Facility Number 20838 |
| BROOK CHERITH ASSISTED LIVI | NG | | |
| 104 EAST ELM ST | | Telephone (660) 277-4439 | Alzheimer's Unit No |
| HUNTSVILLE | MO 65259-1111 | Level of Care: ALF | Bed Capacity 38 |
| Mailing Address 104 EAST ELM ST | | County RANDOLPH | DMH Licensed Yes |
| HUNTSVILLE | MO 65259-1111 | Region 5 | Facility Number 10918 |
| DROOKDALE OPENE CORNE | | | |
| ONE NEW PALLAS DLAGE | | Tolonhono (214) 422 5200 | Alahaiman'a IInit |
| ONE NEW BALLAS PLACE | MO 62146 9700 | Telephone (314) 432-5200 | Alzheimer's Unit No |
| CREVE COEUR Moding Address ONE NEW PALLAS | MO 63146-8700 | Level of Care: ALF** | Bed Capacity 46 |
| Mailing Address ONE NEW BALLAS | | County SAINT LOUIS COUNTY | DMH Licensed No |
| CREVE COEUR | MO 63146-8700 | Region 7 | Facility Number 26178 |

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| BROOKDALE WEST COUNTY | | | | |
|--|--|---|---|---|
| 785 HENRY AVE | | Telephone (636) 527-5700 | Alzheimer's Unit | Yes |
| | IO 63011-2736 | Level of Care: ALF** | Bed Capacity | 98 |
| Mailing Address 785 HENRY AVE | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BALLWIN M | IO 63011-2736 | Region 7 | Facility Number | 28149 |
| | | | | |
| BROOKDALE WORNALL PLACE | | | | |
| 501 WEST 107TH ST | | Telephone (816) 941-7777 | Alzheimer's Unit | No |
| KANSAS CITY M | IO 64114-5919 | Level of Care: ALF** | Bed Capacity | 68 |
| Mailing Address 501 WEST 107TH ST | | County JACKSON | DMH Licensed | No |
| KANSAS CITY M | IO 64114-5919 | Region 3 | Facility Number | 29304 |
| | | | | |
| BROOKE HAVEN HEALTHCARE | | | | |
| 1410 NORTH KENTUCKY AVE | | Telephone (417) 256-7975 | Alzheimer's Unit | Yes |
| | IO 65775-1822 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1410 NORTH KENTUCH | | County HOWELL | DMH Licensed | No |
| _ | IO 65775-1822 | Region 2 Medicare/Medicaid | Facility Number | 06253 |
| ,, <u>20112.m</u> , <u>0</u> | 1022 | region 2 Medicard Medicard | Tuestoy Tumber | 00233 |
| | | | | |
| BROOKHAVEN NURSING & REHAB | | | | |
| 3405 WEST MT VERNON | | Telephone (417) 874-9600 | Alzheimer's Unit | No |
| | IO 65802-5241 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 3405 WEST MT VERNO | | County GREENE | DMH Licensed | No |
| SPRINGFIELD M | IO 65802-5241 | Region 1 Medicare/Medicaid | Facility Number | 09512 |
| | | | | |
| | | | | |
| BROOKING PARK | | | | |
| BROOKING PARK 307 SOUTH WOODS MILL RD | | Telephone (314) 576-5545 | Alzheimer's Unit | No |
| 307 SOUTH WOODS MILL RD | IO 63017-3418 | Level of Care: SNF | Alzheimer's Unit Bed Capacity | No 97 |
| 307 SOUTH WOODS MILL RD | | • ' | | |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS ME | | Level of Care: SNF | Bed Capacity | 97 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MI | LL RD | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 97 No |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MI | LL RD | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 97 No |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MI CHESTERFIELD M | LL RD | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 97 No |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD | LL RD | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 97 No 14661 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD | LL RD IO 63017-3418 IO 63017-3418 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 97 No 14661 Yes |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL | LL RD IO 63017-3418 IO 63017-3418 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 97 No 14661 Yes 93 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL | LL RD IO 63017-3418 IO 63017-3418 LL RD | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 97 No 14661 Yes 93 No |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M M M M M M M M M M M M M | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 97 No 14661 Yes 93 No |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 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 | 97 No 14661 Yes 93 No 14661 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL CO 2434 HIGHWAY H | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 97 No 14661 Yes 93 No 14661 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C 2434 HIGHWAY H FARMINGTON M | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 97 No 14661 Yes 93 No 14661 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 97 No 14661 Yes 93 No 14661 No 20 Yes |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 97 No 14661 Yes 93 No 14661 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL OF STANKINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 97 No 14661 Yes 93 No 14661 No 20 Yes |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M BRUNSWICK NURSING & REHAB | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS Region 2 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 97 No 14661 Yes 93 No 14661 No 20 Yes 20034 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL C 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M BRUNSWICK NURSING & REHAB 721 W HARRISON ST | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS Region 2 Telephone (660) 548-3182 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 97 No 14661 Yes 93 No 14661 No 20 Yes 20034 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL CO 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M BRUNSWICK NURSING & REHAB 721 W HARRISON ST BRUNSWICK M | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS Region 2 Telephone (660) 548-3182 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 | 97 No 14661 Yes 93 No 14661 No 20 Yes 20034 |
| 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKING PARK 307 SOUTH WOODS MILL RD CHESTERFIELD M Mailing Address 307 SOUTH WOODS MIL CHESTERFIELD M BROOKSIDE MANOR RESIDENTIAL OF STANFOLD MIL 2434 HIGHWAY H FARMINGTON M Mailing Address 2434 HIGHWAY H FARMINGTON M BRUNSWICK NURSING & REHAB 721 W HARRISON ST BRUNSWICK MARRISON ST BRUNSWICK MARRISON ST | LL RD IO 63017-3418 IO 63017-3418 LL RD IO 63017-3418 CARE, LLC IO 63640-7033 IO 63640-7033 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 576-5545 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (573) 756-6434 Level of Care: RCF* County SAINT FRANCOIS Region 2 Telephone (660) 548-3182 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 97 No 14661 Yes 93 No 14661 No 20 Yes 20034 |

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

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

| BUFFALO PRAIRIE CENTER FOR RE | EHAB AND HEALTHCARE | | |
|--|---------------------|---------------------------------|--|
| 631 WEST MAIN ST | | Telephone (417) 345-5422 | Alzheimer's Unit NO |
| BUFFALO | MO 65622-7496 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 631 WEST MAIN ST | | County DALLAS | DMH Licensed No |
| BUFFALO | MO 65622-7496 | Region 1 Medicare/Medicaid | Facility Number 16700 |
| | | | |
| BUNGALOWS AT BRANSON MEADO | OWS, THE | | |
| 5351 GRETNA ROAD | | Telephone (417) 334-3336 | Alzheimer's Unit No |
| BRANSON | MO 65616-7298 | Level of Care: RCF | Bed Capacity 104 |
| Mailing Address 5351 GRETNA RD | | County TANEY | DMH Licensed No |
| BRANSON | MO 65616-7298 | Region 1 | Facility Number 23683 |
| DINGALOWG AT CHECTEDEIELD W | THE ACTE OF THE | | |
| BUNGALOWS AT CHESTERFIELD V | ILLAGE, THE | Talanhana (417) 896 4000 | Alabaiman's Unit No |
| 2410 WEST CHESTERFIELD BLVD | MO (5907-9/21 | Telephone (417) 886-4000 | Alzheimer's Unit No Bed Capacity 92 |
| | MO 65807-8631 | Level of Care: RCF | |
| Mailing Address 2410 W CHESTERFIEL SPRINGFIELD | | County GREENE | |
| SPRINGFIELD | MO 65807-8631 | Region 1 | Facility Number 22584 |
| BUNGALOWS AT NEVADA, THE | | | |
| 640 EAST HIGHLAND | | Telephone (417) 667-3883 | Alzheimer's Unit No |
| | MO 64772-1091 | Level of Care: RCF | Bed Capacity 37 |
| Mailing Address 640 EAST HIGHLAND | | County VERNON | DMH Licensed No |
| e e e e e e e e e e e e e e e e e e e | MO 64772-1091 | Region 1 | Facility Number 23732 |
| | | | • |
| BUNGALOWS AT SPRINGFIELD EAS | ST, THE | | |
| 3540 EAST CHEROKEE | | Telephone (417) 889-2222 | Alzheimer's Unit No |
| SPRINGFIELD | MO 65809-2828 | Level of Care: RCF | Bed Capacity 67 |
| Mailing Address 3540 EAST CHEROKEI | E | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65809-2828 | Region 1 | Facility Number 21025 |
| BUNKER RESIDENTIAL HOME | | | |
| 500 CULLER AVE | | Telephone (573) 689-1392 | Alzheimer's Unit No |
| | MO 63629- | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address PO BOX 276 | | County REYNOLDS | DMH Licensed Yes |
| e e e e e e e e e e e e e e e e e e e | MO 63629-0276 | Region 2 | Facility Number 16882 |
| | | region - | 10002 |
| BURLINGTON CREEK SENIOR LIVIN | NG,THE | | |
| 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 448 NORTH LASALLE | DRIVE FLOOR 2 | County PLATTE | DMH Licensed No |
| CHICAGO | MO 60654-4518 | Region 4 | Facility Number 30198 |
| BUTLER REHAB AND HEALTHCAR | F CENTER | | |
| 416 SOUTH HIGH ST | COLUER | Telephone (660) 679-6158 | Alzheimer's Unit No |
| | MO 64730-1827 | Level of Care: SNF | Bed Capacity 98 |
| Mailing Address 416 S HIGH ST | | County BATES | DMH Licensed No |
| • | MO 64730-1827 | Region 3 Medicare/Medicaid | Facility Number 08627 |
| | · | - miculcai (miculcaiu | 00027 |

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

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

| 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 | 66 |
| Mailing Address 1120 N BUTTERFIE | ELD RD | County POLK | DMH Licensed | No |
| BOLIVAR | MO 65613-1000 | Region 1 | Facility Number | 14436 |
| | | | | |
| BUTTERFIELD RESIDENTIAL CA | RE CENTER | | | |
| 1120 NORTH BUTTERFIELD RD | | Telephone (417) 326-5200 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-1000 | Level of Care: RCF | Bed Capacity | 24 |
| Mailing Address 1120 N BUTTERFIE | | County POLK | DMH Licensed | No |
| BOLIVAR | MO 65613-1000 | Region 1 | Facility Number | 14436 |
| 2022 | 110 02012 1000 | Region 1 | Tuellity Tulliser | 14430 |
| DATE (CONTROL DATE AND A STANDARD OF THE CONTROL DATE OF THE CONTR | | | | |
| BUTTERFLY HAVEN 11500 CAMPBELL ST | | Telephone (816) 941-2836 | Alzheimer's Unit | No |
| | MO 64121 2920 | | Bed Capacity | |
| KANSAS CITY | MO 64131-3829 | Level of Care: RCF County JACKSON | DMH Licensed | 12 Yes |
| Mailing Address PO BOX 481578 | MO (4140 1570 | · | | |
| KANSAS CITY | MO 64148-1578 | Region 3 | Facility Number | 18207 |
| | | | | |
| CALIFORNIA CARE CENTER | | m (572) 50 c 2127 | | 3.7 |
| 1106 SOUTH OAK, ROUTE 3 | 140 (5010 1462 | Telephone (573) 796-3127 | Alzheimer's Unit | No |
| CALIFORNIA | MO 65018-1462 | Level of Care: SNF | Bed Capacity | 60 N |
| Mailing Address 1106 SOUTH OAK, | | County MONITEAU | DMH Licensed | No |
| CALIFORNIA | MO 65018-1462 | Region 6 Medicare/Medicaid | Facility Number | 10437 |
| | | | | |
| GARAGE WINDOW | a | | | |
| CAMDENTON WINDSOR ESTATE | s | Th. 1. (570) 246 5654 | | |
| 2042 N BUSINESS ROUTE 5 | | Telephone (573) 346-5654 | Alzheimer's Unit | No |
| 2042 N BUSINESS ROUTE 5 CAMDENTON | MO 65020-2611 | Level of Care: SNF | Bed Capacity | 82 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F | MO 65020-2611 ROUTE 5 | Level of Care: SNF County CAMDEN | Bed Capacity DMH Licensed | 82 No |
| 2042 N BUSINESS ROUTE 5 CAMDENTON | MO 65020-2611 | Level of Care: SNF | Bed Capacity | 82 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON | MO 65020-2611 ROUTE 5 MO 65020-2611 | Level of Care: SNF County CAMDEN | Bed Capacity DMH Licensed | 82 No |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE | MO 65020-2611 ROUTE 5 MO 65020-2611 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 82 No 08688 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 82 No 08688 NO |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 82 No 08688 NO 97 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 82 No 08688 NO 97 No |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 82 No 08688 NO 97 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 82 No 08688 NO 97 No |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 DN DRIVE MO 63640-2161 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS E CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYOF FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE MO 63640-2161 MO 64429-2003 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 DN DRIVE MO 63640-2161 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 CAMERON | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE MO 63640-2161 MO 64429-2003 MO 64429-0438 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 82 No 08688 NO 97 No 00978 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 CAMERON CAMPBELL HEALTHCARE & SEN | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE MO 63640-2161 MO 64429-2003 MO 64429-0438 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON 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 | 82 No 08688 NO 97 No 00978 No 120 No 00983 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 CAMERON CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62 | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 DN DRIVE MO 63640-2161 MO 64429-2003 MO 64429-0438 NIOR LIVING | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid Telephone (573) 246-2155 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 82 No 08688 NO 97 No 00978 No 120 No 00983 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 CAMERON CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62 CAMPBELL | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 ON DRIVE MO 63640-2161 MO 64429-2003 MO 64429-0438 | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid Telephone (573) 246-2155 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 | 82 No 08688 NO 97 No 00978 No 120 No 00983 |
| 2042 N BUSINESS ROUTE 5 CAMDENTON Mailing Address 2042 N BUSINESS F CAMDENTON CAMELOT NURSING AND REHAE 705 GRAND CANYON DRIVE FARMINGTON Mailing Address 705 GRAND CANYO FARMINGTON CAMERON NURSING CENTER 801 EUCLID AVE CAMERON Mailing Address PO BOX 438 CAMERON CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62 | MO 65020-2611 ROUTE 5 MO 65020-2611 BILITATION CENTER MO 63640-2161 DN DRIVE MO 63640-2161 MO 64429-2003 MO 64429-0438 NIOR LIVING | Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid Telephone (573) 756-8911 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid Telephone (816) 632-7254 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid Telephone (573) 246-2155 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 82 No 08688 NO 97 No 00978 No 120 No 00983 |

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| CAPE ALBEON | | | | |
|--|--|---|---|---|
| 3300 LAKE BEND DR | Telep | | Alzheimer's Unit | Yes |
| | | | Bed Capacity | 100 |
| Mailing Address 3300 LAKE BEND DR | Count | • | DMH Licensed | No |
| VALLEY PARK MO 6. | 3088-2524 Regio | on 7 | Facility Number 2 | 2838 |
| | | | | |
| CAPETOWN ASSISTED LIVING | | | | |
| 2857 CAPE LACROIX RD | Telep | | Alzheimer's Unit | Yes |
| | | | Bed Capacity | 48 |
| Mailing Address 2857 CAPE LACROIX RD | Count | • | DMH Licensed | No |
| CAPE GIRARDEAU MO 6 | 3701-8588 Regio | on 2 | Facility Number 2 | 3989 |
| CAREGIVERS INN | | | | |
| 1297 FEISE RD | Telep | ohone (636) 240-7979 | Alzheimer's Unit | Yes |
| | - | | Bed Capacity | 30 |
| Mailing Address 1297 FEISE RD | Count | | DMH Licensed | No |
| 0 | 3368-6710 Regio | • | | 5342 |
| DINGER VET NUMBER | Kegio | on 3 | Tuellity Ivalliser | .5542 |
| CARL JUNCTION RESIDENTIAL CARE | | | | |
| 201 FIR RD | Telep | chone (417) 782-5659 | Alzheimer's Unit | No |
| CARL JUNCTION MO 6 | 4834-9222 Level | l of Care: RCF* | Bed Capacity | 37 |
| Mailing Address 201 FIR RD | Count | nty JASPER | DMH Licensed | No |
| CARL JUNCTION MO 6 | 4834-9222 Regio | on 1 | Facility Number 2 | 20550 |
| | | | | |
| | | | | |
| CARMEL HILLS WELLNESS & REHABILI | TATION | | | |
| CARMEL HILLS WELLNESS & REHABILI' 810 EAST WALNUT ST | TATION Telepi | phone (816) 461-9600 | Alzheimer's Unit | Yes |
| 810 EAST WALNUT ST | Telep | | Alzheimer's Unit Bed Capacity | Yes 194 |
| 810 EAST WALNUT ST | Telep | l of Care: SNF | Bed Capacity DMH Licensed | |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST | Telepi 4050-4025 Level | l of Care: SNF nty JACKSON | Bed Capacity DMH Licensed | 194 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 | Telepi 4050-4025 Level Count 4050-4025 Regio | l of Care: SNF nty JACKSON | Bed Capacity DMH Licensed | 194 No |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 6 | Telepi 4050-4025 Level Count 4050-4025 Regio | l of Care: SNF nty JACKSON on 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number 2 | 194 No 23422 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION & 105 BERNARD DRIVE | Telepi 4050-4025 Level Count 4050-4025 Regio | ohone (816) 348-8815 | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit | 194 No 23422 No |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level | l of Care: SNF ty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity | 194 No 23422 No 78 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count | l of Care: SNF nty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF nty CASS | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 No |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 6 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level | l of Care: SNF nty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF nty CASS | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF nty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF nty CASS | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 No |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 No |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 | 194 No 23422 No 78 No 60531 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit | 194 No 23422 No 78 No 50531 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 No 30531 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed | 194 No 23422 No 78 No 30531 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 CARONDELET RETIREMENT MANOR | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS on 3 | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 | No 78 No 85 No 85 No 25482 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 CARONDELET RETIREMENT MANOR 6811 MICHIGAN | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS on 3 | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 | No 78 No 85 No 85 No 25482 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 CARONDELET RETIREMENT MANOR 6811 MICHIGAN SAINT LOUIS MO 6 | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio MMUNITY Telepi 4012-6182 Level Count 4012-6182 Regio Telepi 3111-2834 Level | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS on 3 | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | No 78 No 80531 No 85 No 25482 No 34 |
| 810 EAST WALNUT ST INDEPENDENCE MO 6 Mailing Address 810 EAST WALNUT ST INDEPENDENCE MO 6 CARNEGIE VILLAGE REHABILITATION 8 105 BERNARD DRIVE BELTON MO 6 Mailing Address 105 BERNARD DRIVE BELTON MO 6 CARNEGIE VILLAGE SENIOR LIVING CO 103 BERNARD DR BELTON MO 6 Mailing Address 103 BERNARD DR BELTON MO 6 CARONDELET RETIREMENT MANOR 6811 MICHIGAN SAINT LOUIS MO 6 Mailing Address PO BOX 37073 | Telepi 4050-4025 Level Count 4050-4025 Regio & HEALTH CARE CENTER, LLC Telepi 4012-6181 Level Count 4012-6181 Regio | l of Care: SNF hty JACKSON on 3 Medicare/Medicaid phone (816) 348-8815 l of Care: SNF hty CASS on 3 Medicare/Medicaid phone (816) 322-0844 l of Care: ALF** hty CASS on 3 | Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 3 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 2 Alzheimer's Unit Bed Capacity DMH Licensed | No 78 No 85 No 85 No 25482 |

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| CARRIAGE RESIDENTIAL CARE | CENTER LLC | | | |
|---|-------------------------|---|---------------------------|----------|
| 508 NORTH WASHINGTON ST | | Telephone (573) 756-8140 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-1756 | Level of Care: RCF* | Bed Capacity | 20 |
| Mailing Address PO BOX 272 | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-0675 | Region 2 | Facility Number 0 | 7824 |
| | | | | |
| CARRIAGE SOUARE REHAR AND | THE AT THICA DE CENTED | | | |
| CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD | HEALTHCARE CENTER | T-11 (916) 264 1526 | A 1-1 | No |
| SAINT JOSEPH | MO 64506-1864 | Telephone (816) 364-1526 Level of Care: RCF* | Alzheimer's Unit | No 32 |
| Mailing Address 4009 GENE FIELD R | | | Bed Capacity DMH Licensed | No |
| SAINT JOSEPH | MO 64506-1864 | | | |
| SAINI JOSEPH | WO 04300-1804 | Region 4 | Facility Number 0 | 1061 |
| | | | | |
| CARRIAGE SQUARE REHAB AND | HEALTHCARE CENTER | | | |
| 4009 GENE FIELD RD | | Telephone (816) 364-1526 | Alzheimer's Unit | No |
| SAINT JOSEPH | MO 64506-1864 | Level of Care: SNF | Bed Capacity | 130 |
| Mailing Address 4009 GENE FIELD R | dD. | County BUCHANAN | DMH Licensed | No |
| SAINT JOSEPH | MO 64506-1864 | Region 4 Medicare/Medicaid | Facility Number 0 | 1061 |
| | | | | |
| CARRIE DUMAS LONG TERM CAI | RE FACILITY | | | |
| 2836 BENTON BLVD | | Telephone (816) 924-5017 | Alzheimer's Unit | No |
| KANSAS CITY | MO 64128-1140 | Level of Care: ALF | Bed Capacity | 34 |
| Mailing Address 2836 BENTON BLV | D | County JACKSON | DMH Licensed | Yes |
| KANSAS CITY | MO 64128-1140 | Region 3 | Facility Number 1 | 8550 |
| | | | · | |
| a | | | | |
| CARRIE ELLIGSON GIETNER HO | ME | T. I. I. (214) 752 0000 | | |
| 5000 SOUTH BROADWAY | 3.50 50444 5045 | Telephone (314) 752-0000 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63111-2015 | Level of Care: SNF | Bed Capacity | 130 |
| Mailing Address 5000 S BROADWAY | | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS | MO 63111-2015 | Region 7 Medicare/Medicaid | Facility Number 0 | 2877 |
| | | | | |
| CARROLL HOUSE | | | | |
| 307 GRAND | | Telephone (660) 542-1599 | Alzheimer's Unit | No |
| CARROLLTON | MO 64633-2265 | Level of Care: SNF | Bed Capacity | 63 |
| Mailing Address 307 GRAND | | County CARROLL | DMH Licensed | No |
| CARROLLTON | MO 64633-2265 | Region 4 Medicare/Medicaid | Facility Number 2 | 2027 |
| | | | | |
| CARTHAGE HEALTH AND REHAI | BILITATION CENTER | | | |
| 1901 BUENA VISTA AVE | | Telephone (417) 358-1937 | Alzheimer's Unit | Yes |
| CARTHAGE | MO 64836-3178 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1901 BUENA VISTA | AVE | County JASPER | DMH Licensed | No |
| CARTHAGE | MO 64836-3178 | Region 1 Medicare/Medicaid | Facility Number 1 | 2472 |
| | | G | • | |
| CACCUILLE HEALTH CENTER EO | D DEHAD AND HEAT THOADE | | | |
| CASSVILLE HEALTH CENTER FO 1300 COUNTY FARM RD | K KEHAB AND HEALTHUAKE | Tolonhono (417) 947 2296 | Alzheimer's Unit | No |
| | MO 65625 1726 | Telephone (417) 847-3386 | | No 60 |
| CASSVILLE Mailing Address 1200 COUNTY FAR | MO 65625-1726 | Level of Care: SNF | Bed Capacity | 60 No |
| Mailing Address 1300 COUNTY FAR | | County BARRY | DMH Licensed | No |
| CASSVILLE | MO 65625-1726 | Region 1 Medicare/Medicaid | Facility Number 0 | 1097 |

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| CASTLEWOOD SENIOR LIVING TH | | | |
|---|---|---|---|
| | Œ | | |
| 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 | ROAD | County CHRISTIAN | DMH Licensed No |
| NIXA | MO 65714-9902 | Region 1 | Facility Number 30722 |
| | | | |
| CEDAR KNOLL PARTNERSHIP | | | |
| 13635 STATE ROUTE V | | Telephone (573) 265-3658 | Alzheimer's Unit No |
| SAINT JAMES | MO 65559-8331 | Level of Care: ALF | Bed Capacity 32 |
| Mailing Address 13635 STATE ROUTE | : V | County PHELPS | DMH Licensed Yes |
| SAINT JAMES | MO 65559-8331 | Region 6 | Facility Number 01142 |
| | | | |
| CEDAR POINTE | | | |
| 1800 WHITE COLUMNS DR | | Telephone (573) 364-7766 | Alzheimer's Unit Yes |
| ROLLA | MO 65401-2044 | Level of Care: SNF | Bed Capacity 102 |
| Mailing Address 1800 WHITE COLUM | NS DR | County PHELPS | DMH Licensed No |
| ROLLA | MO 65401-2044 | Region 6 Medicare/Medicaid | Facility Number 06801 |
| | | region s medical contenta | - 1111111111111111111111111111111111111 |
| CEDAR RIDGE CARE CENTER, LLC | C | | |
| 71 SYCAMORE | | Telephone (417) 847-5546 | Alzheimer's Unit No |
| CASSVILLE | MO 65625-1755 | Level of Care: RCF* | Bed Capacity 30 |
| Mailing Address PO BOX 633 | 110 03023 1733 | County BARRY | DMH Licensed Yes |
| CASSVILLE | MO 65625-0633 | | |
| CASSVILLE | WO 03023-0033 | Region 1 | Facility Number 15295 |
| CEDARGATE HEALTHCARE | | | |
| 2350 KANELL BLVD | | Telephone (573) 785-0188 | Alzheimer's Unit No |
| 2330 KINCELL DE VD | | | Mizhellier 5 Chit |
| POPLAR BLUEF | MO 63901-4036 | • ' ' | Red Canacity 16 |
| POPLAR BLUFF Mailing Address 2350 KANELL BLVD | MO 63901-4036 | Level of Care: ALF | Bed Capacity 16 |
| Mailing Address 2350 KANELL BLVD | | Level of Care: ALF County BUTLER | DMH Licensed No |
| | MO 63901-4036 MO 63901-4036 | Level of Care: ALF | |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF | | Level of Care: ALF County BUTLER | DMH Licensed No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE | | Level of Care: ALF County BUTLER Region 2 | DMH Licensed No Facility Number 01182 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD | MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 | DMH Licensed No Facility Number 01182 Alzheimer's Unit No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF | | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD | MO 63901-4036 MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF | MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF | MO 63901-4036 MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD | MO 63901-4036 MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD | MO 63901-4036 MO 63901-4036 MO 63901-4036 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD CEDARHURST OF BLUE SPRINGS | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 32428 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 32428 Alzheimer's Unit Yes |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 32428 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 32428 |
| Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARGATE HEALTHCARE 2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE | MO 63901-4036 MO 63901-4036 MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 | Level of Care: ALF County BUTLER Region 2 Telephone (573) 785-0188 Level of Care: SNF County BUTLER Region 2 Medicare/Medicaid Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 | DMH Licensed No Facility Number 01182 Alzheimer's Unit No Bed Capacity 108 DMH Licensed No Facility Number 01182 Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 32428 Alzheimer's Unit Yes |

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

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

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

| CEDARHURST OF COLUMBIA | | | |
|---|--|---|---|
| 2333 CHAPEL HILL RD | Telephone (573) 234-1091 | Alzheimer's Unit | Yes |
| COLUMBIA MO 65203-1537 | Level of Care: ALF** | Bed Capacity | 127 |
| Mailing Address 2333 CHAPEL HILL RD | County BOONE | DMH Licensed | No |
| COLUMBIA MO 65203-1537 | Region 6 | Facility Number | 29874 |
| | | | |
| CEDARHURST OF DES PERES | | | |
| 12826 DAYLIGHT CIRCLE | Telephone (314) 916-6614 | Alzheimer's Unit | Yes |
| SAINT LOUIS MO 63131-1890 | Level of Care: ALF** | Bed Capacity | 76 |
| Mailing Address 12826 DAYLIGHT CIRCLE | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63131-1890 | Region 7 | Facility Number | 30351 |
| SAIRT LOUIS WIO 03131-1690 | Kegion / | racinty Number | 30331 |
| | | | |
| CEDARHURST OF FARMINGTON | | | |
| 200 MAPLE VALLEY DRIVE | Telephone (573) 713-9150 | Alzheimer's Unit | Yes |
| FARMINGTON MO 63640-7331 | Level of Care: ALF** | Bed Capacity | 84 |
| Mailing Address 200 MAPLE VALLEY DRIVE | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON MO 63640-7331 | Region 2 | Facility Number | 32159 |
| | | | |
| CEDARHURST OF LEBANON ASSISTED LIVING & MEMO | DRY CARE | | |
| 842 LYNN STREET | Telephone (417) 815-0122 | Alzheimer's Unit | Yes |
| LEBANON MO 65536-3832 | Level of Care: ALF** | | 90 |
| | | Bed Capacity | |
| Mailing Address 842 LYNN STREET | County LACLEDE | DMH Licensed | No |
| LEBANON MO 65536-3832 | Region 1 | Facility Number | 31890 |
| | | | |
| | | | |
| CEDARHURST OF SPRINGFIELD | | | |
| CEDARHURST OF SPRINGFIELD 1146 EAST LAKEWOOD ST | Telephone (417) 885-9050 | Alzheimer's Unit | Yes |
| | Telephone (417) 885-9050 Level of Care: ALF** | Alzheimer's Unit Bed Capacity | Yes 66 |
| 1146 EAST LAKEWOOD ST | • | | |
| 1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 | Level of Care: ALF** | Bed Capacity | 66 |
| 1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST | Level of Care: ALF** County GREENE | Bed Capacity DMH Licensed | 66 No |
| 1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 | Level of Care: ALF** County GREENE Region 1 | Bed Capacity DMH Licensed | 66 No |
| 1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME | Level of Care: ALF** County GREENE Region 1 | Bed Capacity DMH Licensed Facility Number | 66 No 28295 |
| 1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE | Level of Care: ALF** County GREENE Region 1 EMORY CARE Telephone (636) 255-8094 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 66 No 28295 Yes |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 66 No 28295 Yes 155 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 66 No 28295 Yes 155 No |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 66 No 28295 Yes 155 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 66 No 28295 Yes 155 No |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 66 No 28295 Yes 155 No |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 66 No 28295 Yes 155 No |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 66 No 28295 Yes 155 No 30676 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 66 No 28295 Yes 155 No 30676 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 66 No 28295 Yes 155 No 30676 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 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 | 66 No 28295 Yes 155 No 30676 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 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 | 66 No 28295 Yes 155 No 30676 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 CEDARHURST OF WEST PLAINS | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 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 | 66 No 28295 Yes 155 No 30676 No 79 No 13663 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 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 | 66 No 28295 Yes 155 No 30676 No 79 No 13663 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 65775-9809 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7 Telephone (417) 372-8940 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 | 66 No 28295 Yes 155 No 30676 No 79 No 13663 |
| SPRINGFIELD MO 65810-2614 Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614 CEDARHURST OF ST. CHARLES ASSISTED LIVING & ME 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 63301-1646 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 63128-2160 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 | Level of Care: ALF** County GREENE Region 1 CMORY CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5 Telephone (314) 849-1366 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 | 66 No 28295 Yes 155 No 30676 No 79 No 13663 |

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

| CEDARS OF LIBERTY HEALTH CAI | RE CENTER | | |
|-----------------------------------|-----------------|---------------------------------|-----------------------|
| 200 WEST RUTH EWING RD | | Telephone (816) 781-7600 | Alzheimer's Unit No |
| LIBERTY | MO 64068-9496 | Level of Care: RCF | Bed Capacity 206 |
| Mailing Address 200 WEST RUTH EWI | NG RD | County CLAY | DMH Licensed Yes |
| LIBERTY | MO 64068-9496 | Region 4 | Facility Number 13854 |
| | | | |
| CENTRAL GARDENS INC | | | |
| 302 NORTH ELM ST | | Telephone (573) 624-0011 | Alzheimer's Unit No |
| DEXTER | MO 63841-1773 | Level of Care: RCF* | Bed Capacity 83 |
| Mailing Address 302 NORTH ELM ST | | County STODDARD | DMH Licensed No |
| DEXTER | MO 63841-1773 | Region 2 | Facility Number 18858 |
| | | | |
| CENTRAL RESIDENCE, THE | | | |
| 5143 WATERMAN BLVD | | Telephone (314) 367-5620 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63108-1103 | Level of Care: RCF* | Bed Capacity 41 |
| Mailing Address 5143 WATERMAN BL | | County SAINT LOUIS CITY | DMH Licensed Yes |
| SAINT LOUIS | MO 63108-1103 | Region 7 | Facility Number 02785 |
| S.M.VI ECCIS | NIO 03100 1103 | region / | 1 defined 1 (days) |
| CENTURY PINES ASSISTED LIVING | | | |
| 709 EAST MCCRACKEN RD | | Telephone (417) 581-7278 | Alzheimer's Unit No |
| OZARK | MO 65721-9499 | Level of Care: ALF** | Bed Capacity 23 |
| Mailing Address 709 EAST MCCRACK | | County CHRISTIAN | DMH Licensed No |
| OZARK | MO 65721-9499 | Region 1 | Facility Number 01200 |
| OLI IKK | NIO 03721 7477 | Kegion 1 | racinty Number 01200 |
| CENTURY PINES ASSISTED LIVING | | | |
| 709 EAST MCCRACKEN RD | | Telephone (417) 581-7278 | Alzheimer's Unit No |
| OZARK | MO 65721-9499 | Level of Care: ALF | Bed Capacity 80 |
| Mailing Address 709 EAST MCCRACK | | County CHRISTIAN | DMH Licensed Yes |
| OZARK | MO 65721-9499 | Region 1 | Facility Number 01200 |
| OZAMAN | 110 03/21 / 1// | region 1 | Tuellity Number 01200 |
| CHAFFEE NURSING CENTER | | | |
| 12273 STATE HIGHWAY 77 | | Telephone (573) 887-3615 | Alzheimer's Unit No |
| CHAFFEE | MO 63740-8219 | Level of Care: SNF | Bed Capacity 71 |
| Mailing Address 12273 STATE HIGHW | AY 77 | County SCOTT | DMH Licensed No |
| CHAFFEE | MO 63740-8219 | Region 2 Medicare/Medicaid | Facility Number 13652 |
| | | | |
| CHARITON PARK HEALTH CARE C | ENTER | | |
| 902 MANOR DR | | Telephone (660) 388-6486 | Alzheimer's Unit No |
| SALISBURY | MO 65281-1236 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 902 MANOR DR | | County CHARITON | DMH Licensed No |
| SALISBURY | MO 65281-1236 | Region 5 Medicare/Medicaid | Facility Number 06469 |
| | | | |
| CHARLESTON MANOR | | | |
| 1220 EAST MARSHALL | | Telephone (573) 683-3721 | Alzheimer's Unit Yes |
| CHARLESTON | MO 63834-1349 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 1220 EAST MARSHAI | | County MISSISSIPPI | DMH Licensed No |
| CHARLESTON | MO 63834-1349 | Region 2 Medicare/Medicaid | Facility Number 01251 |

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| CHATEAU ANN MARIE | | | | |
|--|---|--|---|---|
| 7700 MINNESOTA AVE | _ | phone (314) 449-1497 | Alzheimer's Unit | No |
| | | | Bed Capacity | 22 |
| Mailing Address 7700 MINNESOTA AVE | Coun | • | DMH Licensed | Yes |
| SAINT LOUIS MO | 63111-3336 Regio | on 7 | Facility Number | 14711 |
| | | | | |
| CHATEAU GIRARDEAU | | | | |
| 3120 INDEPENDENCE ST | _ | phone (573) 335-1281 | Alzheimer's Unit | No |
| | | | Bed Capacity | 75 |
| Mailing Address 3120 INDEPENDENCE ST | Coun | | DMH Licensed | No |
| CAPE GIRARDEAU MO | 63703-5043 Regio | on 2 Medicare/Medicaid | Facility Number | 01386 |
| CHATEAU GIRARDEAU | | | | |
| 3120 INDEPENDENCE ST | Talar | ohone (573) 335-1281 | Alzheimer's Unit | No |
| | • | · · · · | Bed Capacity | 55 |
| Mailing Address 3120 INDEPENDENCE ST | Coun | | DMH Licensed | No |
| _ | 63703-5043 Regio | • | Facility Number | 01386 |
| CALL ONG MELATE | Negit | on 2 | Tacinty (valide) | 01360 |
| CHEROKEE RESIDENTIAL CARE ACQU | ISITION, LLC | | | |
| 3409 MISSOURI AVE | Telep | chone (314) 771-8360 | Alzheimer's Unit | No |
| SAINT LOUIS MO | 63118-3236 Level | l of Care: RCF* | Bed Capacity | 34 |
| Mailing Address 3409 MISSOURI AVE | Coun | nty SAINT LOUIS CITY | DMH Licensed | Yes |
| SAINT LOUIS MO | 63118-3236 Regio | on 7 | Facility Number | 14047 |
| | | | | |
| | | | | |
| CHESTERFIELD VILLAS | | | | |
| 14901 N OUTER 40 RD | • | phone (636) 532-9296 | Alzheimer's Unit | No |
| 14901 N OUTER 40 RD CHESTERFIELD MO | 63017-6034 Level | l of Care: ALF | Bed Capacity | 54 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD | 63017-6034 Level | l of Care: ALF nty SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 54 No |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD | 63017-6034 Level | l of Care: ALF nty SAINT LOUIS COUNTY | Bed Capacity | 54 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO | 63017-6034 Level Coun 63017-6034 Regio | l of Care: ALF nty SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 54 No |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD | 63017-6034 Level Coun 63017-6034 Regio | l of Care: ALF nty SAINT LOUIS COUNTY on 7 | Bed Capacity DMH Licensed Facility Number | 54 No |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING | 63017-6034 Level Coun 63017-6034 Regio | on 7 ALF SAINT LOUIS COUNTY On 7 (636) 928-4200 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 54 No 29067 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level | on 7 Other (636) 928-4200 I of Care: ALF** | Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level | on 7 chone (636) 928-4200 l of Care: ALF** ty SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 54 No 29067 Yes 74 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level G Coun | on 7 chone (636) 928-4200 l of Care: ALF** ty SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 54 No 29067 Yes 74 No |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level G Coun | on 7 chone (636) 928-4200 l of Care: ALF** ty SAINT CHARLES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 54 No 29067 Yes 74 No |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 63376-5394 Regio | ohone (314) 843-4242 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No |
| CHESTRIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING I 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level 63376-5394 Regio Telep | ohone (314) 843-4242 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 |
| CHESTRIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING I 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level 63376-5394 Regio Telep | ohone (636) 928-4200 I of Care: ALF* ty SAINT LOUIS COUNTY ohone (636) 928-4200 I of Care: ALF** ohy SAINT CHARLES ohone (314) 843-4242 I of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 |
| CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 6 Coun 63376-5394 Regio Telep 63128-2018 Level | ohone (636) 928-4200 l of Care: ALF* ty SAINT LOUIS COUNTY on 7 phone (636) 928-4200 l of Care: ALF** ty SAINT CHARLES on 5 phone (314) 843-4242 l of Care: SNF ty SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 54 No 29067 Yes 74 No 25446 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTRUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 6 Coun 63376-5394 Regio Telep Level Coun | ohone (636) 928-4200 l of Care: ALF* ty SAINT LOUIS COUNTY on 7 phone (636) 928-4200 l of Care: ALF** ty SAINT CHARLES on 5 phone (314) 843-4242 l of Care: SNF ty 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 | 54 No 29067 Yes 74 No 25446 |
| CHESTNUT GLENN - ASSISTED LIVING I 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO CHILLICOTHE MANOR I LLC | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 63376-5394 Regio Telep 63128-2018 Level Coun 63128-2018 Regio | ohone (636) 928-4200 l of Care: ALF* hty SAINT LOUIS COUNTY on 7 phone (636) 928-4200 l of Care: ALF** hty SAINT CHARLES on 5 phone (314) 843-4242 l of Care: SNF hty SAINT LOUIS COUNTY on 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 No 167 No 03182 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO CHILLICOTHE MANOR I LLC 1301 MONROE ST | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 63376-5394 Regio 63128-2018 Level Coun 63128-2018 Regio | ohone (636) 928-4200 l of Care: ALF* hty SAINT LOUIS COUNTY on 7 phone (636) 928-4200 l of Care: ALF** hty SAINT CHARLES on 5 phone (314) 843-4242 l of Care: SNF hty SAINT LOUIS COUNTY on 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 No 167 No 03182 |
| 14901 N OUTER 40 RD CHESTERFIELD MO Mailing Address 14901 N OUTER 40 RD CHESTERFIELD MO CHESTNUT GLENN - ASSISTED LIVING 1 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO CHILLICOTHE MANOR I LLC 1301 MONROE ST CHILLICOTHE MO | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE Telep 63376-5394 Level 63376-5394 Regio Telep 63128-2018 Level Coun 63128-2018 Regio | ohone (314) 843-4242 I of Care: SNF ohone (314) 843-4242 I of Care: SNF ohone (314) 843-4242 I of Care: SNF ohone (660) 646-5180 I 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 Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 No 167 No 03182 |
| CHESTNUT GLENN - ASSISTED LIVING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO Mailing Address 121 KLONDIKE CROSSING SAINT PETERS MO CHESTNUT REHAB AND NURSING 10954 KENNERLY RD SAINT LOUIS MO Mailing Address 10954 KENNERLY RD SAINT LOUIS MO CHILLICOTHE MANOR I LLC 1301 MONROE ST CHILLICOTHE MANOR I LLC 1401 MONROE ST CHILLICOTHE MANOR I LLC 1501 MONROE ST CHILLICOTHE MANOR I LLC 1501 MONROE ST | 63017-6034 Level Coun 63017-6034 Regio BY AMERICARE 63376-5394 Level 63376-5394 Regio 63128-2018 Level Coun 63128-2018 Regio | l of Care: ALF hty SAINT LOUIS COUNTY on 7 phone (636) 928-4200 l of Care: ALF* hty SAINT CHARLES on 5 phone (314) 843-4242 l of Care: SNF hty SAINT LOUIS COUNTY on 7 Medicare/Medicaid phone (660) 646-5180 l of Care: RCF* hty LIVINGSTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 54 No 29067 Yes 74 No 25446 No 167 No 03182 |

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| CHRISTIAN EXTENDED CARE & R | REHABILITATION | | | |
|---|------------------------|---|----------------------|----------|
| 11160 VILLAGE NORTH DR | | Telephone (314) 355-8010 | Alzheimer's Unit | Ю |
| SAINT LOUIS | MO 63136-6159 | Level of Care: SNF | Bed Capacity 6 | 50 |
| Mailing Address 11160 VILLAGE NO | RTH DR | County SAINT LOUIS COUNTY | DMH Licensed N | lо |
| SAINT LOUIS | MO 63136-6159 | Region 7 Medicare/Medicaid | Facility Number 0830 | 00 |
| | | | | |
| CHURCHILL TERRACE - ASSISTE | D I IVING RV AMERICARE | | | |
| 120 HOSPITAL DR | DEIVING DI AMERICARE | Telephone (573) 642-5222 | Alzheimer's Unit | Ю |
| FULTON | MO 65251-2511 | Level of Care: ALF** | | 57 |
| Mailing Address 120 HOSPITAL DR | WIO 03231-2311 | County CALLAWAY | | Jo Jo |
| FULTON | MO 65251-2511 | | | |
| POLION | WO 03231-2311 | Region 6 | Facility Number 2078 | 53 |
| ava-2-10-10-10-10-10-10-10-10-10-10-10-10-10- | 1 D | | | |
| CITIZENS MEMORIAL HEALTH C | ARE FACILITY | m 1 1 (417) 227 7749 | A11 1 1 TT 14 | т |
| 1218 W LOCUST ST | 150 (55) | Telephone (417) 326-7648 | | Ю |
| BOLIVAR | MO 65613-1312 | Level of Care: SNF | | 11 |
| Mailing Address PO BOX 590 | | County POLK | | No. |
| BOLIVAR | MO 65613-0590 | Region 1 Medicare/Medicaid | Facility Number 0071 | 0 |
| | | | | |
| CLARA MANOR NURSING HOME | | | | |
| 3621 WARWICK BLVD | | Telephone (816) 756-1593 | | Ю |
| KANSAS CITY | MO 64111-1403 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 3621 WARWICK BL | VD | County JACKSON | DMH Licensed N | lo. |
| KANSAS CITY | MO 64111-1403 | Region 3 Medicaid | Facility Number 1410 |)2 |
| | | | | |
| CLARENCE CARE CENTER | | | | |
| 111 EAST ST | | Telephone (660) 699-2118 | Alzheimer's Unit | Ю |
| CLARENCE | MO 63437-1902 | Level of Care: SNF | Bed Capacity | 50 |
| Mailing Address 111 EAST ST | | County SHELBY | DMH Licensed N | lo. |
| CLARENCE | MO 63437-1902 | Region 5 Medicare/Medicaid | Facility Number 0147 | 15 |
| | | | | |
| CLARENDALE CLAYTON | | T. 1. 1. (214) 200 0200 | A11 ' L TI '4 X | |
| 7651 CLAYTON ROAD | MO (2117 1412 | Telephone (314) 390-9399 | Alzheimer's Unit Ye | |
| CLAYTON | MO 63117-1419 | Level of Care: ALF** | | 98 |
| Mailing Address 7651 CLAYTON ROA | | County SAINT LOUIS COUNTY | | Ю |
| CLAYTON | MO 63117-1419 | Region 7 | Facility Number 3252 | 28 |
| CLADENDALE OF ST DETERS | | | | |
| CLARENDALE OF ST PETERS | | Talanhana (626)706 5100 | All-beiment II 14 | • |
| 10 DUBRAY DRIVE | MO (227 (255) | Telephone (636)706-5100 | · | es |
| SAINT PETERS | MO 63376-3558 | Level of Care: ALF** | | 10 |
| Mailing Address 10 DUBRAY DRIVE | | County SAINT CHARLES | | Ю |
| SAINT PETERS | MO 63376-3558 | Region 5 | Facility Number 3209 |)5 |
| CLADE CADE CENTED ONE | | | | |
| CLARK CARE CENTER - ONE 1505 EAST ASHLAND ST | | Telephone (417) 667-3900 | Alzheimer's Unit | Jo |
| NEVADA | MO 64772 4025 | Telephone (417) 667-3900 Level of Care: RCF* | | Vо 38 |
| | MO 64772-4025 | | | |
| Mailing Address PO BOX 246 | MO 64772 0246 | County VERNON | | es |
| NEVADA | MO 64772-0246 | Region 1 | Facility Number 2020 |)6 |

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| 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 | | County CLARK | DMH Licensed No |
| KAHOKA | MO 63445-1100 | Region 5 Medicare/Medicaid | Facility Number 01480 |
| CL A DV. COLINERA NUBCINIC MONET | | | |
| CLARK COUNTY NURSING HOME 1260 N JOHNSON ST | | T-11 (660) 727 2202 | Al-ladinarila Vinita No |
| KAHOKA | MO 63445-1100 | Telephone (660) 727-3303 Level of Care: RCF* | Alzheimer's Unit No Bed Capacity 22 |
| | | | Bed Capacity 22 DMH Licensed No |
| Mailing Address 1260 N JOHNSON ST KAHOKA | | | |
| KAHOKA | MO 63445-1100 | Region 5 | Facility Number 01480 |
| CLARK'S MOUNTAIN NURSING CH | 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 00507 1000 | County WAYNE | DMH Licensed No |
| PIEDMONT | MO 63957-1008 | Region 2 Medicare/Medicaid | Facility Number 01496 |
| 1122.1101.11 | 110 00,00, 1000 | region 2 Medical Control | 140000 11470 |
| CLARU DEVILLE NURSING CENTI | 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 | | County SCOTT | DMH Licensed No |
| SIKESTON | MO 63801-0707 | Region 2 Medicare/Medicaid | Facility Number 19913 |
| CLINTON HEALTHCARE AND REF | IADII ITATION CENTED | | |
| 1009 EAST OHIO | IABILITATION CENTER | Telephone (660) 885-5571 | Alzheimer's Unit No |
| CLINTON | MO 64735-2455 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 1009 EAST OHIO | WO 04733-2433 | County HENRY | DMH Licensed No |
| CLINTON | MO 64735-2455 | Region 1 Medicare/Medicaid | Facility Number 01318 |
| CLINTOIN | WIO 04733-2433 | Region 1 Medical e/Medicald | racinty Number 01316 |
| COATES STREET COMFORT HOUS | SE | | |
| 612 WEST COATES ST | | Telephone (660) 263-6759 | Alzheimer's Unit No |
| MOBERLY | MO 65270-1319 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address PO BOX 781 | | County RANDOLPH | DMH Licensed Yes |
| MOBERLY | MO 65270-0781 | Region 5 | Facility Number 08220 |
| | | - | • |
| COLLIER CARE HOME, INC | | | |
| 3001 NW VESPER ST | | Telephone (816) 225-9317 | Alzheimer's Unit No |
| BLUE SPRINGS | MO 64015-3104 | Level of Care: RCF* | Bed Capacity 15 |
| Mailing Address 3001 NW VESPER ST | | County JACKSON | DMH Licensed Yes |
| BLUE SPRINGS | MO 64015-3104 | Region 3 | Facility Number 01591 |

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| COLONIAL HOME THE | | | | |
|--|---|--|---|---|
| COLONIAL HOME, THE 102 SUMMIT ST | | Telephone (573) 996-4283 | Alzheimer's Unit | No |
| DONIPHAN | MO 63935-1328 | Level of Care: ALF** | Bed Capacity | 31 |
| Mailing Address 102 SUMMIT ST | WO 03733-1326 | County RIPLEY | DMH Licensed | No |
| DONIPHAN | MO 63935-1328 | Region 2 | Facility Number | 01610 |
| DOMITIAN | NIO 03/33-1320 | Region 2 | racinty Number | 01010 |
| COLONIAL HOUSE OF FESTUS II | | | | |
| 129 GRAY ST | | Telephone (636) 465-0994 | Alzheimer's Unit | No |
| FESTUS | MO 63028-1950 | Level of Care: RCF | Bed Capacity | 20 |
| Mailing Address 129 GRAY ST | | County JEFFERSON | DMH Licensed | No |
| FESTUS | MO 63028-1950 | Region 2 | Facility Number | 07322 |
| | | -10g.01 | | 0,022 |
| COLONIAL MANOR, LLC | | | | |
| 907 WEST MALONE ST | | Telephone (573) 471-5541 | Alzheimer's Unit | No |
| SIKESTON | MO 63801-2425 | Level of Care: ALF | Bed Capacity | 20 |
| Mailing Address 907 WEST MALONI | E ST | County SCOTT | DMH Licensed | Yes |
| SIKESTON | MO 63801-2425 | Region 2 | Facility Number | 13255 |
| | | | | |
| COLONIAL RESIDENTIAL CARE | FACILITY II | | | |
| 1162 CEDAR ST | | Telephone (573) 734-2846 | Alzheimer's Unit | No |
| BISMARCK | MO 63624-8920 | Level of Care: RCF* | Bed Capacity | 48 |
| Mailing Address PO BOX 134 | | County SAINT FRANCOIS | DMH Licensed | Yes |
| MOUNTAIN GROVE | MO 65711-0134 | Region 2 | Facility Number | 01693 |
| | | | | |
| COLONIAL CODINGC HEAT THEAT | | | | |
| COLONIAL SPRINGS HEALTHCA | RE CENTER | | | |
| 750 W COOPER ST | RE CENTER | Telephone (417) 345-2228 | Alzheimer's Unit | Yes |
| | MO 65622-8662 | Telephone (417) 345-2228 Level of Care: SNF | Alzheimer's Unit Bed Capacity | Yes 134 |
| 750 W COOPER ST | | • ' | | |
| 750 W COOPER ST BUFFALO | | Level of Care: SNF | Bed Capacity | 134 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO | MO 65622-8662 MO 65622-0978 | Level of Care: SNF County DALLAS | Bed Capacity DMH Licensed | 134 No |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI | MO 65622-8662 MO 65622-0978 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 134 No 01302 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD | MO 65622-8662 MO 65622-0978 NG BY AMERICARE | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 134 No 01302 Yes |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 134 No 01302 Yes 59 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 134 No 01302 Yes 59 No |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 134 No 01302 Yes 59 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 134 No 01302 Yes 59 No |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 134 No 01302 Yes 59 No |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 134 No 01302 Yes 59 No 28191 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 134 No 01302 Yes 59 No 28191 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 134 No 01302 Yes 59 No 28191 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 VD | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 134 No 01302 Yes 59 No 28191 No 52 No |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA COLUMBIA COLUMBIA COLUMBIA COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 VD | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 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 | 134 No 01302 Yes 59 No 28191 No 52 No 01715 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA COLU | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 134 No 01302 Yes 59 No 28191 No 52 No 01715 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** 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 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 134 No 01302 Yes 59 No 28191 No 52 No 01715 |
| 750 W COOPER ST BUFFALO Mailing Address PO BOX 978 BUFFALO COLONY POINTE-ASSISTED LIVI 1510 CHAPEL HILL RD COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA COLUMBIA MANOR HEALTH & F 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA COLU | MO 65622-8662 MO 65622-0978 NG BY AMERICARE MO 65203-5457 RD MO 65203-5457 REHABILITATION MO 65201-3874 VD MO 65201-3874 | Level of Care: SNF County DALLAS Region 1 Medicare/Medicaid Telephone (573) 234-1193 Level of Care: ALF** County BOONE Region 6 Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 397-7144 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 134 No 01302 Yes 59 No 28191 No 52 No 01715 |

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

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

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| COPPER ROCK HEALTHCARE | | T. 1. 1. (44T) 202 4505 | |
|---|----------------------|---------------------------------|------------------------|
| 712 COPPER ROCK DRIVE | MO (55742 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 ROGERSVILLE | MO 65742 9070 | County WEBSTER | DMH Licensed No |
| ROGERSVILLE | MO 65742-8970 | Region 1 Medicare/Medicaid | Facility Number 31851 |
| CORI MANOR HEALTHCARE & RI | EHABILITATION CENTER | | |
| 560 CORISANDE HILLS RD | | Telephone (636) 343-2282 | Alzheimer's Unit No |
| FENTON | MO 63026-5613 | Level of Care: SNF | Bed Capacity 144 |
| Mailing Address 560 CORISANDE HII | LLS RD | County JEFFERSON | DMH Licensed No |
| FENTON | MO 63026-5613 | Region 2 Medicare/Medicaid | Facility Number 01800 |
| 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 | 1410 03037 2313 | County FRANKLIN | DMH Licensed No |
| GERALD | MO 63037-2515 | Region 6 | Facility Number 13926 |
| | 110 00007 2010 | Region | 13720 |
| COTTAGE AT CENTURY PINES, TI | НЕ | | |
| 707 EAST MCCRACKEN ROAD | | Telephone (417) 581-7278 | Alzheimer's Unit Yes |
| OZARK | MO 65721-9499 | Level of Care: ALF** | Bed Capacity 24 |
| Mailing Address 709 EAST MCCRAC | | County CHRISTIAN | DMH Licensed No |
| OZARK | MO 65721-9499 | Region 1 | Facility Number 30579 |
| COTTAGES OF LAKE ST LOUIS | | | |
| 2885 TECHNOLOGY DRIVE | | Telephone (636) 614-3510 | Alzheimer's Unit No |
| LAKE SAINT LOUIS | MO 63367-4123 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 2885 TECHNOLOGY | DRIVE | County SAINT CHARLES | DMH Licensed No |
| LAKE SAINT LOUIS | MO 63367-4123 | Region 5 Medicare | Facility Number 30318 |
| 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 | AD ST | County NEW MADRID | DMH Licensed No |
| MATTHEWS | MO 63867-9751 | 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 RENSSELAER | | County RALLS | DMH Licensed Yes |
| HANNIBAL | MO 63401-7356 | Region 5 | Facility Number 14270 |
| | | · | 2.0 |
| COUNTRY AIRE RETIREMENT CE | ENTER | | |
| 18540 STATE HIGHWAY 16 | | Telephone (573) 215-2216 | Alzheimer's Unit No |
| LEWISTOWN | MO 63452-2111 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 18540 STATE HIGHV | | County LEWIS | DMH Licensed No |
| LEWISTOWN | MO 63452-2111 | Region 5 Medicare/Medicaid | Facility Number 16896 |

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| COUNTRY AIRE RETIREMENT CENT | ΓER | | | |
|-------------------------------------|----------------|---------------------------------|------------------------|---|
| 18540 STATE HIGHWAY 16 | | Telephone (573) 215-2216 | Alzheimer's Unit No |) |
| LEWISTOWN | MO 63452-2111 | Level of Care: RCF* | Bed Capacity 8 | 3 |
| Mailing Address 18540 STATE HIGHWA | Y 16 | County LEWIS | DMH Licensed No | Э |
| LEWISTOWN | MO 63452-2111 | Region 5 | Facility Number 16896 | 5 |
| | | _ | | |
| COUNTRY CLUB REHAB AND HEAL | THEADE CENTED | | | |
| 503 REGENT DR | IIICARE CENTER | Telephone (660) 429-4444 | Alzheimer's Unit No | |
| | MO 64093-3231 | | | |
| | 04093-3231 | | | |
| Mailing Address 503 REGENT DR | MO (4002 2221 | | | |
| WARRENSBURG N | MO 64093-3231 | Region 3 | Facility Number 20892 | 2 |
| | | | | |
| COUNTRY CLUB REHAB AND HEAL' | THCARE CENTER | m 1 1 | | |
| 503 REGENT DR | | Telephone (660) 429-4444 | Alzheimer's Unit No | |
| | MO 64093-3231 | Level of Care: SNF | Bed Capacity 73 | |
| Mailing Address 503 REGENT DR | | County JOHNSON | DMH Licensed No. |) |
| WARRENSBURG M | MO 64093-3231 | Region 3 Medicare/Medicaid | Facility Number 20892 | 2 |
| | _ | | | |
| COUNTRY LIVING ASSISTED LIVING | 3 | | | |
| 2820 NORTH MAIN ST | | Telephone (417) 926-1955 | Alzheimer's Unit No |) |
| | MO 65711-1403 | Level of Care: ALF | Bed Capacity 40 |) |
| Mailing Address 2820 NORTH MAIN ST | | County WRIGHT | DMH Licensed No. |) |
| MOUNTAIN GROVE | MO 65711-1403 | Region 1 | Facility Number 27548 | 3 |
| | | | | |
| COUNTRY MEADOWS | | | | |
| 1301 N ST JOE DR | | Telephone (573) 431-2889 | Alzheimer's Unit No |) |
| PARK HILLS | MO 63601-1965 | Level of Care: SNF | Bed Capacity 72 | 2 |
| Mailing Address 1301 N ST JOE DR | | County SAINT FRANCOIS | DMH Licensed No. |) |
| PARK HILLS N | MO 63601-1965 | Region 2 Medicare/Medicaid | Facility Number 14443 | 3 |
| | | | | |
| COUNTRY MEADOWS | | TELL (572) 421 2000 | All to LTL to No. | |
| 1301 N ST JOE DR | 10 (2(0) 10(5 | Telephone (573) 431-2889 | Alzheimer's Unit No | |
| | MO 63601-1965 | Level of Care: ALF | Bed Capacity 15 | |
| Mailing Address 1301 N ST JOE DR | 50 (0.01.10.5 | County SAINT FRANCOIS | DMH Licensed No | |
| PARK HILLS N | MO 63601-1965 | Region 2 | Facility Number 14443 | 3 |
| COUNTRY PLACE | | | | |
| 28601 US HIGHWAY 61 | | Telephone (573) 264-1555 | Alzheimer's Unit No | , |
| | AO 62790 0142 | - | | |
| | MO 63780-9143 | Level of Care: ALF | Bed Capacity 24 | |
| Mailing Address 28601 US HIGHWAY 61 | | County SCOTT | DMH Licensed No | |
| SCOTT CITY N | MO 63780-9143 | Region 2 | Facility Number 25934 | ŀ |
| COUNTRY VALLEY HOME | | | | |
| 15750 COUNTY RD 2430 | | Telephone (573) 265-8250 | Alzheimer's Unit No |) |
| | MO 65559-8211 | Level of Care: RCF* | Bed Capacity 23 | |
| Mailing Address 15750 COUNTY RD 243 | | County PHELPS | DMH Licensed Yes | |
| - | MO 65559-8211 | · | Facility Number 01852 | |
| SUMIT IMMES | VIO 03337-0211 | Region 6 | racinty number 01852 | ٥ |

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

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| CRESTWOOD HEALTH CARE CE | NTER, 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 | G AND MEMORY CARE | | | |
| 693 DECKER LN | NO (214) 5125 | 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 |
| CREVE COEUR MANOR | | | | |
| 1127 TIMBER RUN DR | | Telephone (314) 434-8361 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63146-4482 | Level of Care: SNF | Bed Capacity | 149 |
| Mailing Address 1127 TIMBER RUN | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63146-4482 | Region 7 Medicare/Medicaid | | 02417 |
| SIMAL BOOK | 110 03110 1102 | Region / Medicare/Medicard | Tuellity Ivallises | J2 4 17 |
| CROSS CREEK AT LEE'S SUMMI | г | | | |
| 3320 NE WILSHIRE DR | | 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 | E DR | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64064-2077 | Region 3 | Facility Number | 30996 |
| | | | | |
| CROWLEY RIDGE CARE CENTER | R | | | |
| 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 HEALTHCA | ARE CENTER | T. 1 (01.5) 200 5777 | | |
| 3001 EAST ELM | MO (4701 110) | Telephone (816) 380-6525 | Alzheimer's Unit | No |
| HARRISONVILLE | MO 64701-1196 | Level of Care: SNF | Bed Capacity | 118 |
| Mailing Address 3001 EAST ELM | MO (4701 110) | County CASS | DMH Licensed | No |
| HARRISONVILLE | MO 64701-1196 | Region 3 Medicare/Medicaid | Facility Number | 21031 |
| CRYSTAL CREEK HEALTH AND | REHABILITATION CENTER | | | |
| 250 NEW FLORISSANT RD SOUTH | | Telephone (314) 838-2211 | Alzheimer's Unit | No |
| FLORISSANT | MO 63031-6716 | Level of Care: SNF | Bed Capacity | 158 |
| Mailing Address 250 NEW FLORISSA | ANT RD SOUTH | County SAINT LOUIS COUNTY | DMH Licensed | No |
| FLORISSANT | MO 63031-6716 | Region 7 Medicare/Medicaid | | 05782 |
| | | -g-v | | <u>-</u> |
| CRYSTAL OAKS | | | | |
| 1500 CALVARY CHURCH RD | | Telephone (636) 933-1818 | Alzheimer's Unit | Yes |
| FESTUS | MO 63028-4125 | Level of Care: ALF** | Bed Capacity | 60 |
| Mailing Address 1500 CALVARY CF | | County JEFFERSON | DMH Licensed | No |
| FESTUS | MO 63028-4125 | Region 2 | Facility Number | 99932 |
| | | | | |

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

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| DELMAR GARDENS OF CHESTER | RFIELD | | |
|----------------------------------|----------------------------|---------------------------------|-------------------------|
| 14855 NORTH OUTER 40 RD | | Telephone (636) 532-0150 | Alzheimer's Unit Yes |
| CHESTERFIELD | MO 63017-2026 | Level of Care: SNF | Bed Capacity 237 |
| Mailing Address 14855 NORTH OUT | ER 40 RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| CHESTERFIELD | MO 63017-2026 | Region 7 Medicare/Medicaid | Facility Number 02111 |
| | | | |
| DELMAR GARDENS OF CREVE CO | OEUR | | |
| 850 COUNTRY MANOR LN | 0201 | Telephone (314) 434-5900 | Alzheimer's Unit No |
| CREVE COEUR | MO 63141-6651 | Level of Care: SNF | Bed Capacity 148 |
| Mailing Address 850 COUNTRY MAI | | County SAINT LOUIS COUNTY | DMH Licensed No |
| CREVE COEUR | MO 63141-6651 | Region 7 Medicare/Medicaid | Facility Number 01830 |
| CKEVE COLOR | 110 03111 0031 | region / Weulcare/Weulcard | racinty Number 01030 |
| | | | |
| DELMAR GARDENS OF MERAME | C VALLEY | m 1 1 (220 212 221 | A1 1 |
| 1 ARBOR TERRACE | | Telephone (636) 343-0016 | Alzheimer's Unit Yes |
| FENTON | MO 63026-3900 | Level of Care: SNF | Bed Capacity 190 |
| Mailing Address 1 ARBOR TERRACI | | County SAINT LOUIS COUNTY | DMH Licensed No |
| FENTON | MO 63026-3900 | Region 7 Medicare/Medicaid | Facility Number 13468 |
| | | | |
| DELMAR GARDENS OF O'FALLO | N | | |
| 7068 SOUTH OUTER 364 | | Telephone (636) 240-6100 | Alzheimer's Unit Yes |
| O'FALLON | MO 63368-7757 | Level of Care: SNF | Bed Capacity 240 |
| Mailing Address 7068 SOUTH OUTE | R 364 | County SAINT CHARLES | DMH Licensed No |
| O'FALLON | MO 63368-7757 | Region 5 Medicare/Medicaid | Facility Number 24291 |
| | | | |
| DELMAR GARDENS ON THE GRE | EN | | |
| 15197 CLAYTON RD | | Telephone (636) 394-7515 | Alzheimer's Unit No |
| CHESTERFIELD | MO 63017-7048 | Level of Care: SNF | Bed Capacity 180 |
| Mailing Address 15197 CLAYTON R | D | County SAINT LOUIS COUNTY | DMH Licensed No |
| CHESTERFIELD | MO 63017-7048 | Region 7 Medicare/Medicaid | Facility Number 01515 |
| | | | |
| DELMAR GARDENS SOUTH | | | |
| 5300 BUTLER HILL ROAD | | Telephone (314) 842-0588 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63128-4152 | Level of Care: SNF | Bed Capacity 250 |
| Mailing Address 5300 BUTLER HILL | RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63128-4152 | Region 7 Medicare/Medicaid | Facility Number 12909 |
| | | | |
| DELMAR GARDENS WEST | | | |
| 13550 SOUTH OUTER 40 RD | | Telephone (314) 878-1330 | Alzheimer's Unit No |
| TOWN AND COUNTRY | MO 63017-5812 | Level of Care: SNF | Bed Capacity 321 |
| Mailing Address 13550 SOUTH OUT | | County SAINT LOUIS COUNTY | DMH Licensed No |
| TOWN AND COUNTRY | MO 63017-5812 | Region 7 Medicare/Medicaid | Facility Number 02120 |
| 10 MINING COOMING | 05017 5012 | inculcal C/Miculcalu | 2 1011111 12120 |
| DELTA SOUTH NURSING & REHA | BILITATION | | |
| 640 COLONEL GEORGE E DAY PAR | | Telephone (573) 471-3400 | Alzheimer's Unit NO |
| SIKESTON | MO 63801-0624 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 640 COLONEL GEO | | County NEW MADRID | DMH Licensed No |
| SIKESTON | MO 63801-0624 | Region 2 Medicare/Medicaid | Facility Number 30584 |
| DINEBION | 110 03001-002 1 | region 2 Medicare/Medicald | 1 acmity 11umber 50364 |

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| DIANA'S BOARDING HOME 1, INC | | | |
|---|----------------|--|----------------------------------|
| 15432 STATE HIGHWAY M | | Telephone (573) 866-2010 | Alzheimer's Unit No |
| MARBLE HILL | MO 63764-7487 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address 15431 STATE HIGHV | WAY M | County BOLLINGER | DMH Licensed Yes |
| MARBLE HILL | MO 63764-7487 | Region 2 | Facility Number 11123 |
| | | | |
| DIANAIC DO ADDING HOME 2 | | | |
| DIANA'S BOARDING HOME 2 25140 BUZZARD DR | | Telephone (573) 238-3344 | Alzheimer's Unit No |
| MARBLE HILL | MO 63764-9408 | Telephone (573) 238-3344 Level of Care: RCF | |
| Mailing Address HC 64, BOX 4677 | MO 03704-9408 | | Bed Capacity 40 DMH Licensed Yes |
| MARBLE HILL | MO 63764-9408 | County BOLLINGER Region 2 | |
| MARDLE HILL | WIO 03704-9408 | Region 2 | Facility Number 23940 |
| | | | |
| DIXON NURSING & REHAB | | | |
| 403 EAST 10TH ST | | Telephone (573) 759-2135 | Alzheimer's Unit No |
| DIXON | MO 65459-6049 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 403 EAST 10TH ST | | County PULASKI | DMH Licensed No |
| DIXON | MO 65459-6049 | Region 6 Medicare/Medicaid | Facility Number 15510 |
| | | | |
| DOLAN MEMORY CARE AT CALA | IS | | |
| 1225 TENNANT RD | | Telephone (314) 993-9500 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63146-5523 | Level of Care: ALF** | Bed Capacity 44 |
| Mailing Address 11300 DOLAN WAY | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63146- | Region 7 | Facility Number 27755 |
| | | | |
| | *** | | |
| DOLAN MEMORY CARE AT CONV | VAY | T. 1 (214) 575 2000 | |
| 12550 CONWAY RD | NO (2141 0712 | 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 |
| ST LOUIS | MO 63146- | Region 7 | Facility Number 22648 |
| | | | |
| DOLAN MEMORY CARE AT FRON | TIER | | |
| 11566 FRONTIER DR | | Telephone (314) 995-5331 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63146-4873 | Level of Care: ALF** | Bed Capacity 20 |
| Mailing Address 11300 DOLAN WAY | | County SAINT LOUIS COUNTY | DMH Licensed No |
| ST LOUIS | MO 63146- | Region 7 | Facility Number 25162 |
| | | | |
| DOLAN MEMORY CARE AT MASO | ON MANOR | | |
| 12740 MASON MANOR | | Telephone (314) 576-6200 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63141-7350 | Level of Care: ALF** | Bed Capacity 8 |
| Mailing Address 11300 DOLAN WAY | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63146- | Region 7 | Facility Number 19861 |
| | 05110 | region / | 17001 |
| | | | |
| DOLAN MEMORY CARE AT SCHU | ETZ | | |
| | | | |
| 1706 SCHUETZ RD | | Telephone (314) 989-1782 | Alzheimer's Unit Yes |
| SAINT LOUIS | MO 63146-4931 | Level of Care: ALF** | Bed Capacity 10 |
| | | - · · · · · · · · · · · · · · · · · · · | |

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| DOLAN MEMORY CARE AT WATE | CRFORD CROSSING | | | |
|-----------------------------------|---------------------|---------------------------------|----------------------|-------|
| 11350 DOLAN WAY | | Telephone (314) 993-9500 | Alzheimer's Unit | Yes |
| SAINT LOUIS | MO 63146-5533 | Level of Care: ALF** | Bed Capacity | 88 |
| Mailing Address 11300 DOLAN WAY | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| ST LOUIS | MO 63006- | Region 7 | Facility Number | 31366 |
| | | | | |
| DOUGHERTY FERRY ASSISTED LI | IVING & MEMORY CARE | | | |
| 2929 DOUGHERTY FERRY RD | | Telephone (636) 825-6665 | Alzheimer's Unit | Yes |
| SAINT LOUIS | MO 63122-3368 | Level of Care: ALF** | Bed Capacity | 110 |
| Mailing Address 2929 DOUGHERTY H | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63122-3368 | Region 7 | Facility Number | 30034 |
| | | Region | 1 delity 1 (dillige) | 30031 |
| | | | | |
| 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 |
| | | | | |
| DUTCHTOWN CARE CENTER | | | | |
| 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 S | ST | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS | MO 63118-4201 | Region 7 Medicare/Medicaid | | 21455 |
| | | | · | |
| | | | | |
| E W THOMPSON HEALTH & REHA | ABILITATION CENTER | | | |
| 975 MITCHELL ROAD | | Telephone (660) 851-0668 | Alzheimer's Unit | Yes |
| SEDALIA | MO 65301-2133 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 975 MITCHELL ROA | | County PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-2133 | Region 6 Medicare/Medicaid | Facility Number | 30182 |
| | | | | |
| EASTVIEW MANOR CARE CENTER | 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 | RE CENTER | m | | |
| 11900 JESSICA LN | | Telephone (816) 358-7858 | Alzheimer's Unit | No |
| RAYTOWN | MO 64138-2649 | Level of Care: SNF | Bed Capacity | 91 |
| Mailing Address 11900 JESSICA LN | | County JACKSON | DMH Licensed | No |
| RAYTOWN | MO 64138-2649 | Region 3 Medicare/Medicaid | Facility Number | 14119 |
| | | | | |
| EL DORADO SPRINGS RESIDENTL | AL CARE | | | |
| 805 NORTH JACKSON ST | | 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 |
| | | 0 - | • | |

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| 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 | 110 (500) 250 | County MILLER | DMH Licensed | No |
| ELDON | MO 65026-2634 | Region 6 Medicare/Medicaid | Facility Number | 06139 |
| ELIZABETH HOUSE | | | | |
| 12284 DE PAUL DR | | Telephone (314) 209-8814 | Alzheimer's Unit | No |
| BRIDGETON | MO 63044-2508 | Level of Care: SNF | Bed Capacity | 36 |
| Mailing Address 12284 DE PAUL DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2508 | Region 7 | Facility Number | 22316 |
| | | | | |
| ELSBERRY MISSOURI HEALTH CA | ARE CENTER | F. I. I. (573) 999 2999 | A1 1 | NO |
| 1827 HIGHWAY B | 200 | Telephone (573) 898-2880 | Alzheimer's Unit | NO |
| ELSBERRY | MO 63343-3126 | Level of Care: ALF** | Bed Capacity | 12 |
| Mailing Address 1827 HIGHWAY B | MO (2242-212) | County LINCOLN | DMH Licensed | No |
| ELSBERRY | MO 63343-3126 | Region 5 | Facility Number | 02336 |
| ELSBERRY MISSOURI HEALTH CA | ARE CENTER | | | |
| 1827 HIGHWAY B | | Telephone (573) 898-2880 | Alzheimer's Unit | No |
| ELSBERRY | MO 63343-3126 | Level of Care: SNF | Bed Capacity | 56 |
| Mailing Address 1827 HWY B | | County LINCOLN | DMH Licensed | No |
| ELSBERRY | MO 63343-3126 | Region 5 Medicare/Medicaid | Facility Number | 02336 |
| EQUILIBRIUM RANCH | | | | |
| 81 PILKENTON LN | | Telephone (573) 885-6443 | Alzheimer's Unit | No |
| CUBA | MO 65453-8136 | Level of Care: RCF | Bed Capacity | 18 |
| Mailing Address 81 PILKENTON LN | | County CRAWFORD | DMH Licensed | No |
| CUBA | MO 65453-8136 | Region 6 | | 15026 |
| | | 8 | • | |
| 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 | | County LAFAYETTE | DMH Licensed | No |
| CONCORDIA | MO 64020-8358 | Region 3 | Facility Number | 24461 |
| 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 |
| Training Tradition (01 DOC 111 WEST RO | JOIL CHARLES | | Zirii Licenseu | |

Facility Number

24475

MO 64029-8460

GRAIN VALLEY

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| ESSEX OF LEBANON, THE | TELL 1 (417) 522 4062 | A1 1 | N |
|--|---------------------------------|------------------------|------------|
| 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 |
| Mo 65265 5250 | Region 5 | racinty Number | 24423 |
| ESSEX OF OZARK, THE | | | |
| 5173 NORTH 22ND | Telephone (417) 485-4185 | Alzheimer's Unit | No |
| OZARK MO 65721-7637 | Level of Care: RCF | Bed Capacity | 12 |
| Mailing Address 5173 NORTH 22ND | County CHRISTIAN | DMH Licensed | No |
| OZARK MO 65721-7637 | Region 1 | Facility 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 LAKE DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63138-1757 | Region 7 | Facility Number | 18442 |
| | | | |
| ESTATES OF HIDDEN LAKE THE | | | |
| 11728 HIDDEN LAKE DR | Telephone (314) 355-8833 | Alzheimer's Unit | No |
| SAINT LOUIS MO 63138-1757 | Level of Care: SNF | Bed Capacity | 67 |
| Mailing Address 11728 HIDDEN LAKE DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63138-1757 | Region 7 Medicare/Medicaid | Facility Number | 18442 |
| 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 LAKE DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63138-1757 | Region 7 | Facility Number | 18442 |
| | | | |
| ESTATES OF PERRYVILLE, LLC, THE | | | |
| 430 NORTH WEST ST | Telephone (573) 547-1011 | Alzheimer's Unit | No |
| PERRYVILLE MO 63775-1359 | Level of Care: SNF | Bed Capacity | 156 |
| Mailing Address 430 NORTH WEST ST | County PERRY | DMH Licensed | No |
| PERRYVILLE MO 63775-1359 | Region 2 Medicare/Medicaid | Facility Number | 00137 |
| POR LINES OF SPANISHALAND TWO | | | |
| ESTATES OF SPANISH LAKE, THE | Tolonhono (214) 741 0202 | Alghaiman'a TI | NT_ |
| 610 PRIGGE ROAD SAINT LOUIS MO. 62128 2542 | Telephone (314) 741-9393 | Alzheimer's Unit | No 150 |
| SAINT LOUIS MO 63138-3543 Molling Address 610 PRICCE POAD | Level of Care: SNF | Bed Capacity | 150 No. |
| Mailing Address 610 PRIGGE ROAD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63138-3543 | Region 7 Medicare/Medicaid | Facility Number | 15265 |

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| ESTATES OF ST LOUIS, LLC, THE | , | | | |
|-----------------------------------|----------------|---------------------------------|----------------------|-----|
| 2115 KAPPEL DR | | Telephone (314) 867-7474 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63136-4115 | Level of Care: SNF | Bed Capacity | 94 |
| Mailing Address 2115 KAPPEL DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63136-4115 | Region 7 Medicare/Medicaid | Facility Number 05 | 340 |
| FAIR VIEW NURSING HOME | | | | |
| 1714 WEST 16TH ST | | Telephone (660) 827-1594 | Alzheimer's Unit | No |
| SEDALIA | MO 65301-5273 | Level of Care: SNF | | 75 |
| Mailing Address 1714 WEST 16TH ST | | | Bed Capacity | |
| В | | | DMH Licensed | No |
| SEDALIA | MO 65301-5273 | Region 6 Medicare/Medicaid | Facility Number 02 | 469 |
| 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 RO | AD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| RICHMOND HEIGHTS | MO 63117-1327 | Region 7 | Facility Number 24 | 149 |
| | | Region | Tuesday I (united 24 | 14) |
| FAMILY COUNSELING CENTER I | NC | | | |
| 18408 WAYNE ROUTE D | | Telephone (573) 222-8676 | Alzheimer's Unit | No |
| WAPPAPELLO | MO 63966- | Level of Care: RCF* | Bed Capacity | 27 |
| Mailing Address 18408 WAYNE ROU | JTE D | County WAYNE | DMH Licensed | Yes |
| WAPPAPELLO | MO 63966- | Region 2 | Facility Number 23 | 584 |
| FAMILY PARTNERS MANCHESTE | GR. LLC | | | |
| 351 FOREST SUMMIT COURT | sk, ble | Telephone (314) 686-4468 | Alzheimer's Unit | Yes |
| MANCHESTER | MO 63021-5509 | Level of Care: ALF** | Bed Capacity | 42 |
| Mailing Address 351 FOREST SUMM | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| MANCHESTER | MO 63021-5509 | Region 7 | | |
| MANCHESTER | WIO 03021-3309 | Region / | Facility Number 32 | 473 |
| FARMINGTON MANOR | | | | |
| 2879 US HIGHWAY 67 | | Telephone (573) 756-7566 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-9168 | Level of Care: ALF | Bed Capacity | 70 |
| Mailing Address 2879 US HWY 67 | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-9168 | Region 2 | Facility Number 15 | 140 |
| FARMINGTON PRESBYTERIAN M | IANOR | | | |
| 500 CAYCE ST | | Telephone (573) 756-6768 | Alzheimer's Unit | Yes |
| FARMINGTON | MO 63640-2910 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 500 CAYCE ST | WO 03040-2710 | County SAINT FRANCOIS | DMH Licensed | No |
| o . | MO 62640 2010 | · | | |
| FARMINGTON | MO 63640-2910 | Region 2 Medicare/Medicaid | Facility Number 06 | 181 |
| FARMINGTON PRESBYTERIAN M | IANOR | | | |
| 500 CAYCE ST | | Telephone (573) 756-6768 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-2910 | Level of Care: RCF | Bed Capacity | 60 |
| Mailing Address 500 CAYCE ST | | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON | MO 63640-2910 | Region 2 | Facility Number 06 | 181 |
| | | | | |

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| FARMINGTON PRESBYTERIAN M | ANOR | | | |
|---|---|---|--|---|
| 500 CAYCE ST | | Telephone (573) 756-6768 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-2910 | Level of Care: ALF | Bed Capacity | 60 |
| Mailing Address 500 CAYCE ST | | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON | MO 63640-2910 | Region 2 | Facility Number | 06181 |
| | | | | |
| FERNDALE, INC | | | | |
| 15677 COUNTY RD 2430 | | Telephone (573) 265-3344 | Alzheimer's Unit | No |
| SAINT JAMES | MO 65559-8210 | Level of Care: ALF | Bed Capacity | 32 |
| Mailing Address 15677 COUNTY RD | | County PHELPS | DMH Licensed | Yes |
| SAINT JAMES | MO 65559-8210 | Region 6 | Facility Number | 02526 |
| STAINT STAILES | 110 03337 0210 | Region 0 | racinty rumber | 02320 |
| DEGENG MANOR | | | | |
| FESTUS MANOR 627 WESTWOOD DR S | | Tolophone (626) 021 0066 | Alzheimer's Unit | NT = |
| | MO (2000) 20/2 | Telephone (636) 931-9066 | | No |
| FESTUS | MO 63028-2062 | Level of Care: SNF | Bed Capacity | 150 |
| Mailing Address 627 WESTWOOD D | | County JEFFERSON | DMH Licensed | No |
| FESTUS | MO 63028-2062 | Region 2 Medicare/Medicaid | Facility Number | 02546 |
| | | | | |
| FIELD POINTE ASSISTED LIVING | BY AMERICARE | | | |
| 5002 GENE FIELD ROAD | | Telephone (816) 688-4001 | Alzheimer's Unit | Yes |
| SAINT JOSEPH | MO 64506-2056 | Level of Care: ALF** | Bed Capacity | 65 |
| Mailing Address 5002 GENE FIELD R | OAD | County BUCHANAN | DMH Licensed | No |
| SAINT JOSEPH | MO 64506-2056 | Region 4 | Facility Number | 32538 |
| | | | | |
| 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 8 | | | | |
| 1200 CD AHAM DD | REHABILITATION CENTER | T. I. 1 (214) 222 (555 | A11 * | N |
| 1200 GRAHAM RD | | Telephone (314) 838-6555 | Alzheimer's Unit | No |
| FLORISSANT | REHABILITATION CENTER MO 63031-8015 | Level of Care: SNF | Bed Capacity | 98 |
| FLORISSANT Mailing Address 1200 GRAHAM RD | MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 98 No |
| FLORISSANT | | Level of Care: SNF | Bed Capacity | 98 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT | MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 98 No |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER | MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 98 No 00154 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD | MO 63031-8015 MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 98 No 00154 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH | MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 98 No 00154 No 120 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 | MO 63031-8015 MO 63031-8015 MO 65653-5132 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 98 No 00154 No 120 No |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH | MO 63031-8015 MO 63031-8015 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 98 No 00154 No 120 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 FORSYTH | MO 63031-8015 MO 63031-8015 MO 65653-5132 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 98 No 00154 No 120 No |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 FORSYTH FOUNTAINBLEAU LODGE | MO 63031-8015 MO 63031-8015 MO 65653-5132 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY Region 1 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 98 No 00154 No 120 No 18870 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 FORSYTH FOUNTAINBLEAU LODGE 2001 NORTH KINGSHIGHWAY | MO 63031-8015 MO 63031-8015 MO 65653-5132 MO 65653-0640 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY Region 1 Medicare/Medicaid Telephone (573) 335-1999 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 98 No 00154 No 120 No 18870 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 FORSYTH FOUNTAINBLEAU LODGE 2001 NORTH KINGSHIGHWAY CAPE GIRARDEAU | MO 63031-8015 MO 63031-8015 MO 65653-5132 MO 65653-0640 MO 63701-2193 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY Region 1 Medicare/Medicaid Telephone (573) 335-1999 Level of Care: ALF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 98 No 00154 No 120 No 18870 |
| FLORISSANT Mailing Address 1200 GRAHAM RD FLORISSANT FORSYTH CARE CENTER 477 COY BLVD FORSYTH Mailing Address PO BOX 640 FORSYTH FOUNTAINBLEAU LODGE 2001 NORTH KINGSHIGHWAY | MO 63031-8015 MO 63031-8015 MO 65653-5132 MO 65653-0640 MO 63701-2193 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (417) 546-6337 Level of Care: SNF County TANEY Region 1 Medicare/Medicaid Telephone (573) 335-1999 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 98 No 00154 No 120 No 18870 |

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| FOUNTAINBLEAU LODGE | | | | |
|---|----------------------|--|----------------------------------|-------|
| 2001 NORTH KINGSHIGHWAY | | Telephone (573) 335-1999 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63701-2193 | Level of Care: SNF | Bed Capacity | 33 |
| Mailing Address 2001 NORTH KINGS | HIGHWAY | County CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63701-2193 | Region 2 Medicare/Medicaid | Facility Number | 12751 |
| | | | | |
| EQUINDA INDI DA HAMADONIO CENT | NED. | | | |
| FOUNTAINBLEAU NURSING CENT 1349 HIGHWAY 61 | EK | T-1 (626) 027 2500 | A 1-1 | No |
| FESTUS | MO 63028-4107 | Telephone (636) 937-3500 Level of Care: SNF | Alzheimer's Unit Bed Capacity | 106 |
| Mailing Address PO BOX 700 | WO 03026-4107 | County JEFFERSON | DMH Licensed | No |
| FESTUS | MO 63028-0700 | | Facility Number | 17080 |
| restus | MO 03028-0700 | Region 2 Medicare/Medicaid | racinty Number | 17080 |
| | | | | |
| FOUNTAINS OF WEST COUNTY AI | L, 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 |
| ELLISVILLE | MO 63011-2240 | Region 7 | Facility Number | 29435 |
| | | | | |
| FOUR SEASONS ASSISTED LIVING | | | | |
| 230 RAILROAD ST | | Telephone (636) 366-4231 | Alzheimer's Unit | No |
| MOSCOW MILLS | MO 63362-1600 | Level of Care: ALF | Bed Capacity | 30 |
| Mailing Address 230 RAILROAD ST | | County LINCOLN | DMH Licensed | Yes |
| MOSCOW MILLS | MO 63362-1600 | Region 5 | Facility Number | 02624 |
| | | Ü | | |
| | | | | |
| FOUR SEASONS LIVING CENTER | | | | |
| 2800 HIGHWAY TT | | Telephone (660) 826-8803 | Alzheimer's Unit | Yes |
| SEDALIA | MO 65301-1410 | Level of Care: SNF | Bed Capacity | 239 |
| Mailing Address 2800 HIGHWAY TT | 3.50 - 5.500 - 4.440 | County PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-1410 | 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 |
| | | | | |
| FOXBERRY TERRACE - ASSISTED | 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 LOU | JIS AVE | County JASPER | DMH Licensed | No |
| WEBB CITY | MO 64870-9550 | Region 1 | Facility Number | 25428 |
| | | | | |
| FOXWOOD SPRINGS LIVING CENT | ΓER | | | |
| 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 FOXWOO | OD DR | County CASS | DMH Licensed | No |
| | | | | |

Facility Number

02649

MO 64083-9347

RAYMORE

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| FOXWOOD SPRINGS LIVING CEN | TER | | |
|--|----------------------|---------------------------------|--|
| 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 FOXWO | | County CASS | DMH Licensed No |
| RAYMORE | MO 64083-9347 | Region 3 Medicare/Medicaid | Facility Number 02649 |
| | | | |
| FREDERICK STREET MANOR | | | |
| 429 NORTH FREDERICK STREET | | Telephone (573) 334-2662 | Alzheimer's Unit No |
| CAPE GIRARDEAU | MO 63701-4834 | Level of Care: RCF* | Bed Capacity 32 |
| Mailing Address 429 NORTH FREDE | | County CAPE GIRARDEAU | DMH Licensed Yes |
| CAPE GIRARDEAU | MO 63701-4834 | Region 2 | Facility Number 02662 |
| EDEMONT CENTOD I WING THE | | | |
| 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 |
| | | | DMH Licensed No |
| Mailing Address 1520 EAST BATES S | | | |
| SPRINGFIELD | MO 65804-8401 | Region 1 | Facility Number 28782 |
| FRIENDSHIP VILLAGE ASSISTED | LIVING & MEMORY CARE | | |
| 12777 POINTE DR | | 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 | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63127-1757 | Region 7 | Facility Number 02703 |
| | | -10g.v.n | 2,00 |
| 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 |
| EDIENDCHID VII I ACE CHECTED | EIEI D | | |
| FRIENDSHIP VILLAGE CHESTER 15250 VILLAGE VIEW DRIVE | FIELD | 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 | |
| CHESTERFIELD | MO 63017-1982 | • | DMH Licensed No Facility Number 02715 |
| CHESTERFIELD | WIO 03017-1982 | Region 7 Medicare/Medicaid | Facility Number 02/13 |
| FRIENDSHIP VILLAGE SUNSET H | ILLS | | |
| 12651 VILLAGE CIRCLE DR | | 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 | RCLE DR | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63127-1778 | Region 7 Medicare/Medicaid | Facility Number 02703 |
| EU TON MANOD CADE CENTRED | | | |
| FULTON MANOR CARE CENTER 520 MANOR DR | | Telephone (573) 642-6834 | Alzheimer's Unit No |
| FULTON | MO 65251-2429 | Level of Care: SNF | Bed Capacity 52 |
| Mailing Address 520 MANOR DR | N1O 03231-2427 | County CALLAWAY | DMH Licensed No |
| FULTON | MO 65251-2429 | • | Facility Number 02725 |
| IOLION | 1V1O UJZJ1-2427 | Region 6 Medicare/Medicaid | Facinity Number 02/25 |

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| FULTON NURSING & REHAB | | | | |
|--|---|---|---|--|
| 1510 BLUFF ST | | Telephone (573) 642-0202 | Alzheimer's Unit | Yes |
| FULTON | MO 65251-2345 | Level of Care: SNF | Bed Capacity | 100 |
| Mailing Address 1510 BLUFF ST | | County CALLAWAY | DMH Licensed | No |
| FULTON | MO 65251-2345 | Region 6 Medicare/Medicaid | Facility Number | 03492 |
| | | | | |
| GABLES AT BRADY CIRCLE, LLC | THE | (214) 000 2220 | | |
| 11 BRADY CIRCLE | | Telephone (314) 890-2230 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63114-1110 | Level of Care: ALF** | Bed Capacity | 32 |
| Mailing Address 11 BRADY CIRCLE | MO (2114 1110 | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63114-1110 | 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 | 110 03033 0020 | County OZARK | DMH Licensed | No |
| GAINESVILLE | MO 65655-0628 | Region 1 Medicare/Medicaid | Facility Number | 12868 |
| G. III (25) (1552) | | region 1 incurcate/incurcate | 2 uciny 1 (united | 12000 |
| GARDEN PLAZA OF FLORISSANT | | | | |
| 1101 GARDEN PLAZA DR | | Telephone (314) 831-0988 | Alzheimer's Unit | Yes |
| FLORISSANT | MO 63033-2269 | Level of Care: ALF** | Bed Capacity | 102 |
| Mailing Address 1101 GARDEN PLAZ | ZA DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| FLORISSANT | MO 63033-2269 | Region 7 | Facility Number | 27826 |
| | | | | |
| | | | | |
| GARDEN VIEW CARE CENTER | | | | |
| GARDEN VIEW CARE CENTER 700 GARDEN PATH | | Telephone (636) 240-2840 | Alzheimer's Unit | YES |
| | MO 63366-3052 | Level of Care: SNF | Alzheimer's Unit Bed Capacity | YES 120 |
| 700 GARDEN PATH | | • ' | | |
| 700 GARDEN PATH O'FALLON | | Level of Care: SNF | Bed Capacity | 120 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON | MO 63366-3052 | Level of Care: SNF County SAINT CHARLES | Bed Capacity DMH Licensed | 120 No |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT | MO 63366-3052 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 120 No 13963 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD | MO 63366-3052 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 120 No 13963 Yes |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 13963 Yes 120 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 13963 Yes 120 No |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 13963 Yes 120 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 13963 Yes 120 No |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 13963 Yes 120 No |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RE VALLEY PARK GARDEN VIEW CARE CENTER OF | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 13963 Yes 120 No 23101 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OI 1025 CHESTERFIELD POINTE PRKW | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD YY MO 63017-1957 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 13963 Yes 120 No 23101 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OI 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD YY MO 63017-1957 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 13963 Yes 120 No 23101 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OI 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD YY MO 63017-1957 D POINTE PRKWY | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 13963 Yes 120 No 23101 Yes 130 No |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD GARDEN VILLAS | MO 63366-3052 T DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD YY MO 63017-1957 D POINTE PRKWY | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 13963 Yes 120 No 23101 Yes 130 No 16409 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RE VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD GARDEN VILLAS 13590 SOUTH OUTER 40 RD | MO 63366-3052 F DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD TY MO 63017-1957 D POINTE PRKWY MO 63017-1957 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 434-2520 | 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 13963 Yes 120 No 23101 Yes 130 No 16409 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RD VALLEY PARK GARDEN VIEW CARE CENTER OI 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD GARDEN VILLAS 13590 SOUTH OUTER 40 RD TOWN AND COUNTRY | MO 63366-3052 F DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD TY MO 63017-1957 D POINTE PRKWY MO 63017-1957 MO 63017-5823 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 434-2520 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 | 120 No 13963 Yes 120 No 23101 Yes 130 No 16409 |
| 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RE VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD GARDEN VILLAS 13590 SOUTH OUTER 40 RD | MO 63366-3052 F DOUGHERTY FERRY MO 63088-1447 MO 63088-1447 F CHESTERFIELD TY MO 63017-1957 D POINTE PRKWY MO 63017-1957 MO 63017-5823 | Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 434-2520 | 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 13963 Yes 120 No 23101 Yes 130 No 16409 |

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| 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 28930 |
| | | | |
| 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 | 364 RD | County SAINT CHARLES | DMH Licensed No |
| O'FALLON | MO 63368-7757 | Region 5 | Facility Number 27793 |
| | | 8 | |
| CADDEN VII I AC COUTH | | | |
| GARDEN VILLAS SOUTH 13457 TESSON FERRY RD | | Telephone (314) 843-7788 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63128-4010 | Level of Care: ALF | Bed Capacity 83 |
| Mailing Address 13457 TESSON FERR | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63128-4010 | Region 7 | Facility Number 28964 |
| Simvi Eccio | 110 03120 1010 | Region , | 20704 |
| CADDENIC AT DADDY DOAD THE | | | |
| GARDENS AT BARRY ROAD, THE 8300 NW BARRY RD | | Telephone (816) 584-3200 | Alzheimer's Unit Yes |
| KANSAS CITY | MO 64153-1634 | Level of Care: ALF** | Bed Capacity 40 |
| Mailing Address 8300 NW BARRY RD | | County PLATTE | DMH Licensed No |
| KANSAS CITY | MO 64153-1634 | Region 4 | Facility Number 23774 |
| KANSAS CITT | WO 04133-1034 | Region + | Facility Number 23774 |
| GARDENS AT BARRY ROAD, THE | | | |
| 8300 NW BARRY ROAD | | Telephone (816) 584-3200 | Alzheimer's Unit No |
| KANSAS CITY | MO 64153-1634 | Level of Care: ALF | Bed Capacity 100 |
| Mailing Address 8300 NW BARRY RD | | County PLATTE | DMH Licensed No |
| KANSAS CITY | MO 64153-1634 | Region 4 | Facility Number 23774 |
| 11 1.01 25 011 1 | 110 01100 1001 | Region | 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 |
| | | 0 - | |
| GASCONADE MANOR NURSING HO | OME | | |
| 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 | 00000 2011 | County GASCONADE | DMH Licensed No |
| OWENSVILLE | MO 65066-0520 | Region 6 Medicare/Medicaid | Facility Number 02804 |
| O D. TO T IDDE | 00000 0020 | vegion o medicale/medicald | 1 ucinity (10004) |
| GASCONADE TERRACE RETIREM | ENT CENTER | | |
| 1930 NURSING HOME RD | LILL CEILLEN | | Al-L-i |
| | | Telephone (573) 437-4833 | Alzheimer's Unii No |
| | MO 65066-2844 | Telephone (573) 437-4833 Level of Care: ALF | Alzheimer's Unit No Bed Capacity 19 |
| OWENSVILLE | MO 65066-2844 | Level of Care: ALF | Bed Capacity 19 |
| | MO 65066-2844 MO 65066-0520 | - · · · · · | |

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

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| 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 |
| | and the state of t | • | |
| 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 |
| 110 0000 1010 | Region 1 | Tuesticy Transpor | 02704 |
| GOLDEN OAKS ASSISTED LIVING I LLC | | | |
| 27882 HIGHWAY H | Telephone (660) 886-6172 | Alzheimer's Unit | No |
| MARSHALL MO 65340-5303 | Level of Care: ALF** | Bed Capacity | 67 |
| Mailing Address 27882 HIGHWAY H | County SALINE | DMH Licensed | No |
| MARSHALL MO 65340-5303 | Region 5 | Facility Number | 15380 |
| GOLDEN YEARS CENTER FOR REHAB 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 PARKWAY | County CASS | DMH Licensed | No |
| HARRISONVILLE MO 64701-3714 | Region 3 Medicare/Medicaid | Facility Number | 12458 |
| GOOD SAMARITAN CARE CENTER | | | |
| 403 WEST MAIN ST | 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 | County BENTON | DMH Licensed | No |
| COLE CAMP MO 65325-1144 | Region 6 Medicare/Medicaid | Facility Number | 03039 |
| | Region o Medicard Medicard | Tuesticy Transpor | 03037 |
| GOOD SHEPHERD CARE CENTER | | | |
| 1101 WEST CLAY RD | Telephone (573) 378-5411 | Alzheimer's Unit | No |
| VERSAILLES MO 65084-1177 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1101 WEST CLAY RD | County MORGAN | DMH Licensed | No |
| VERSAILLES MO 65084-1177 | Region 6 Medicare/Medicaid | Facility Number | 21631 |
| GOOD SHEPHERD COMMUNITY CARE AND REHABILITATI | ON | | |
| 200 WEST 12TH ST | 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 |
| | | | |

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

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

Medicare/Medicaid

Facility Number

15550

MO 63944-0108

GREENVILLE

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| GREGORY RIDGE HEALTH CARE | CENTER | | |
|---------------------------------------|---------------------|---------------------------------|-------------------------|
| 7001 CLEVELAND AVE | | Telephone (816) 333-0700 | Alzheimer's Unit No |
| KANSAS CITY | MO 64132-1622 | Level of Care: SNF | Bed Capacity 116 |
| Mailing Address 7001 CLEVELAND A | AVE | County JACKSON | DMH Licensed No |
| KANSAS CITY | MO 64132-1622 | Region 3 Medicare/Medicaid | Facility Number 04109 |
| | | | |
| HAMPTON HOUSE RESIDENTIAL | CARE FACILITY | | |
| 201 N DECATUR STREET | | Telephone (573) 276-6054 | Alzheimer's Unit No |
| MALDEN | MO 63863-2017 | Level of Care: RCF* | Bed Capacity 22 |
| Mailing Address 201 N DECATUR ST | | County DUNKLIN | DMH Licensed Yes |
| MALDEN | MO 63863-2017 | Region 2 | Facility Number 03331 |
| MALDEN | WIO 03003-2017 | Kegion 2 | racinty Number 03331 |
| | | | |
| HAMPTON MANOR OF WENTZVI | LLE | m 1 1 (620 520 5520 | |
| 21 MIDLAND PARK DR | 1.0 | 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 EIGHTE | H ST | County BOONE | DMH Licensed Yes |
| COLUMBIA | MO 65201-4516 | Region 6 | Facility Number 17197 |
| | | | |
| HARBOR PLACE - LINN | | | |
| 24 TRENSHAW TRAIL | | Telephone (573) 897-2100 | Alzheimer's Unit NO |
| LINN | MO 65051-2874 | Level of Care: RCF | Bed Capacity 24 |
| Mailing Address 24 TRENSHAW TRA | AIL | County OSAGE | DMH Licensed No |
| LINN | MO 65051-2874 | Region 6 | Facility Number 31116 |
| | | | |
| 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** | Bed Capacity 44 |
| Mailing Address 503 BURKARTH RD | | County JOHNSON | DMH Licensed No |
| WARRENSBURG | MO 64093-3145 | Region 3 | Facility Number 18615 |
| HAROLD AND LOUISE WELL COM | A DE CENTRER | | |
| HAROLD AND LOUISE HEALTHC. | AKE CENTEK | m 1 1 (570) 221 1122 | |
| 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 COMMUNICAT | ION DR | County MARION | DMH Licensed Yes |
| HANNIBAL | MO 63401-3670 | Region 5 | Facility Number 29639 |
| HADDIG HOUGE DEGENERATION 1 - ~ | DE DACH 1887, 2015 | | |
| HARRIS HOUSE RESIDENTIAL CA | AKE FACILITY, THE | | |
| | | Tolonhono (014) 500 5020 | Alghaiman's Timit |
| 3859 EAST 59TH TERRACE | MO (4120 4410 | Telephone (816) 599-5230 | Alzheimer's Unit No |
| 3859 EAST 59TH TERRACE KANSAS CITY | MO 64130-4410 | Level of Care: RCF | Bed Capacity 7 |
| 3859 EAST 59TH TERRACE | | | |

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| HARRIS RESIDENTIAL CARE CEN | TER LLC | | |
|-----------------------------------|---------------------|---------------------------------|-------------------------|
| 401 SOUTH HENRY | | Telephone (573) 756-5376 | Alzheimer's Unit No |
| FARMINGTON | MO 63640-1823 | Level of Care: RCF* | Bed Capacity 37 |
| Mailing Address PO BOX 671 | | County SAINT FRANCOIS | DMH Licensed Yes |
| FARMINGTON | MO 63640-0675 | Region 2 | Facility Number 02256 |
| | | | |
| HARTLAND RESIDENTIAL CARE | CENTER | | |
| 23435 LADDER DR | CENTER | Telephone (660) 886-7093 | Alzheimer's Unit No |
| MARSHALL | MO 65340-4662 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 23435 LADDER DR | 110 03340 4002 | County SALINE | DMH Licensed No |
| MARSHALL | MO 65340-4662 | Region 5 | Facility Number 15163 |
| WARSHALL | NIO 03340-4002 | Region 5 | racinty Number 13103 |
| | | | |
| HARTMANN VILLAGE - ASSISTED | LIVING BY AMERICARE | | |
| 615 RANKIN MILL LN | | Telephone (660) 882-9933 | Alzheimer's Unit No |
| BOONVILLE | MO 65233-2873 | Level of Care: ALF** | Bed Capacity 42 |
| Mailing Address 615 RANKIN MILL I | | County COOPER | DMH Licensed No |
| BOONVILLE | MO 65233-2873 | Region 6 | Facility Number 26026 |
| | | | |
| HARTON SENIOR LIVING | | | |
| 1054 SOUTH HWY 47 | | Telephone (636) 377-4444 | Alzheimer's Unit No |
| WARRENTON | MO 63383-2625 | Level of Care: RCF | Bed Capacity 36 |
| Mailing Address 1054 SOUTH HWY 4 | 17 | County WARREN | DMH Licensed No |
| WARRENTON | MO 63383-2625 | Region 6 | Facility Number 30144 |
| | | | |
| 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 S | | County WRIGHT | DMH Licensed No |
| HARTVILLE | MO 65667-8221 | Region 1 Medicare/Medicaid | Facility Number 17946 |
| THE VIELE | 1410 03007 0221 | Region 1 Medical e/Medicald | racincy runnoci 17940 |
| | | | |
| HARVESTER RESIDENTIAL CARE | | | |
| 35 LILLIAN DR | | Telephone (636) 939-3833 | Alzheimer's Unit No |
| SAINT CHARLES | MO 63304-7032 | Level of Care: RCF* | Bed Capacity 38 |
| Mailing Address 35 LILLIAN DR | | County 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-PAS | S | County DUNKLIN | DMH Licensed Yes |
| KENNETT | MO 63857-3240 | Region 2 | Facility Number 27620 |
| | | | |
| HEART OF THE OZARKS HEALTH | ICARE CENTER | | |
| 2004 CRESTVIEW ST | ICARE CENTER | Telephone (417) 683-4129 | Alzheimer's Unit No |
| AVA | MO 65608-8903 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address PO BOX 727 | 112 03000 0703 | County DOUGLAS | DMH Licensed No |
| AVA | MO 65608-0727 | · | Facility Number 01290 |
| 1111 | 1410 03000-0727 | Region 1 Medicare/Medicaid | racinty number 01290 |

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| WEAREN AND CARE AND DENA DW | ALL ALEXON CALMED D | | |
|---|------------------------------|--|--|
| HEARTLAND CARE AND REHABIL 2525 BOUTIN DR | ITATION CENTER | 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 | MO 03/01-8331 | County CAPE GIRARDEAU | DMH Licensed No |
| CAPE GIRARDEAU | MO 63701-8551 | Region 2 Medicare/Medicaid | Facility Number 01023 |
| CAI E GIRARDEAU | WIO 03/01-8331 | kegion 2 Medicare/Medicaid | racinty Number 01023 |
| HEARTLAND II RESIDENTIAL CAI | 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 |
| | 0.001 2 50 | Region . | rumber 10020 |
| HEARTLAND III RCF | | | |
| 1606 SOUTH 38TH ST | | Telephone (816) 390-8941 | Alzheimer's Unit No |
| SAINT JOSEPH | MO 64507-2216 | Level of Care: RCF | Bed Capacity 18 |
| Mailing Address PO BOX 8923 | | County BUCHANAN | DMH Licensed Yes |
| SAINT JOSEPH | MO 64508-8923 | Region 4 | Facility Number 00920 |
| | | | • |
| HEARTLAND RESIDENTIAL CARE | FACILITY, INC | | |
| 1311 FRANCIS ST | | Telephone (816) 233-5779 | Alzheimer's Unit No |
| SAINT JOSEPH | MO 64501-2318 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address 1311 FRANCIS ST | | County BUCHANAN | DMH Licensed Yes |
| SAINT JOSEPH | MO 64501-2318 | Region 4 | Facility Number 02491 |
| | | | |
| HEISINGER BLUFFS HEALTHCAR | 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 |
| JEFFERSON CITY | MO 65109-1356 | Region 6 Medicare/Medicaid | Facility Number 07572 |
| HEIGINGED DI HEEG DEHAD AND I | TIEAT THICADE CENTEED | | |
| HEISINGER BLUFFS REHAB AND I 1002 WEST MAIN ST | HEALTHCARE CENTER | Telephone (573) 636-6288 | Alzheimer's Unit No |
| JEFFERSON CITY | MO 65109-6901 | Telephone (573) 636-6288 Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 1002 WEST MAIN ST | | | - · |
| JEFFERSON CITY | MO 65109-6901 | • | DMH Licensed No Facility Number 03479 |
| JEFFERSON CITT | MO 03109-0901 | Region 6 Medicare/Medicaid | Facility Number 03479 |
| HEISINGER BLUFFS SENIOR LIVIN | NG | | |
| 1002 WEST MAIN ST | | 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 |
| | | - | |
| HENLEY PLACE OF NEOSHO, A SE | ENIOR 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 |
| | | | |

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| 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 HANLEY RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS MO 63134-2710 | Region 7 Medicare/Medicaid | Facility Number 00411 |
| | | |
| HERITAGE HALL NURSING CENTER | | |
| 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 22 | County BOONE | DMH Licensed No |
| CENTRALIA MO 65240-1146 | Region 6 Medicare/Medicaid | Facility Number 03069 |
| 3.00 0.00 0.00 | region o Medicard Medicard | 1 ucms 1 (ums c) |
| HERITAGE HILLS ASSISTED LIVING FACILITY | | |
| ROUTE 5, BOX 68 | Telephone (573) 866-2003 | Alzheimer's Unit No |
| PATTON MO 63662-9760 | Level of Care: ALF | Bed Capacity 24 |
| Mailing Address PO BOX B | County BOLLINGER | DMH Licensed Yes |
| PATTON MO 63662-0010 | Region 2 | Facility Number 18783 |
| | -10g.vii | 10,00 |
| HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE | | |
| 1802 SAINT FRANCIS ST | 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 |
| | | · |
| HERITAGE VILLAGE OF GLADSTONE | | |
| 3000 NORTH EAST 64TH ST | Telephone (816) 454-5130 | Alzheimer's Unit No |
| GLADSTONE MO 64119-1569 | Level of Care: ALF** | Bed Capacity 60 |
| Mailing Address 3000 NE 64TH ST | County CLAY | DMH Licensed No |
| GLADSTONE MO 64119-1569 | Region 4 | Facility Number 12510 |
| GLADSTONE MO (411)-130) | Region 4 | racinty runner 12310 |
| HERITAGE VILLAGE OF PLATTE CITY | | |
| 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 DR | County PLATTE | DMH Licensed No |
| PLATTE CITY MO 64079-9604 | Region 4 | Facility Number 13182 |
| | -10g.vii | |
| 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 | County HICKORY | DMH Licensed No |
| HERMITAGE MO 65668-0325 | Region 1 Medicare/Medicaid | Facility Number 10240 |
| | | |
| HICKORY MANOR | TI 1. 1 | ALL COLUMN TO SE |
| 209 HICKORY ST | Telephone (573) 674-2111 | Alzheimer's Unit No |
| LICKING MO 65542-9847 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 209 HICKORY ST | County TEXAS | DMH Licensed No |

Medicare/Medicaid

Facility Number

07929

MO 65542-9847

LICKING

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| 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 ROUT | | County SAINTE GENEVIEVE | DMH Licensed | Yes |
| SAINTE GENEVIEVE | MO 63670-8213 | Region 2 | Facility Number | 19721 |
| | | | | |
| HIDDEN ACRES ASSISTED LIVING | FILLC | | | |
| 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 ROUT | | County SAINTE GENEVIEVE | DMH Licensed | Yes |
| SAINTE GENEVIEVE | MO 63670-8213 | Region 2 | Facility Number | 11134 |
| HIDDEN LAKE CARE CENTER | | | | |
| 11400 HIDDEN LAKE DR | | Telephone (816) 737-1010 | Alzheimer's Unit | No |
| RAYTOWN | MO 64133-7409 | Level of Care: RCF* | Bed Capacity | 48 |
| Mailing Address 11400 HIDDEN LAKI | | County JACKSON | DMH Licensed | No |
| RAYTOWN | MO 64133-7409 | Region 3 | Facility Number | 17146 |
| KITTOWN | NIO 04133 /407 | Region 5 | racinty raniber | 17140 |
| HIDDEN LAKE CARE CENTER | | | | |
| 11400 HIDDEN LAKE DR | | Telephone (816) 737-1010 | Alzheimer's Unit | No |
| RAYTOWN | MO 64133-7409 | Level of Care: SNF | Bed Capacity | 112 |
| Mailing Address 11400 HIDDEN LAK | E DR | County JACKSON | DMH Licensed | No |
| RAYTOWN | MO 64133-7409 | Region 3 Medicare/Medicaid | Facility Number | 17146 |
| HIGH AND ODEST ASSISTED IN | UNIC DV AMEDICADE | | | |
| HIGHLAND CREST - ASSISTED LIV | ING BY AMERICARE | Tolonhone (660) 627 8004 | Alahoimon'a Unit | No |
| 2204 S HALLIBURTON ST | MO (2501 4651 | Telephone (660) 627-8004 | Alzheimer's Unit | No 42 |
| KIRKSVILLE Mailing Address 2204 S HALLIBURTO | MO 63501-4651 | Level of Care: ALF** | Bed Capacity | 42 |
| | | | | |
| • | | County ADAIR | DMH Licensed | No |
| KIRKSVILLE | MO 63501-4651 | Region 5 | Facility Number | No 16785 |
| • | MO 63501-4651 | * | | |
| KIRKSVILLE | MO 63501-4651 | * | | |
| KIRKSVILLE HIGHLAND REHABILITATION & F | MO 63501-4651 | Region 5 | Facility Number | 16785 |
| KIRKSVILLE HIGHLAND REHABILITATION & H 904 EAST 68TH ST | MO 63501-4651 HEALTH CARE CENTER | Region 5 Telephone (816) 333-5485 | Facility Number Alzheimer's Unit | 16785 NO |
| KIRKSVILLE HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY | MO 63501-4651 HEALTH CARE CENTER | Region 5 Telephone (816) 333-5485 Level of Care: SNF | Facility Number Alzheimer's Unit Bed Capacity | NO 162 |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | NO 162 No |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | NO 162 No 06782 |
| HIGHLAND REHABILITATION & H 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | NO 162 No 06782 |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | NO 162 No 06782 No 90 |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | NO 162 No 06782 No 90 No |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | NO 162 No 06782 No 90 |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | NO 162 No 06782 No 90 No |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | NO 162 No 06782 No 90 No |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid | Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | NO 162 No 06782 No 90 No 03315 |
| HIGHLAND REHABILITATION & F 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 MO 64644-8287 | Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | NO 162 No 06782 No 90 No 03315 |
| HIGHLAND REHABILITATION & H 904 EAST 68TH ST KANSAS CITY Mailing Address 904 EAST 68TH ST KANSAS CITY HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON | MO 63501-4651 HEALTH CARE CENTER MO 64131-1305 MO 64131-1305 MO 64644-8287 MO 64644-8287 | Region 5 Telephone (816) 333-5485 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care: RCF | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | NO 162 No 06782 No 90 No 03315 |

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

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| HOLLY HILLS RETIREMENT HOME | | | |
|--|---------------------------------|------------------------|----------|
| 6421 MINNESOTA | Telephone (314) 351-0767 | Alzheimer's Unit | No |
| SAINT LOUIS MO 63111-2808 | Level of Care: RCF* | Bed Capacity | 15 |
| Mailing Address 6421 MINNESOTA | County SAINT LOUIS CITY | DMH Licensed | Yes |
| SAINT LOUIS MO 63111-2808 | Region 7 | Facility Number | 03678 |
| HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY | V THE | | |
| 1481 MARBACH DRIVE | Telephone (636) 239-1941 | Alzheimer's Unit | No |
| WASHINGTON MO 63090-4636 | Level of Care: ALF | Bed Capacity | 36 |
| Mailing Address 1481 MARBACH DRIVE | County FRANKLIN | DMH Licensed | No |
| WASHINGTON MO 63090-4636 | Region 6 | Facility Number | 32345 |
| | | | |
| HOPE CARE CENTER | m | | |
| 115 EAST 83RD ST | 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 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 STREET | County CHRISTIAN | DMH Licensed | No |
| OZARK MO 65721-6618 | Region 1 | Facility Number | 30302 |
| | region 1 | Tuesday Transpor | 30302 |
| HOUSE OF CARE CENTER | | | |
| 3744 BENTON BLVD | 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 |
| 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 |
| HIDGON HOUSE | | | |
| HUDSON HOUSE | M. L. J. (417) 279 21 22 | A1 1 | N.T. |
| 1700-B SOUTH HUDSON AVE | Telephone (417) 678-2169 | Alzheimer's Unit | No |
| AURORA MO 65605-2717 | Level of Care: RCF* | Bed Capacity | 41 N- |
| Mailing Address 1700-B S HUDSON AVE | County LAWRENCE | DMH Licensed | No |
| AURORA MO 65605-2717 | Region 1 | Facility Number | 10444 |
| HUNTER ACRES CARING CENTER | | | |
| 628 NORTH WEST ST | Telephone (573) 471-7130 | Alzheimer's Unit | Yes |
| SIKESTON MO 63801-4738 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 628 NORTH WEST ST | County SCOTT | DMH Licensed | No |
| SIKESTON MO 63801-4738 | Region 2 Medicare/Medicaid | Facility Number | 07345 |
| | | | |

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

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| 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 |
| | | | |
| 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 |
| | | | |
| JAMES RIVER NURSING AND REHABILITATION | m | | |
| 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 | County GREENE | DMH Licensed | No |
| SPRINGFIELD MO 65809-3400 | 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 |
| Mailing Address 2443 PROUHET AVE | County SAINT LOUIS COUNTY | DMH Licensed | Yes |
| OVERLAND MO 63114-1946 | Region 7 | Facility Number | 18369 |
| NO STITITIO | Region / | racinty raniser | 10307 |
| JEANNE JUGAN CENTER | | | |
| 8745 JAMES A REED ROAD | Telephone (816) 761-4744 | Alzheimer's Unit | No |
| KANSAS CITY MO 64138-4414 | Level of Care: ICF | Bed Capacity | 26 |
| Mailing Address 8745 JAMES A REED RD | County JACKSON | DMH Licensed | No |
| KANSAS CITY MO 64138-4414 | Region 3 Medicaid | Facility Number | 12724 |
| | | | |
| JEANNE JUGAN CENTER | m 1 1 2010 = 11 1= 11 | | • - |
| 8745 JAMES A REED ROAD | Telephone (816) 761-4744 | Alzheimer's Unit | No |
| KANSAS CITY MO 64138-4414 | Level of Care: SNF | Bed Capacity | 26 |
| Mailing Address 8745 JAMES A REED RD | County JACKSON | DMH Licensed | No |
| KANSAS CITY MO 64138-4414 | Region 3 Medicaid | Facility Number | 12724 |
| JEFFERSON CITY MANOR CARE CENTER | | | |
| 1720 VIETH DR | Telephone (573) 635-6193 | Alzheimer's Unit | No |
| JEFFERSON CITY MO 65109-2522 | Level of Care: SNF | Bed Capacity | 102 |
| Mailing Address 1720 VIETH DR | County COLE | DMH Licensed | No |
| JEFFERSON CITY MO 65109-2522 | Region 6 Medicare/Medicaid | Facility Number | 03870 |
| 30.107 2022 | gion o intentary intentalu | | 03070 |
| JEFFERSON CITY NURSING AND 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 |
| | | | |

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| JEFFERSON GARDENS - ASSISTI | ED LIVING BY AMERICARE | | | |
|--|------------------------|---------------------------------|---------------------|-------|
| 509 WEST ROGERS ST | | Telephone (660) 885-9770 | Alzheimer's Unit | No |
| CLINTON | MO 64735-2548 | Level of Care: ALF** | Bed Capacity | 42 |
| Mailing Address 509 WEST ROGER | S ST | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-2548 | Region 1 | Facility Number | 20603 |
| | | | | |
| 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 | PKWY | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-2602 | Region 3 Medicare/Medicaid | Facility Number | 04415 |
| 70F 67 DV DEGYDDYNY | | | | |
| JOE CLARK RESIDENTIAL CARI 1495 EAST ASHLAND ST | Е НОМЕ | Telephone (417) 667-5000 | Alzheimer's Unit | No |
| | MO 64772 4016 | | Bed Capacity | 34 |
| NEVADA | MO 64772-4016 | | | |
| Mailing Address PO BOX 246 | MO (4772 0246 | County VERNON | DMH Licensed | No |
| NEVADA | MO 64772-0246 | Region 1 | Facility Number | 23419 |
| JOHN KNOX VILLAGE CARE CE | NTER | | | |
| 600 NW PRYOR ROAD | | Telephone (816) 347-2400 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64081-1104 | Level of Care: SNF | Bed Capacity | 430 |
| Mailing Address 600 NW PRYOR R | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-1104 | Region 3 Medicare/Medicaid | Facility Number | 14529 |
| | | region - Medicare/Medicard | Tuesday 1 (united) | 11329 |
| JOHNSON COUNTY CARE CENT | ER | | | |
| 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 MARKE | T ST | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-1818 | Region 3 Medicaid | Facility Number | 05309 |
| | | | | |
| JOLET HOME | | (0.1.6) | | |
| 3920 FOREST | MO (4110 1000 | Telephone (816) 531-5308 | Alzheimer's Unit | No |
| KANSAS CITY | MO 64110-1220 | Level of Care: RCF | Bed Capacity | 17 |
| Mailing Address 3920 FOREST | NO 64110 1000 | County JACKSON | DMH Licensed | Yes |
| KANSAS CITY | MO 64110-1220 | Region 3 | Facility Number | 03982 |
| JONES' WILDWOOD CARE CENT | ΓER | | | |
| 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 | | County MONROE | DMH Licensed | Yes |
| MADISON | MO 65263-0069 | Region 5 | Facility Number | 08573 |
| | 2 30230 3337 | Lugion 5 | - Homey Mannet | 00010 |
| 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 JACK | SSON AVE | County JASPER | DMH Licensed | No |
| JOPLIN | MO 64804-2524 | Region 1 Medicare/Medicaid | Facility Number | 01373 |
| | | | | |

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| JOPLIN HEALTH AND REHABILIT | 'ATION CENTER | | |
|-----------------------------------|------------------------------|---------------------------------|-------------------------|
| 2218 WEST 32ND ST | THIS CELVIER | Telephone (417) 623-5264 | Alzheimer's Unit Yes |
| JOPLIN | MO 64804-3514 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 2218 WEST 32ND ST | | County NEWTON | DMH Licensed No |
| JOPLIN | MO 64804-3514 | | Facility Number 12583 |
| JOPLIN | MO 04804-3314 | Region 1 Medicare/Medicaid | racinty Number 12383 |
| JORDAN CREEK NURSING & REH | AB | TEMPORARY CLO | SURE - STAFFING |
| 910 SOUTH WEST AVE | | Telephone (417) 865-8741 | Alzheimer's Unit Yes |
| SPRINGFIELD | MO 65802-4950 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 910 SOUTH WEST A | VE | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65802-4950 | Region 1 Medicare/Medicaid | Facility Number 03245 |
| 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 |
| | | 8 | |
| 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 |
| VADUL NUDSING HOMES INC | | | |
| KABUL NURSING HOMES, INC | | Tolonhono (417) 062 2712 | Alahaiman'a Unit No |
| 1000 MAIN ST | MO (5(0) 0125 | Telephone (417) 962-3713 | Alzheimer's Unit No |
| CABOOL 1000 MARKET | MO 65689-9125 | Level of Care: SNF | Bed Capacity 99 |
| Mailing Address 1000 MAIN ST | MO (55000 0125 | County TEXAS | DMH Licensed No |
| CABOOL | MO 65689-9125 | Region 2 Medicare/Medicaid | Facility Number 04085 |
| KASEY PAIGE HEALTH CARE CEN | NTER | | |
| 3715 JAMIESON AVE | | Telephone (314) 781-0222 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63109-1109 | Level of Care: RCF | Bed Capacity 111 |
| Mailing Address 3715 JAMIESON AV | E | County SAINT LOUIS CITY | DMH Licensed Yes |
| SAINT LOUIS | MO 63109-1109 | Region 7 | Facility Number 04650 |
| | | | |
| 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 | 1410 0300 1 -11// | County MORGAN | DMH Licensed No |
| VERSAILLES | MO 65084-1177 | • | |
| VERSAILLES | WIO 03004-11// | Region 6 | Facility Number 21631 |

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| KINGDOM CARE SENIOR LIVING 811 CENTER ST | ELLC | Tolonhous (572) 642 6646 | Alzheimer's Unit | No |
|---|----------------|--|---------------------|----------|
| FULTON | MO 65251-1922 | Telephone (573) 642-6646 Level of Care: ALF | Bed Capacity | No 41 |
| Mailing Address 811 CENTER ST | WIO 03231-1922 | County CALLAWAY | | No |
| FULTON | MO 65251-1922 | Region 6 | | 735 |
| TOLION | NIO 03231-1722 | Region 0 | racinty (uniber | 133 |
| KINGDOM CARE SENIOR LIVING | LLC | | | |
| 811 CENTER ST | . 220 | Telephone (573) 642-6646 | Alzheimer's Unit | No |
| FULTON | MO 65251-1922 | Level of Care: SNF | Bed Capacity | 36 |
| Mailing Address 811 CENTER ST | | County CALLAWAY | | No |
| FULTON | MO 65251-1922 | Region 6 Medicare/Medicaid | Facility Number 18 | 735 |
| 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 | 36 |
| Mailing Address 620 WEST BOULEV | ARD ST | County AUDRAIN | DMH Licensed | No |
| MEXICO | MO 65265-2199 | Region 5 | Facility Number 04 | 146 |
| VINCED AUCHTEDS HOME THE | | | | |
| KING'S DAUGHTERS HOME, THE 620 WEST BOULEVARD ST | | Telephone (573) 581-1577 | Alzheimer's Unit | No |
| MEXICO | MO 65265-2199 | Telephone (573) 581-1577 Level of Care: RCF* | Bed Capacity | 12 |
| Mailing Address 620 WEST BOULEV | | County AUDRAIN | | No |
| MEXICO | MO 65265-2199 | Region 5 | | 146 |
| | | Region 5 | ruenty (value) | 140 |
| KINGSLAND WALK SENIOR LIVI | NG | | | |
| 868 KINGSLAND AVENUE | | Telephone (314) 955-6884 | Alzheimer's Unit | Yes |
| UNIVERSITY CITY | MO 63130-3181 | Level of Care: ALF** | Bed Capacity | 70 |
| Mailing Address 868 KINGSLAND A | | County SAINT LOUIS COUNTY | | No |
| UNIVERSITY CITY | MO 63130-3181 | Region 7 | Facility Number 322 | 203 |
| 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 04 | 152 |
| 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 | D | County JACKSON | | No |
| KANSAS CITY | MO 64114-4359 | Region 3 Medicare/Medicaid | | 152 |
| KIRKSVILLE MANOR CARE CEN | TED | | | |
| 1705 EAST LAHARPE | LEA | Telephone (660) 665-3774 | Alzheimer's Unit | No |
| KIRKSVILLE | MO 63501-3927 | Level of Care: SNF | | 132 |
| Mailing Address 1705 EAST LAHARI | | County ADAIR | | No |
| KIRKSVILLE | MO 63501-3927 | Region 5 Medicare/Medicaid | | 161 |
| | | - | | |

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| 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 | | County KNOX | DMH Licensed No |
| EDINA | MO 63537-4253 | Region 5 Medicare/Medicaid | Facility Number 04173 |
| LA DELLE MANOD CADE CENTRE | n. | | |
| LA BELLE MANOR CARE CENTEI 1002 CENTRAL | X | Telephone (660) 213-3234 | Alzheimer's Unit Yes |
| LA BELLE | MO 63447-2092 | Telephone (660) 213-3234 Level of Care: SNF | |
| Mailing Address 1002 CENTRAL | MO 03447-2092 | | Bed Capacity 94 DMH Licensed No |
| LA BELLE | MO 63447-2092 | · | |
| LA DELLE | MO 03447-2092 | Region 5 Medicare/Medicaid | Facility Number 04212 |
| LA BONNE MAISON-ASSISTED LI | VING BY AMERICARE | | |
| 226 PLAZA DR | | Telephone (573) 472-2546 | Alzheimer's Unit No |
| SIKESTON | MO 63801-5105 | Level of Care: ALF** | Bed Capacity 30 |
| Mailing Address 226 PLAZA DR | | County SCOTT | DMH Licensed No |
| 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. | ACH RD | County MACON | DMH Licensed No |
| LA PLATA | MO 63549-1362 | Region 5 Medicare/Medicaid | Facility Number 04395 |
| | | | |
| LACLEDE COMMONS | | m. 1. 1. (21.1) 250 5550 | |
| 727 S LACLEDE STATION RD | NO (2110 4011 | 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 STA | | 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 | | County BARRY | DMH Licensed No |
| MONETT | MO 65708-0885 | Region 1 Medicare/Medicaid | Facility Number 04315 |
| | | | |
| LAKE GEORGE ASSISTED LIVING | Ţ | | |
| 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: RCF | Bed Capacity 48 |
| Mailing Address 145 4TH ST | | County CAMDEN | DMH Licensed No |
| CAMDENTON | MO 65020-7138 | Region 6 | Facility Number 30084 |
| | | · O | |

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| LAKE ST CHARLES ASSISTED LIV | VING 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 | EACH ITV | | | |
| 1523 3RD ROAD | FACILITY | Telephone (417) 276-5126 | Alzheimer's Unit | Yes |
| STOCKTON | MO 65785-9608 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address PO BOX 945 | WO 03783-9008 | County CEDAR | DMH Licensed | No |
| STOCKTON | MO 65785-0945 | | Facility Number | 07680 |
| STOCKTON | WIO 03763-0943 | Region 1 Medicare/Medicaid | racinty Number | 07080 |
| | | | | |
| LAKESHORES RESIDENTIAL CAR | RE FACILITY | | | |
| 102 SOUTH BOLIVAR RD | | Telephone (417) 754-2272 | Alzheimer's Unit | No |
| HUMANSVILLE | MO 65674-8553 | Level of Care: RCF* | Bed Capacity | 30 |
| Mailing Address PO BOX 221 | | County POLK | DMH Licensed | Yes |
| HUMANSVILLE | MO 65674-0221 | Region 1 | Facility Number | 15309 |
| | | | | |
| LAKESIDE MOUNTAIN MANOR | | | | |
| 238 HARMONY HEIGHTS | | Telephone (417) 546-5595 | Alzheimer's Unit | No |
| FORSYTH | MO 65653-5533 | Level of Care: RCF | Bed Capacity | 40 |
| Mailing Address 238 HARMONY HEI | IGHTS | 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 | R | County BENTON | DMH Licensed | No |
| LINCOLN | MO 65338-2007 | Region 6 | Facility Number | 04803 |
| | | | | |
| LAKEVIEW HEALTH CARE & REI | HADII ITATION CENTED | | | |
| 1450 ASHLEY RD | HABILITATION CENTER | Telephone (660) 882-7007 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-2141 | Level of Care: RCF* | Bed Capacity | 17 |
| Mailing Address 1450 ASHLEY RD | WIO 03233-2141 | County COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-2141 | Region 6 | Facility Number | 01602 |
| BOOKVILLE | WIO 03233-2141 | Region 0 | racinty Number | 01002 |
| | | | | |
| 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: 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 |

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| 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 MO | 63033-2230 | Region 7 Medicare/Medicaid | Facility Number 27146 |
| | | | |
| LAKEWOOD - ASSISTED LIVING BY AMI | ERICARE | The state of the s | |
| 4685 ROBBERSON AVE | | Telephone (417) 881-1411 | Alzheimer's Unit Yes |
| | 65810-1785 | Level of Care: ALF** | Bed Capacity 67 |
| Mailing Address 4685 ROBBERSON AVE | c5010 1505 | County GREENE | DMH Licensed No |
| SPRINGFIELD MO | 65810-1785 | Region 1 | Facility Number 23613 |
| LAMPLIGHT VILLAGE | | | |
| 309 LOCUST ST | | Telephone (417) 256-2749 | Alzheimer's Unit No |
| WEST PLAINS MO | 65775-3906 | Level of Care: RCF* | Bed Capacity 32 |
| Mailing Address PO BOX 166 | | County HOWELL | DMH Licensed Yes |
| • | 65775-0166 | Region 2 | Facility Number 21563 |
| | | region - | 21303 |
| LANDING OF O'FALLON, THE | | | |
| 1000 LANDING CIRCLE | | Telephone (636) 669-0780 | Alzheimer's Unit Yes |
| SAINT CHARLES MO | 63304-7647 | Level of Care: ALF** | Bed Capacity 142 |
| Mailing Address 1000 LANDING CIRCLE | | County SAINT CHARLES | DMH Licensed No |
| SAINT CHARLES MO | 63304-7647 | Region 5 | Facility Number 31181 |
| LANDMARK VILLA ALF | | | |
| 1101 OZARK AVE | | Telephone (417) 962-3700 | Alzheimer's Unit No |
| | 65689-7362 | Level of Care: ALF | Bed Capacity 44 |
| Mailing Address 1101 OZARK AVE | | County TEXAS | DMH Licensed Yes |
| • | 65689-7362 | Region 2 | Facility Number 04085 |
| | | | |
| LANSDOWNE VILLAGE | | T. I | |
| 4624 LANSDOWNE AVE | 62116 1522 | Telephone (314) 351-6888 | Alzheimer's Unit No |
| | 63116-1523 | Level of Care: SNF | Bed Capacity 145 |
| Mailing Address 4624 LANSDOWNE AVE | (2116 1522 | County SAINT LOUIS CITY | DMH Licensed No |
| SAINT LOUIS MO | 63116-1523 | Region 7 Medicare/Medicaid | Facility Number 14557 |
| LAURIE CARE CENTER | | | |
| 610 HWY O | | Telephone (573) 374-8263 | Alzheimer's Unit Yes |
| LAURIE MO | 65038-1068 | Level of Care: SNF | Bed Capacity 108 |
| Mailing Address PO BOX 1068 | | County MORGAN | DMH Licensed No |
| LAURIE MO | 65038-1068 | Region 6 Medicare/Medicaid | Facility Number 04449 |
| LAURIE KNOLLS | | | |
| 610 HIGHWAY O | | Telephone (573) 374-8263 | Alzheimer's Unit No |
| | 65038-1068 | Level of Care: RCF* | Bed Capacity 66 |
| Mailing Address PO BOX 1068 | | County MORGAN | DMH Licensed No |
| - | 65038-1068 | Region 6 | Facility Number 04449 |
| | | ∂ - | • |

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| 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 0 | 4478 |
| | | | | |
| I AMPENCE COUNTY MANOR | | | | |
| LAWRENCE COUNTY MANOR | | T-1 (417) 466 2192 | A 1-1 | Yes |
| 915 CARL ALLEN ST MT VERNON | MO 65712-1612 | Telephone (417) 466-2183 Level of Care: SNF | Alzheimer's Unit | 90 |
| Mailing Address 915 CARL ALLEN S | | | Bed Capacity DMH Licensed | No |
| MT VERNON | MO 65712-1612 | | | |
| WII VERNON | WIO 03/12-1012 | Region 1 Medicare/Medicaid | Facility Number 0 |)4349 |
| | | | | |
| LAWRENCE COUNTY RESIDENT | IAL CARE CENTER | | | |
| 915 CARL ALLEN ST | | 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 | ST | County LAWRENCE | DMH Licensed | No |
| MT VERNON | MO 65712-1612 | Region 1 | Facility Number 0 | 4349 |
| | | | | |
| LAWSON MANOR & REHAB | | | | |
| 210 WEST 8TH TERRACE | | Telephone (816) 580-3269 | Alzheimer's Unit | Yes |
| LAWSON | MO 64062-9357 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 210 WEST 8TH TER | | County RAY | DMH Licensed | No |
| LAWSON | MO 64062-9357 | Region 4 Medicare/Medicaid | | 7395 |
| | | 9 | • | |
| | | | | |
| LEBANON NORTH NURSING & RI | EHAB | | | |
| 596 MORTON RD | | Telephone (417) 532-9173 | Alzheimer's Unit | Yes |
| LEBANON | MO 65536-3648 | Level of Care: SNF | Bed Capacity | 180 |
| Mailing Address 596 MORTON RD | | County LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-3648 | Region 1 Medicare/Medicaid | Facility Number 0 | 14369 |
| | | | | |
| 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 1 | 5650 |
| | | | | |
| LEBANON SOUTH NURSING & RI | EII A D | | | |
| 514 WEST FREMONT ROAD | МПАВ | Tolonhous (417) 522 5251 | Alabaiman'a Unit | No |
| LEBANON | MO 65536-4244 | Telephone (417) 532-5351 Level of Care: SNF | Alzheimer's Unit | No 116 |
| Mailing Address 514 WEST FREMON | | | Bed Capacity DMH Licensed | |
| S . | | · | | No |
| LEBANON | MO 65536-4244 | Region 1 Medicare/Medicaid | Facility Number 1 | 5650 |
| | | | | |
| 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 1 | 3089 |
| | | | | |

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| LEE'S SUMMIT PLACE | | | | |
|---------------------------------------|----------------|---------------------------------|--------------------|------|
| 1501 SW 3RD ST | | Telephone (816) 525-6300 | Alzheimer's Unit | No |
| LEE'S SUMMIT | MO 64081-2424 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 1501 SW 3RD ST | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-2424 | Region 3 Medicare/Medicaid | Facility Number 1 | 2484 |
| LEGENDARY NURSING & REHAB | ILITATION LLC | | | |
| 809 EAST GORDON ST | ETT.TTO. (EEC | Telephone (660) 886-2247 | Alzheimer's Unit | No |
| MARSHALL | MO 65340-2811 | Level of Care: SNF | Bed Capacity | 92 |
| Mailing Address 809 EAST GORDON | | County SALINE | DMH Licensed | No |
| MARSHALL | MO 65340-2811 | Region 5 Medicare/Medicaid | | 4895 |
| LEISURE LIVING | | | | |
| 305 5TH ST | | Telephone (417) 235-5959 | Alzheimer's Unit | No |
| MONETT | MO 65708-2312 | Level of Care: RCF | Bed Capacity | 20 |
| Mailing Address 305 5TH ST | WO 03700 2312 | County BARRY | DMH Licensed | Yes |
| MONETT | MO 65708-2312 | Region 1 | | 8227 |
| MONETT | 110 03700 2312 | Region 1 | Tuenty Number | 0221 |
| LENOIR HEALTH CARE CENTER | | | | |
| 3850 CARTWRIGHT LANE | | Telephone (573) 876-5800 | Alzheimer's Unit | No |
| COLUMBIA | MO 65201-7779 | Level of Care: SNF | Bed Capacity | 100 |
| Mailing Address 3850 CARTWRIGHT | T LANE | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65201-7779 | Region 6 Medicare/Medicaid | Facility Number 0 | 4750 |
| LENOIR MANOR | | | | |
| 3850 CARTWRIGHT LANE | | Telephone (573) 876-5800 | Alzheimer's Unit | Yes |
| COLUMBIA | MO 65201- | Level of Care: ALF** | Bed Capacity | 92 |
| Mailing Address 3850 CARTWRIGHT | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65201- | Region 6 | Facility Number 0 | 4750 |
| LEONA HOUSE | | | | |
| 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 | | County PLATTE | DMH Licensed | No |
| KANSAS CITY | MO 64151-1946 | Region 4 | | 4748 |
| Millionis CITT | 110 04131 1740 | Region 4 | racinty (value) | 4740 |
| LEVERING REGIONAL HEALTH | CARE CENTER | | | |
| 1734 MARKET ST | | Telephone (573) 221-2930 | Alzheimer's Unit | No |
| HANNIBAL | MO 63401-4025 | Level of Care: RCF* | Bed Capacity | 35 |
| Mailing Address 1734 MARKET ST | | County MARION | DMH Licensed | Yes |
| HANNIBAL | MO 63401-4025 | Region 5 | Facility Number 1 | 5954 |
| LEVERING REGIONAL HEALTH | CARE CENTER | | | |
| 1734 MARKET ST | | Telephone (573) 221-2930 | Alzheimer's Unit | No |
| HANNIBAL | MO 63401-4025 | Level of Care: SNF | Bed Capacity | 179 |
| Mailing Address 1734 MARKET ST | | County MARION | DMH Licensed | No |
| HANNIBAL | MO 63401-4025 | Region 5 Medicare/Medicaid | Facility Number 1: | 5954 |
| | | = | | |

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| 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 LICI | K RD | County SAINT CHARLES | DMH Licensed | No |
| SAINT CHARLES | MO 63301-2328 | Region 5 Medicare/Medicaid | Facility Number | 01266 |
| | | | | |
| LEWIS COUNTY NURSING HOME | E 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 |
| | | | | |
| LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR | ESS | Tolonhous (017) 727 0000 | Alabaimart- II | NT_ |
| | MO (40(0 2275 | Telephone (816) 736-8800 | Alzheimer's Unit | No |
| LIBERTY | MO 64068-3375 | Level of Care: SNF | Bed Capacity | 143 |
| Mailing Address 2201 GLENN HEND | | County CLAY | DMH Licensed | No |
| LIBERTY | MO 64068-3375 | Region 4 Medicare/Medicaid | Facility Number | 16715 |
| 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 | | County TEXAS | DMH Licensed | No |
| LICKING | MO 65542-9832 | Region 2 | Facility Number | 24302 |
| Elem (G | 110 033 12 9032 | Region 2 | racinty runner | 24302 |
| LIFE CARE CENTER OF BRIDGE | 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 | I SQUARE DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2616 | Region 7 Medicare/Medicaid | Facility Number | 12141 |
| | | | | |
| I IEE CADE CENTED OF DROOM | ziei D | | | |
| LIFE CARE CENTER OF BROOKE | FIELD | Talaphana (660) 258 3367 | Alzhoimor's Unit | Vac |
| 315 HUNT ST | | Telephone (660) 258-3367 | Alzheimer's Unit | Yes |
| 315 HUNT ST BROOKFIELD | MO 64628-2412 | Level of Care: SNF | Bed Capacity | 120 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST | MO 64628-2412 | Level of Care: SNF County LINN | Bed Capacity DMH Licensed | 120 No |
| 315 HUNT ST BROOKFIELD | | Level of Care: SNF | Bed Capacity | 120 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST | MO 64628-2412 MO 64628-2412 | Level of Care: SNF County LINN | Bed Capacity DMH Licensed | 120 No |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD | MO 64628-2412 MO 64628-2412 | Level of Care: SNF County LINN | Bed Capacity DMH Licensed | 120 No |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI | MO 64628-2412 MO 64628-2412 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 120 No 00822 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 120 No 00822 No |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 00822 No 120 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU Mailing Address 365 SOUTH BROAD CAPE GIRARDEAU | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 DVIEW ST MO 63703-5725 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF County CAPE GIRARDEAU | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 00822 No 120 No |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU Mailing Address 365 SOUTH BROAD CAPE GIRARDEAU LIFE CARE CENTER OF CARROI | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 DVIEW ST MO 63703-5725 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF County CAPE GIRARDEAU Region 2 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | No 00822 No 120 No 01032 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU Mailing Address 365 SOUTH BROAD CAPE GIRARDEAU LIFE CARE CENTER OF CARROI 300 LIFE CARE LN | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 DVIEW ST MO 63703-5725 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF County CAPE GIRARDEAU Region 2 Medicare/Medicaid Telephone (660) 542-0155 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 00822 No 120 No 01032 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU Mailing Address 365 SOUTH BROAD CAPE GIRARDEAU LIFE CARE CENTER OF CARROI 300 LIFE CARE LN CARROLLTON | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 DVIEW ST MO 63703-5725 LLTON MO 64633-1861 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF County CAPE GIRARDEAU Region 2 Medicare/Medicaid Telephone (660) 542-0155 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 00822 No 120 No 01032 |
| 315 HUNT ST BROOKFIELD Mailing Address 315 HUNT ST BROOKFIELD LIFE CARE CENTER OF CAPE GI 365 SOUTH BROADVIEW ST CAPE GIRARDEAU Mailing Address 365 SOUTH BROAD CAPE GIRARDEAU LIFE CARE CENTER OF CARROI 300 LIFE CARE LN | MO 64628-2412 MO 64628-2412 RARDEAU MO 63703-5725 DVIEW ST MO 63703-5725 LLTON MO 64633-1861 | Level of Care: SNF County LINN Region 5 Medicare/Medicaid Telephone (573) 335-2086 Level of Care: SNF County CAPE GIRARDEAU Region 2 Medicare/Medicaid Telephone (660) 542-0155 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 00822 No 120 No 01032 |

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| LIFE CARE CENTER OF GRANDV | IEW | | | |
|--|--|--|---|---|
| 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 |
| | | | | |
| LIFE CARE CENTER OF ST LOUIS | 8 | | | |
| 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 | | 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 | Talanhana (572) 469 2129 | Alahaiman'a Thit | No |
| 875 DUNSFORD DR | MO 63080-1238 | Telephone (573) 468-3128 Level of Care: SNF | Alzheimer's Unit Bed Capacity | No |
| SULLIVAN Mailing Address 875 DUNSFORD DR | | | DMH Licensed | 120 No |
| SULLIVAN | MO 63080-1238 | • | Facility Number | |
| SULLIVAN | WIO 03000-1238 | Region 6 Medicare/Medicaid | Facinty Number | 07744 |
| LIFE CARE CENTER OF WAYNES | VILLE | | | |
| 700 BIRCH LN | | Telephone (573) 774-6456 | Alzheimer's Unit | Yes |
| WAYNESVILLE | MO 65583-2275 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 700 BIRCH LN | | County PULASKI | DMH Licensed | No |
| WAYNESVILLE | MO 65583-2275 | Region 6 Medicare/Medicaid | Facility Number | 04592 |
| | | inguitare incurrent | | 0.072 |
| | | | | |
| LIFE ENHANCEMENT VILLAGE (| OF THE OZARKS INC | | | |
| LIFE ENHANCEMENT VILLAGE (732 SOUTH GREGG ROAD | OF THE OZARKS INC | Telephone (417) 725-5166 | Alzheimer's Unit | No |
| | OF THE OZARKS INC MO 65714-7419 | Telephone (417) 725-5166 Level of Care: RCF* | Alzheimer's Unit Bed Capacity | No 44 |
| 732 SOUTH GREGG ROAD | MO 65714-7419 | • ' | | |
| 732 SOUTH GREGG ROAD NIXA | MO 65714-7419 | Level of Care: RCF* | Bed Capacity | 44 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGO NIXA | MO 65714-7419 GRD MO 65714-7419 | Level of Care: RCF* County CHRISTIAN | Bed Capacity DMH Licensed | 44 Yes |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE | MO 65714-7419 GRD MO 65714-7419 | Level of Care: RCF* County CHRISTIAN Region 1 | Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR | MO 65714-7419 GRD MO 65714-7419 ENTER | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 44 Yes 14190 No |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN | MO 65714-7419 6 RD MO 65714-7419 CNTER MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 44 Yes 14190 No 66 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE DE | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 44 Yes 14190 No 66 No |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN | MO 65714-7419 6 RD MO 65714-7419 CNTER MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 44 Yes 14190 No 66 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE DE | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 DR MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 44 Yes 14190 No 66 No |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 DR MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 44 Yes 14190 No 66 No |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN LINCOLN LINCOLN COUNTY NURSING & R | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 DR MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR MO 65338-2007 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 44 Yes 14190 No 66 No 04803 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY Mailing Address PO BOX 130 | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR MO 65338-2007 EHAB MO 63379-1520 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF County LINCOLN | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 44 Yes 14190 No 66 No 04803 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY Mailing Address PO BOX 130 TROY LINDELL MANOR | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR MO 65338-2007 EHAB MO 63379-1520 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF County LINCOLN Region 5 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 No 90 No 15750 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY Mailing Address PO BOX 130 TROY LINDELL MANOR 4336 LINDELL BLVD | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 R MO 65338-2007 EHAB MO 63379-1520 MO 63379-0130 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF County LINCOLN Region 5 Medicare/Medicaid Telephone (314) 652-4828 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 No 90 No 15750 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE DE LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY Mailing Address PO BOX 130 TROY LINDELL MANOR 4336 LINDELL BLVD SAINT LOUIS | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 OR MO 65338-2007 EHAB MO 63379-1520 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF County LINCOLN Region 5 Medicare/Medicaid Telephone (314) 652-4828 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 No 90 No 15750 |
| 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA LINCOLN COMMUNITY CARE CE 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE D LINCOLN LINCOLN COUNTY NURSING & R 1145 EAST CHERRY ST TROY Mailing Address PO BOX 130 TROY LINDELL MANOR 4336 LINDELL BLVD | MO 65714-7419 GRD MO 65714-7419 ENTER MO 65338-2007 R MO 65338-2007 EHAB MO 63379-1520 MO 63379-0130 | Level of Care: RCF* County CHRISTIAN Region 1 Telephone (660) 547-3322 Level of Care: SNF County BENTON Region 6 Medicare/Medicaid Telephone (636) 528-5712 Level of Care: SNF County LINCOLN Region 5 Medicare/Medicaid Telephone (314) 652-4828 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 44 Yes 14190 No 66 No 04803 No 90 No 15750 |

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| LINDEN WOODS VILLAGE | | T. I. I. (01.6) 2.69 4000 | All between the Tild |
|---|---------------|---------------------------------|--------------------------------------|
| 2901 NE 72ND STREET | MO 4444 5400 | 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 | | 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 | |
| GLADS FOINE | WO 04119-7400 | Region + | Facility Number 30156 |
| 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 | | County SALINE | DMH Licensed No |
| MARSHALL | MO 65340-0370 | Region 5 Medicare/Medicaid | Facility Number 21791 |
| | | | |
| LIVING COMMUNITY OF ST JOSE | РН | | |
| 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 F | RD | County BUCHANAN | DMH Licensed No |
| SAINT JOSEPH | MO 64506-3200 | Region 4 Medicare/Medicaid | Facility Number 24179 |
| | | | |
| LIVING COMMUNITY OF ST JOSE | РН | | |
| 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 F | RD | County BUCHANAN | DMH Licensed No |
| SAINT JOSEPH | MO 64506-3200 | Region 4 | Facility Number 24179 |
| | | · | |
| LIVING LIFE LONG RESIDENTIAL | CARE, LLC | | |
| 5076 WATERMAN | | 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 | | County SAINT LOUIS CITY | DMH Licensed Yes |
| SAINT LOUIS | MO 63108-4400 | Region 7 | Facility Number 05212 |
| LIVINGSTON MANOR CARE CENT | red | | |
| | LEK | Tolonkono (660) 646 5177 | Alabaimania IIvit |
| 939 E BIRCH DR | MO 64601 2190 | Telephone (660) 646-5177 | Alzheimer's Unit Yes Bed Capacity 94 |
| CHILLICOTHE Mailing Address 020 E DIRCH DR | MO 64601-2189 | Level of Care: SNF | |
| Mailing Address 939 E BIRCH DR | MO (4(0) 2190 | 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 Yes |
| MACON | MO 63552-2165 | Level of Care: SNF | Bed Capacity 160 |
| Mailing Address PO BOX 187 | | County MACON | DMH Licensed No |
| MACON | MO 63552-0187 | Region 5 Medicare/Medicaid | Facility Number 04739 |
| | | | |

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| 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 | - • | No |
| MACON | MO 63552-0187 | Region 5 | Facility Number 047 | 739 |
| | | | | |
| LODGE RESIDENTIAL CARE FAC | 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 162 | 211 |
| | | | | |
| 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 | WIO 03240-7030 | County HOWARD | | Yes |
| FAYETTE | MO 65248-9658 | Region 5 | | 815 |
| | 110 002.0 9000 | Region 5 | Tuesday I value 200 | 313 |
| 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 097 | 756 |
| | | | | |
| LOVING ARMS MEMORY CARE A | AND ASSISTED LIVING | | | |
| 1300 EAST 24TH ST | | Telephone (660) 851-2266 | | yes |
| SEDALIA | MO 65301-8233 | Level of Care: ALF** | Bed Capacity | 20 |
| Mailing Address 1300 EAST 24TH ST | | County PETTIS | | No |
| SEDALIA | MO 65301-8233 | Region 6 | Facility Number 159 | 971 |
| 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 | NORTH | County MARION | DMH Licensed | No |
| HANNIBAL | MO 63401-6571 | Region 5 Medicare/Medicaid | Facility Number 040 | 673 |
| | | | | |
| LUTHERAN CONVALESCENT HO | ME | | | |
| 723 SOUTH LACLEDE STATION RD | | Telephone (314) 968-5570 | | No |
| WEBSTER GROVES | MO 63119-4911 | Level of Care: SNF | | 286 |
| Mailing Address 723 SOUTH LACLEI | | County SAINT LOUIS COUNTY | | No |
| WEBSTER GROVES | MO 63119-4911 | Region 7 Medicare/Medicaid | Facility Number 046 | 695 |
| 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 | | No |
| CONCORDIA | MO 64020-0849 | Region 3 | Facility Number 047 | 705 |
| | | | | |

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| LUTHERAN HOME ASSISTED LIVI | NG | | |
|--|-------------------|---------------------------------|-----------------------------|
| 2825 BLOOMFIELD RD | | Telephone (573) 335-0158 | Alzheimer's Unit No |
| CAPE GIRARDEAU | MO 63703-6335 | Level of Care: ALF** | Bed Capacity 115 |
| Mailing Address 2825 BLOOMFIELD F | | County CAPE GIRARDEAU | DMH Licensed No |
| CAPE GIRARDEAU | MO 63703-6335 | Region 2 | Facility Number 13536 |
| | | | |
| 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 R | RD | County CAPE GIRARDEAU | DMH Licensed No |
| CAPE GIRARDEAU | MO 63703-6335 | Region 2 Medicare/Medicaid | Facility Number 13536 |
| | | | |
| | | | |
| LUTHERAN NURSING HOME | | | |
| 202 S WEST ST | | 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 |
| | | | |
| LUTHERAN SENIOR SERVICES AT | 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 D | DR . | County SAINT CHARLES | DMH Licensed No |
| SAINT CHARLES | MO 63304-9139 | Region 5 Medicare/Medicaid | Facility Number 20704 |
| | | | |
| | DD | | |
| LUTHERAN SENIOR SERVICES AT | BREEZE PARK | m 1 1 (62.5) 626 7000 | |
| 600 BREEZE PARK DR | MO (2204 0120 | Telephone (636) 939-5223 | Alzheimer's Unit No |
| SAINT CHARLES | MO 63304-9139 | Level of Care: ALF | Bed Capacity 56 |
| Mailing Address 600 BREEZE PARK D | | County SAINT CHARLES | DMH Licensed No |
| SAINT CHARLES | MO 63304-9139 | Region 5 | Facility Number 20704 |
| | | | |
| LUTHERAN SENIOR SERVICES AT | BREEZE PARK | | |
| 600 BREEZE PARK DR | | Telephone (636) 939-5223 | Alzheimer's Unit Yes |
| SAINT CHARLES | MO 63304-9139 | Level of Care: ALF** | Bed Capacity 23 |
| Mailing Address 600 BREEZE PARK D | DR . | County SAINT CHARLES | DMH Licensed No |
| SAINT CHARLES | MO 63304-9139 | Region 5 | Facility Number 20704 |
| | | | |
| LUCHED AN CENTOD CEDAUCEC AT | MED AMEC DI LIEEC | | |
| LUTHERAN SENIOR SERVICES AT 50 MERAMEC TRAIL DR | MERAMEC BLUFFS | T. J. J. (626) 961 0600 | A11. |
| | MO (2021 2202 | Telephone (636) 861-0600 | Alzheimer's Unit Yes |
| BALLWIN 50 MED AMEG ED AM | MO 63021-3303 | Level of Care: ALF** | Bed Capacity 100 |
| Mailing Address 50 MERAMEC TRAIL | | County SAINT LOUIS COUNTY | DMH Licensed No |
| BALLWIN | MO 63021-3303 | Region 7 | Facility Number 23643 |
| | | | |
| LUTHERAN SENIOR SERVICES AT | MERAMEC BLUFFS | | |
| 50 MERAMEC TRAIL DR | | Telephone (636) 861-0600 | Alzheimer's Unit Yes |
| BALLWIN | MO 63021-3303 | Level of Care: SNF | Bed Capacity 128 |
| Mailing Address 50 MERAMEC TRAIL | . DR | County SAINT LOUIS COUNTY | DMH Licensed No |
| BALLWIN | MO 63021-3303 | Region 7 Medicare/Medicaid | Facility Number 23643 |
| | | | |

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| LUXLIFE 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 | | County JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64014-2504 | Region 3 | Facility Number | 13219 |
| | | | | |
| LYNN'S HERITAGE HOUSE, INC | | | | |
| 800 KELLY LN | | Telephone (573) 754-4020 | Alzheimer's Unit | Yes |
| LOUISIANA | MO 63353-2415 | Level of Care: ALF** | Bed Capacity | 44 |
| Mailing Address 800 KELLY LN | 110 03333 2113 | County PIKE | DMH Licensed | No |
| LOUISIANA | MO 63353-2415 | Region 5 | Facility Number | 21055 |
| Ecolon IIII | 1110 03333 2113 | Region 5 | racincy runnocr | 21033 |
| | | | | |
| MACON HEALTH CARE CENTER | | T-l-nh (660) 205 5505 | ATELIA I TOTAL | 37 |
| 29612 KELLOGG AVE | 140 (2552 2502 | Telephone (660) 385-5797 | Alzheimer's Unit | Yes |
| MACON PO POY 465 | MO 63552-3702 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 465 | MO (2552 0465 | County MACON | DMH Licensed | No |
| MACON | MO 63552-0465 | Region 5 Medicare/Medicaid | Facility Number | 04914 |
| | | | | |
| MADISON SENIOR LIVING THE | | | | |
| 14001 MADISON AVENUE | | Telephone 816-627-1726 | Alzheimer's Unit | Yes |
| KANSAS CITY | MO 64145-1613 | Level of Care: ALF** | Bed Capacity | 66 |
| Mailing Address 14001 MADISON AV | | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64145-1613 | Region 3 | Facility Number | 32321 |
| | | | | |
| 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 | 13697 |
| | | | | |
| MAGNOLIA SQUARE NURSING AN | ND REHAB | | | |
| 1502 WEST EDGEWOOD | | Telephone (417) 877-7545 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65807-3567 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1502 WEST EDGEWO | | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65807-3567 | Region 1 Medicare/Medicaid | Facility Number | 23400 |
| | | | | |
| MANCHESTER REHAB AND HEAL | THCARE CENTER | | | |
| 312 SOLLEY DR | | Telephone (636) 391-0666 | Alzheimer's Unit | NO |
| BALLWIN | MO 63021-5248 | Level of Care: SNF | Bed Capacity | 137 |
| Mailing Address 312 SOLLEY DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BALLWIN | MO 63021-5248 | Region 7 Medicare/Medicaid | Facility Number | 04970 |
| MANOD AT ELEMINALE THE | | | | |
| 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 | | County GREENE | DMH Licensed | No |
| maining Addition 1/0/ WEST ELFINDA | THE OF | County OKLENE | Divili Licenseu | 110 |

Medicare

Facility Number

17371

MO 65807-1246

SPRINGFIELD

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| MANOR CROWN BIGORRODATER | | | | |
|---|-----------------------|--|----------------------------------|------|
| MANOR GROVE, INCORPORATED 711 SOUTH KIRKWOOD RD | | Talanhana (214) 065 0864 | Alzheimer's Unit | No |
| KIRKWOOD | MO 63122-5928 | Telephone (314) 965-0864 Level of Care: SNF | Bed Capacity | 117 |
| Mailing Address 711 SOUTH KIRKWO | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| KIRKWOOD | MO 63122-5928 | Region 7 Medicare/Medicaid | | 5038 |
| KIKKWOOD | 1110 03122-3720 | Region / Medicale/Medicald | racinty Number 00 | 1036 |
| MANOR, THE | | | | |
| 2071 BARRON RD | | 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 | | County BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 63901-1903 | Region 2 Medicare/Medicaid | Facility Number 00 | 0683 |
| | | | | |
| MAPLE CREST MANOR | | E 1 1 (572) 224 2662 | A1 1 ' 1 TT ' | N.T. |
| 430 NORTH FREDERICK STREET | MO (2701 4925 | 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 | | Yes |
| CAPE GIRARDEAU | MO 63701-4835 | Region 2 | Facility Number 03 | 3628 |
| 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 | | County PIKE | DMH Licensed | No |
| LOUISIANA | MO 63353-2503 | Region 5 Medicare/Medicaid | Facility Number 05 | 5002 |
| | | • | | |
| 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 09 | 9961 |
| MAPLE RIDGE RESIDENTIAL CAR | E 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 | | Yes |
| FARMINGTON | MO 63640-0272 | Region 2 | | 9808 |
| MADI E CENIOD I WING LL C | | | | |
| MAPLE SENIOR LIVING LLC | | T-l (417) 692 6194 | A Bullio di constanti di Princia | NI - |
| 3 SOUTHWEST FIRST LANE | MO (4750 0212 | Telephone (417) 682-6184 | Alzheimer's Unit | No |
| LAMAR | MO 64759-8313 | Level of Care: RCF* | Bed Capacity | 56 |
| Mailing Address 3 SOUTHWEST FIRST | | County BARTON | DMH Licensed | No |
| LAMAR | MO 64759-8313 | Region 1 | Facility Number 20 | 0869 |
| MAPLE TREE TERRACE - ASSISTE | D 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 |
| CARTHAGE | MO 64836-3427 | Region 1 | Facility Number 17 | 7660 |
| | | | | |

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| MAPLEBROOK-ASSISTED LIVING | G BY 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 VALLE | EY DR | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON | MO 63640-1981 | Region 2 | Facility Number | 28635 |
| | | | | |
| MAPLES HEALTH AND REHABIL | ITATION THE | | | |
| 610 WEST SUNSET ST | TIATION, THE | Telephone (417) 891-1700 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65807-3696 | Telephone (417) 891-1700 Level of Care: SNF | | 120 |
| Mailing Address 610 WEST SUNSET | | | Bed Capacity DMH Licensed | No |
| SPRINGFIELD | MO 65807-3696 | county | | |
| SEKINGPIELD | WO 03807-3090 | Region 1 Medicare/Medicaid | Facility Number | 06441 |
| | | | | |
| MAPLEWOOD, INC | | | | |
| 1827 CRADER DR | | Telephone (573) 635-0023 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-2005 | Level of Care: ALF | Bed Capacity | 13 |
| Mailing Address 1827 CRADER DR | | County COLE | DMH Licensed | Yes |
| JEFFERSON CITY | MO 65109-2005 | Region 6 | Facility Number | 16964 |
| | | | | |
| MAPLEWOOD, INC | | | | |
| 1827 CRADER DR | | Telephone (573) 635-0023 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-2005 | Level of Care: ALF** | Bed Capacity | 24 |
| Mailing Address 1827 CRADER DR | | County COLE | DMH Licensed | Yes |
| JEFFERSON CITY | MO 65109-2005 | Region 6 | Facility Number | 16964 |
| | | Region | Tuesday Tuesday | 10,01 |
| | | | | |
| MARANATHA VILLAGE, INC | | | | |
| 233 EAST NORTON RD | | Telephone (417) 833-0016 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65803-3633 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 233 EAST NORTON | | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65803-3633 | Region 1 Medicare/Medicaid | Facility Number | 04907 |
| | | | | |
| MARANATHA VILLAGE, INC | | | | |
| 233 EAST NORTON RD | | Telephone (417) 833-0016 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65803-3633 | Level of Care: RCF | Bed Capacity | 29 |
| Mailing Address 233 EAST NORTON | N RD | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65803-3633 | Region 1 | Facility Number | 04907 |
| | | - 0 - | • | |
| | | | | |
| MARI DE VILLA RETIREMENT C | EENTER, 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 R | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-8406 | Region 7 | Facility Number | 05047 |
| | | | | |
| MARIAN CLIFF RESIDENTIAL CA | ARE CENTER LLC | | | |
| 381 ELM ST | | 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 | | County SAINTE GENEVIEVE | DMH Licensed | Yes |
| FARMINGTON | MO 63640-0272 | Region 2 | Facility Number | 05058 |
| | | ~ | | |

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| MARIEGMANOR | | | | |
|--|---|---|---|--|
| MARIES MANOR | | T. I. I. (572) 400 2177 | A1 1 | NT |
| 174 BALLPARK RD | MO (5500 0040 | 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 |
| MADY WINA IN A GOLGODO A WING | D IG | | | |
| MARK TWAIN ASSISTED LIVING, | INC | T. 1 . (((0) 2/2 (515 | 411 | NT |
| 901 UNION AVE | 1.0 | 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 CARING CENTER | | | | |
| 3001 MAY ST | | Telephone (573) 686-6999 | Alzheimer's Unit | Yes |
| POPLAR BLUFF | MO 63901-1942 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 3001 MAY ST | 100 03701-1742 | County BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 62001 1042 | • | | |
| POPLAR BLUFF | MO 63901-1942 | Region 2 Medicare/Medicaid | Facility Number | 16013 |
| MARK TWAIN MANOR | | | | |
| 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 TWAIN | I LN | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2825 | Region 7 Medicare/Medicaid | Facility Number | 08188 |
| | | | • | |
| | | | | |
| MARSHFIELD CARE CENTER FOR | REHAB AND HEALTHCARE | | | |
| MARSHFIELD CARE CENTER FOR 800 SOUTH WHITE OAK | REHAB AND HEALTHCARE | Telephone (417) 859-3701 | Alzheimer's Unit | No |
| | REHAB AND HEALTHCARE MO 65706-2231 | Telephone (417) 859-3701 Level of Care: SNF | Alzheimer's Unit Bed Capacity | No 74 |
| 800 SOUTH WHITE OAK | MO 65706-2231 | • ' | | |
| 800 SOUTH WHITE OAK MARSHFIELD | MO 65706-2231 | Level of Care: SNF | Bed Capacity | 74 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD | MO 65706-2231 DAK | Level of Care: SNF County WEBSTER | Bed Capacity DMH Licensed | 74 No |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE | MO 65706-2231 DAK | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 74 No 18481 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET | MO 65706-2231 DAK MO 65706-2231 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 74 No 18481 No |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 74 No 18481 No 40 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 74 No 18481 No 40 Yes |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 74 No 18481 No 40 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 74 No 18481 No 40 Yes |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 74 No 18481 No 40 Yes |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARSHFIELD MARSHFIELD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 74 No 18481 No 40 Yes 20500 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARSHFIELD MARSHFIELD MARSHFIELD MARSHFIELD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 65706-2231 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 74 No 18481 No 40 Yes 20500 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 65706-2231 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 74 No 18481 No 40 Yes 20500 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD Mailing Address 221 W WASHINGTO | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 63122-3916 DN AVE | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF 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 | 74 No 18481 No 40 Yes 20500 No 28 No |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD Mailing Address 221 W WASHINGTO KIRKWOOD MARY, QUEEN AND MOTHER CEN | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 63122-3916 DN AVE MO 63122-3916 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF County SAINT LOUIS COUNTY Region 7 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 74 No 18481 No 40 Yes 20500 No 28 No 00592 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD Mailing Address 221 W WASHINGTO KIRKWOOD MARY, QUEEN AND MOTHER CEN 7601 WATSON RD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 63122-3916 DN AVE MO 63122-3916 WIER | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF County SAINT LOUIS COUNTY Region 7 Telephone (314) 961-8000 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 74 No 18481 No 40 Yes 20500 No 28 No 00592 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD Mailing Address 221 W WASHINGTO KIRKWOOD MARY, QUEEN AND MOTHER CEN 7601 WATSON RD SHREWSBURY | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 63122-3916 DN AVE MO 63122-3916 | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF County SAINT LOUIS COUNTY Region 7 Telephone (314) 961-8000 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 | 74 No 18481 No 40 Yes 20500 No 28 No 00592 |
| 800 SOUTH WHITE OAK MARSHFIELD Mailing Address 800 SOUTH WHITE O MARSHFIELD PLACE 820 SOUTH WHITE OAK STREET MARSHFIELD Mailing Address 820 SOUTH WHITE O MARSHFIELD MARSHFIELD MARY CULVER HOME, THE 221 WEST WASHINGTON AVE KIRKWOOD Mailing Address 221 W WASHINGTO KIRKWOOD MARY, QUEEN AND MOTHER CEN 7601 WATSON RD | MO 65706-2231 DAK MO 65706-2231 MO 65706-2231 DAK STREET MO 65706-2231 MO 63122-3916 DN AVE MO 63122-3916 WIER | Level of Care: SNF County WEBSTER Region 1 Medicare/Medicaid Telephone (417) 859-6133 Level of Care: RCF* County WEBSTER Region 1 Telephone (314) 966-6034 Level of Care: ICF County SAINT LOUIS COUNTY Region 7 Telephone (314) 961-8000 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 74 No 18481 No 40 Yes 20500 No 28 No 00592 |

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| MARYMOUNT MANOR | | T. I. I. (626) 020 6770 | |
|--------------------------------------|-----------------|---|---|
| 313 AUGUSTINE RD | MO (2025 1025 | Telephone (636) 938-6770 | Alzheimer's Unit No |
| EUREKA Mailing Address PO POV 600 | MO 63025-1935 | Level of Care: RCF* County SAINT LOUIS COUNTY | Bed Capacity 100 DMH Licensed Yes |
| Mailing Address PO BOX 600 EUREKA | MO 63025-0600 | Region 7 | DMH Licensed Yes Facility Number 05117 |
| EURENA | MO 03023-0000 | Region / | racinty 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 | 1410 03023 1733 | County SAINT LOUIS COUNTY | DMH Licensed No |
| EUREKA | MO 63025-0600 | Region 7 Medicare/Medicaid | Facility Number 05117 |
| | | 112011011101110 | • |
| 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 |
| | | | |
| MARYVILLE LIVING CENTER | | | |
| 524 NORTH LAURA | | 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) 434-3300 | Alzheimer's Unit No |
| CHESTERFIELD | MO 63017-5917 | Level of Care: ALF** | Bed Capacity 62 |
| Mailing Address 13190 SOUTH OUTE | ER 40 RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| CHESTERFIELD | MO 63017-5917 | Region 7 | Facility Number 03957 |
| | | | |
| MASON POINTE CARE CENTER | | | |
| 13190 SOUTH OUTER 40 RD | MO | Telephone (314) 434-3300 | Alzheimer's Unit NO |
| CHESTERFIELD | MO 63017-5917 | Level of Care: SNF | Bed Capacity 200 |
| Mailing Address 13190 SOUTH OUTE | | County SAINT LOUIS COUNTY | DMH Licensed No |
| CHESTERFIELD | MO 63017-5917 | Region 7 Medicare/Medicaid | Facility Number 03957 |
| MATTIS POINTE - ASSISTED LIVIS | 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 |
| MAYWOOD MANOD | | | |
| MAYWOOD MANOR 1041 WEST TRUMAN RD | | Telephone (816) 254-6789 | Alzheimer's Unit No |
| INDEPENDENCE | MO 64050-3447 | Level of Care: RCF* | Bed Capacity 24 |
| Mailing Address 1041 WEST TRUMA | | County JACKSON | DMH Licensed Yes |
| INDEPENDENCE | MO 64050-3447 | Region 3 | Facility Number 03948 |
| | 2.20 01000 0117 | INCEIUII - | |

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| MAYWOOD TERRACE LIVING CI | ENTER | T. 1. (01.5) 00.5 10.50 | | |
|--|---|---|---|---|
| 10300 EAST TRUMAN RD | | Telephone (816) 836-1250 | Alzheimer's Unit | Yes |
| INDEPENDENCE | MO 64052-2258 | Level of Care: SNF | Bed Capacity | 89 |
| Mailing Address 10300 EAST TRUM | | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64052-2258 | Region 3 Medicare/Medicaid | Facility Number | 08673 |
| | | | | |
| MCCLAY SENIOR CARE | | | | |
| 3801 MCCLAY ROAD | | Telephone (636) 244-3323 | Alzheimer's Unit | No |
| SAINT PETERS | MO 63376-7327 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 3801 MCCLAY ROA | AD | County SAINT CHARLES | DMH Licensed | No |
| SAINT PETERS | MO 63376-7327 | Region 5 Medicare/Medicaid | Facility Number | 29933 |
| | | | | |
| MCCRITE PLAZA AT BRIARCLIF | F ASSISTED LIVING | | | |
| 1201 NW TULLISON RD | | Telephone (816) 888-7930 | Alzheimer's Unit | Yes |
| KANSAS CITY | MO 64116-2639 | Level of Care: ALF** | Bed Capacity | 164 |
| Mailing Address 1201 NW TULLISO | N RD | County CLAY | DMH Licensed | No |
| KANSAS CITY | MO 64116-2639 | Region 4 | Facility Number | 29084 |
| MCCDITTE DI AZA ATERDIA DOLLE | | | | |
| MCCRITE PLAZA AT BRIARCLIF 1301 TULLISON ROAD | F SKILLED FACILITY | m 1 1 (016) 999 7020 | | NT |
| | MO (4116 2640 | Telephone (816) 888-7930 | Alzheimer's Unit | No |
| KANSAS CITY | MO 64116-2640 | Level of Care: SNF | Bed Capacity | 56 |
| Mailing Address 1201 NW TULLISON | | County CLAY | DMH Licensed | No |
| KANSAS CITY | MO 64116-2639 | Region 4 Medicare | Facility Number | 29084 |
| MCDONALD BOARDING HOME | | | | |
| 438 NORTH 17TH ST | | Telephone (816) 233-7060 | Alzheimer's Unit | No |
| SAINT JOSEPH | MO 64501-2015 | Level of Care: RCF | Bed Capacity | 8 |
| Mailing Address 438 NORTH 17TH S | ET. | County BUCHANAN | DMH Licensed | Yes |
| · · | | | | |
| | MO 64501-2015 | Region 4 | Facility Number | 05170 |
| SAINT JOSEPH | MO 64501-2015 | Region 4 | Facility Number | 05170 |
| MCDONALD COUNTY LIVING CE | | Region 4 | Facility Number | 05170 |
| | | Region 4 Telephone (417) 845-3351 | Facility Number Alzheimer's Unit | 05170 Yes |
| MCDONALD COUNTY LIVING CE | | | · | |
| MCDONALD COUNTY LIVING CE | ENTER MO 64831-7327 | Telephone (417) 845-3351 | Alzheimer's Unit | Yes |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON | ENTER MO 64831-7327 | Telephone (417) 845-3351 Level of Care: SNF | Alzheimer's Unit Bed Capacity | Yes 96 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON S ANDERSON | MO 64831-7327 ST MO 64831-7327 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD | Alzheimer's Unit Bed Capacity DMH Licensed | Yes 96 No |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LI | MO 64831-7327 ST MO 64831-7327 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE | MO 64831-7327 ST MO 64831-7327 WING AND MEMORY CARE | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LI | MO 64831-7327 ST MO 64831-7327 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | Yes 96 No 05183 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LI THREE MCKNIGHT PLACE SAINT LOUIS | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | Yes 96 No 05183 Yes 55 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LI THREE MCKNIGHT PLACE SAINT LOUIS Mailing Address THREE MCKNIGHT SAINT LOUIS | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 T PLACE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | Yes 96 No 05183 Yes 55 No |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LI THREE MCKNIGHT PLACE SAINT LOUIS Mailing Address THREE MCKNIGHT SAINT LOUIS MCKNIGHT PLACE ASSISTED LI MCKNIGHT PLACE ASSISTED LI | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 T PLACE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 Yes 55 No 23542 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE SAINT LOUIS Mailing Address THREE MCKNIGHT SAINT LOUIS MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 F PLACE MO 63124-1900 VING AND MEMORY CARE | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 997-5333 | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 Yes 55 No 23542 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE SAINT LOUIS Mailing Address THREE MCKNIGHT SAINT LOUIS MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE SAINT LOUIS | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 FPLACE MO 63124-1900 VING AND MEMORY CARE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 997-5333 Level of Care: ALF** | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | Yes 96 No 05183 Yes 55 No 23542 |
| MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON SANDERSON MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE SAINT LOUIS Mailing Address THREE MCKNIGHT SAINT LOUIS MCKNIGHT PLACE ASSISTED LITTHREE MCKNIGHT PLACE | MO 64831-7327 ST MO 64831-7327 VING AND MEMORY CARE MO 63124-1900 FPLACE MO 63124-1900 VING AND MEMORY CARE MO 63124-1900 | Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid Telephone (314) 993-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 997-5333 | Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | Yes 96 No 05183 Yes 55 No 23542 |

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| MCKNIGHT PLACE EXTENDED O | ADE | | | |
|---|--|--|--|--|
| TWO MCKNIGHT PL | AKE | Telephone (314) 993-2221 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63124-1900 | Level of Care: SNF | Bed Capacity | 70 |
| Mailing Address TWO MCKNIGHT P | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63124-1900 | • | Facility Number | 18914 |
| SAINT LOUIS | MO 03124-1900 | Region 7 Medicare | racinty Number | 18914 |
| MCLARNEY HEALTHCARE | | | | |
| 215 EAST PRATT | | Telephone (660) 258-7402 | Alzheimer's Unit | No |
| BROOKFIELD | MO 64628-1300 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 129 | 1110 01020 1300 | County LINN | DMH Licensed | No |
| BROOKFIELD | MO 64628-0129 | Region 5 Medicare/Medicaid | Facility Number | 05220 |
| DROOM ELD | 110 01020 012) | Region 5 Medical et Medicalu | Tacinty Number | 03220 |
| MEADOW RIDGE SENIOR LIVING | <u>;</u> | | | |
| 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 RIDO | GE LANE | County RANDOLPH | DMH Licensed | No |
| MOBERLY | MO 65270-4550 | Region 5 | Facility Number | 28019 |
| | | | | |
| MEADOW VIEW HEALTH & REH | 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 MECHA | NIC ST | County CASS | DMH Licensed | No |
| HARRISONVILLE | MO 64701-2060 | Region 3 Medicare/Medicaid | Facility Number | 00968 |
| MEADOWEDOON DEGEDENCE AT | GARE NA | | | |
| MEADOWBROOK RESIDENTIAL | CARE, INC | TO 1 1 (572) 546 7065 | A1 1 | N |
| 806 WEST MULBERRY | MO (2662 | Telephone (573) 546-7065 | Alzheimer's Unit | No |
| PILOT KNOB | MO 63663- | Level of Care: ALF** | Bed Capacity | 36 N |
| Mailing Address PO BOX 510 | MO (2662.0510 | County IRON | DMH Licensed | No |
| PILOT KNOB | MO 63663-0510 | Region 2 | Facility Number | 20513 |
| | | | | |
| MEADOWVIEW MEMORY CARE | | | | |
| MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE | | Telephone (636) 296-1400 | Alzheimer's Unit | Yes |
| | MO 63010-2011 | Telephone (636) 296-1400 Level of Care: ALF** | Alzheimer's Unit Bed Capacity | Yes 24 |
| 555 WOODLAND VILLAS LANE | | • ' | | |
| 555 WOODLAND VILLAS LANE ARNOLD | | Level of Care: ALF** | Bed Capacity | 24 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V | ILLAS LANE | Level of Care: ALF** County JEFFERSON | Bed Capacity DMH Licensed | 24 No |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V | ILLAS LANE | Level of Care: ALF** County JEFFERSON | Bed Capacity DMH Licensed | 24 No |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD | ILLAS LANE | Level of Care: ALF** County JEFFERSON | Bed Capacity DMH Licensed | 24 No |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER | ILLAS LANE | Level of Care: ALF** County JEFFERSON Region 2 | Bed Capacity DMH Licensed Facility Number | 24 No 12549 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY | ILLAS LANE MO 63010-2011 MO 64730-2331 | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 24 No 12549 Yes |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER | ILLAS LANE MO 63010-2011 MO 64730-2331 | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 24 No 12549 Yes 110 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSER BUTLER | ILLAS LANE MO 63010-2011 MO 64730-2331 Y | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF County BATES | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 24 No 12549 Yes 110 No |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSER BUTLER MEDICALODGES NEOSHO | ILLAS LANE MO 63010-2011 MO 64730-2331 Y | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 24 No 12549 Yes 110 No 05319 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSER BUTLER MEDICALODGES NEOSHO 400 LYON DR | MO 64730-2331 Y MO 64730-2331 | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid Telephone (417) 451-2544 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 24 No 12549 Yes 110 No 05319 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSER BUTLER MEDICALODGES NEOSHO 400 LYON DR NEOSHO | ILLAS LANE MO 63010-2011 MO 64730-2331 Y | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid Telephone (417) 451-2544 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 24 No 12549 Yes 110 No 05319 |
| 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 555 WOODLAND V ARNOLD MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSER BUTLER MEDICALODGES NEOSHO 400 LYON DR | MO 64730-2331 Y MO 64730-2331 | Level of Care: ALF** County JEFFERSON Region 2 Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid Telephone (417) 451-2544 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 24 No 12549 Yes 110 No 05319 |

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| 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 3031 S TEN MILE DR | County COLE | DMH Licensed | Yes |
| JEFFERSON CITY MO 65109-6816 | Region 6 | Facility Number | 14376 |
| | | | |
| MEMORY LANE OF DEXTER | | | |
| 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 |
| | Region - Medical Officeated | | 02130 |
| MERAMEC NURSING CENTER | | | |
| 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 |
| SOLLIVAN NIO 03000-2304 | Region 6 Medicare/Medicaid | racinty Number | 102// |
| MEYER CARE CENTER | | | |
| 1201 WEST 19TH ST | Telephone (660) 584-7111 | 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 |
| MO 04037 1430 | Region 5 | racinty (value) | 03320 |
| MEYER CARE CENTER | | | |
| 1201 WEST 19TH ST | Telephone (660) 584-7111 | 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 | | Facility Number | |
| MIO 04037-1438 | Region 3 Medicare/Medicaid | racinty Number | 05326 |
| MII AN HEAI TH CADE CENTED | | | |
| MILAN HEALTH CARE CENTER 52435 INFIRMARY RD | Telephone (660) 265-4032 | Alzheimer's Unit | No |
| | | | |
| MILAN MO 63556-2874 | Level of Care: SNF County SULLIVAN | Bed Capacity | 100 |
| Mailing Address 52435 INFIRMARY RD | • | DMH Licensed | No |
| MILAN MO 63556-2874 | Region 5 Medicare/Medicaid | Facility Number | 05418 |
| MILL OBEEV VILLAGE ACCIONED LIMING DWAMEDIGADE | | | |
| MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE | Tolonboro (572) 201 2510 | Alghaiman'a TI | V |
| 1990 W SOUTHAMPTON DR | Telephone (573) 381-2510 | Alzheimer's Unit | Yes |
| COLUMBIA MO 65203-6238 Molling Address 1000 W SOUTHAMPTON DR | Level of Care: ALF** County BOONE | Bed Capacity DMH Licensed | 50 |
| Mailing Address 1990 W SOUTHAMPTON DR | | | |
| COLUMBIA MO 65203-6238 | Region 6 | Facility Number | No 30107 |

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| MILLER COUNTY CARE AND REH | IABILITATION CENTER | | |
|------------------------------------|--------------------------|---------------------------------|-------------------------|
| 1157 HIGHWAY 17 | | Telephone (573) 369-2318 | Alzheimer's Unit Yes |
| TUSCUMBIA | MO 65082-2100 | Level of Care: SNF | Bed Capacity 86 |
| Mailing Address 1157 HWY 17 | | County MILLER | DMH Licensed No |
| TUSCUMBIA | MO 65082-2100 | Region 6 Medicare/Medicaid | Facility Number 05422 |
| | | | |
| MILLER RESIDENT CARE, INC | | m. 1 (660) 227 5600 | |
| 210 ROCK RD | 150 55055 1000 | Telephone (660) 327-5680 | Alzheimer's Unit No |
| PARIS | MO 65275-1282 | Level of Care: RCF* | Bed Capacity 40 |
| Mailing Address 210 ROCK RD | | County MONROE | DMH Licensed No |
| PARIS | MO 65275-1282 | Region 5 | Facility Number 18026 |
| MINGO RESIDENTIAL CARE FACI | II.ITV | | |
| 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 | | County STODDARD | DMH Licensed Yes |
| PUXICO | MO 63960-8114 | · | |
| PUAICO | WO 03900-8114 | Region 2 | Facility Number 24959 |
| MISSION RIDGE | | | |
| 4349 S KANSAS AVE | | Telephone (417) 520-7020 | Alzheimer's Unit NO |
| SPRINGFIELD | MO 65810-1413 | Level of Care: ALF** | Bed Capacity 60 |
| Mailing Address 4349 S KANSAS AV | E | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65810-1413 | Region 1 | Facility Number 33342 |
| | | | |
| MOCKINGBIRD MANOR RESIDEN | TIAL CARE | | |
| 227 W FRANKLIN | | Telephone (816) 781-8058 | Alzheimer's Unit No |
| LIBERTY | MO 64068-1641 | Level of Care: RCF* | Bed Capacity 16 |
| Mailing Address PO BOX 121 | | County CLAY | DMH Licensed Yes |
| LIBERTY | MO 64069-0121 | Region 4 | Facility Number 05450 |
| 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 | Bed Capacity 60 |
| Mailing Address 1010 HWY 24 & 36 E | | County MARION | DMH Licensed No |
| MONROE CITY | MO 63456-1116 | | Facility Number 05473 |
| MONROE CITT | MO 03430-1110 | Region 5 Medicare/Medicaid | racinty Number 054/3 |
| MONROE MANOR | | | |
| 200 SOUTH ST | | Telephone (660) 327-4125 | Alzheimer's Unit Yes |
| PARIS | MO 65275-1165 | Level of Care: SNF | Bed Capacity 119 |
| Mailing Address 200 SOUTH ST | | County MONROE | DMH Licensed No |
| PARIS | MO 65275-1165 | Region 5 Medicare/Medicaid | Facility Number 05484 |
| MONTEREY PARK REHABILITAT | ION & HEALTH CARE CENTER | | |
| 4600 LITTLE BLUE PARKWAY | ION & HEALTH CARE CENTER | Telephone (816) 795-7888 | Alzheimer's Unit No |
| INDEPENDENCE | MO 64057-8302 | Level of Care: SNF | Bed Capacity 122 |
| | | | |
| Mailing Address 4600 LITTLE BLUE I | | • | |
| INDEPENDENCE | MO 64057-8302 | Region 3 Medicare/Medicaid | Facility Number 15987 |

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| MONTICELLO HOUSE | | | |
|--|---------------------|---|---|
| 1115 K LAND DR | 110 | Telephone (573) 243-8989 | Alzheimer's Unit No |
| JACKSON DO BOY 740 | MO 63755-2588 | Level of Care: RCF* | Bed Capacity 32 |
| Mailing Address PO BOX 740 | MO 62755 0740 | County CAPE GIRARDEAU | DMH Licensed No |
| JACKSON | MO 63755-0740 | Region 2 | Facility Number 14454 |
| | | | |
| MONTICELLO HOUSE | | | |
| 1115 K LAND DR | MO (2755 2500 | Telephone (573) 243-8989 | Alzheimer's Unit Yes |
| JACKSON NATIONAL DO BOY 740 | MO 63755-2588 | Level of Care: SNF | Bed Capacity 105 |
| Mailing Address PO BOX 740 JACKSON | MO 63755-0740 | County CAPE GIRARDEAU Region 2 Medicare/Medicaid | DMH Licensed No |
| JACKSON | WO 03733-0740 | Region 2 Medicare/Medicaid | Facility Number 14454 |
| MOODE EEW CARE CENTER | | | |
| MOORE-FEW CARE CENTER 901 SOUTH ADAMS | | Telephone (417) 448-3841 | Alzheimer's Unit No |
| NEVADA | MO 64772-3209 | Level of Care: SNF | Bed Capacity 108 |
| Mailing Address 901 SOUTH ADAMS | | County VERNON | DMH Licensed No |
| NEVADA | MO 64772-3209 | Region 1 Medicare/Medicaid | Facility Number 05703 |
| | | region - modiculo modiculo | - 11-1-1, 1 (11-11-11) |
| MOOREVIEW RESIDENTIAL | | | |
| 130 WEST CULTON | | Telephone (660) 429-1587 | Alzheimer's Unit No |
| WARRENSBURG | MO 64093-1720 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address 130 WEST CULTON | | County JOHNSON | DMH Licensed Yes |
| WARRENSBURG | MO 64093-1720 | Region 3 | Facility Number 11225 |
| | | C | |
| MORNINGSIDE CENTER | | | |
| 1700 MORNINGSIDE DR | | Telephone (660) 646-0170 | Alzheimer's Unit No |
| CHILLICOTHE | MO 64601-1545 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 1700 MORNINGSIDE | E DR | County LIVINGSTON | DMH Licensed No |
| CHILLICOTHE | MO 64601-1545 | Region 4 Medicare/Medicaid | Facility Number 05557 |
| | | | |
| MORNINGSIDE CENTER ASSISTE | D LIVING APARTMENTS | T. I. I. (650) 646 0170 | |
| 1702 MORNINGSIDE DR | MO (4601 1545 | Telephone (660) 646-0170 | Alzheimer's Unit No |
| CHILLICOTHE Mailing Address 1702 MORNINGSIDE | MO 64601-1545 | Level of Care: ALF County LIVINGSTON | Bed Capacity 31 DMH Licensed No |
| CHILLICOTHE | MO 64601-1545 | | |
| CHILLICOTHE | WO 04001-1343 | Region 4 | Facility Number 05557 |
| MOTHER OF GOOD COUNSEL HO | ME | | |
| 6825 NATURAL BRIDGE RD | | Telephone (314) 383-4765 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63121-5314 | Level of Care: SNF | Bed Capacity 114 |
| Mailing Address 6825 NATURAL BRI | DGE RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63121-5314 | Region 7 | Facility Number 05568 |
| | | o - | , |
| 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 | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63119-5001 | Region 7 | Facility Number 21111 |
| | | | |

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

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| MOUNT CARMEL SENIOR LIVIN | G - ST CHARLES, LLC | | | |
|-----------------------------------|---------------------|--|---------------------|-------|
| 723 FIRST CAPITOL DR | | Telephone (636) 946-4140 | Alzheimer's Unit | No |
| SAINT CHARLES | MO 63301-2729 | Level of Care: SNF | Bed Capacity | 110 |
| Mailing Address 723 FIRST CAPITO | L DR | County SAINT CHARLES | DMH Licensed | No |
| SAINT CHARLES | MO 63301-2729 | Region 5 Medicare/Medicaid | Facility Number | 07560 |
| | | | | |
| MOUNTAIN VIEW HEALTHCARE | 2 | | | |
| 1211 NORTH ASH ST | | Telephone (417) 934-6818 | Alzheimer's Unit | No |
| MOUNTAIN VIEW | MO 65548-7376 | Telephone (417) 934-6818 Level of Care: SNF | Bed Capacity | 105 |
| Mailing Address PO BOX 879 | MO 03348-7370 | | DMH Licensed | No |
| MOUNTAIN VIEW | MO 65548-0879 | County | Facility Number | 15542 |
| MOUNTAIN VIEW | WO 03346-0679 | Region 2 Medicare/Medicaid | racinty 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 | | County LAWRENCE | DMH Licensed | No |
| MT VERNON | MO 65712-1912 | Region 1 Medicare/Medicaid | Facility Number | 16304 |
| | | | | |
| MY PLACE RESIDENTIAL CARE, | 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 S | | County JEFFERSON | DMH Licensed | Yes |
| FESTUS | MO 63028-1301 | Region 2 | Facility Number | 10631 |
| 125105 | | Region 2 | Tuellity Tulliser | 10031 |
| | | | | |
| 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 | | County JEFFERSON | DMH Licensed | Yes |
| DE SOTO | MO 63020-2709 | Region 2 | Facility Number | 16234 |
| | | | | |
| MYERS NURSING & CONVALESO | CENT 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 A | VE | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64127-4210 | Region 3 Medicaid | Facility Number | 05626 |
| | | - | | |
| NAMES AND DESCRIPTION OF THE CASE | DE CENTRED | | | |
| NATHAN RICHARD HEALTH CAI | RE CENTER | T | | |
| 700 EAST HIGHLAND AVE | NO 64552 1025 | Telephone (417) 667-8889 | Alzheimer's Unit | No |
| NEVADA | MO 64772-1025 | Level of Care: SNF | Bed Capacity | 68 |
| Mailing Address 700 EAST HIGHLA | | 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 | No |
| SAINT LOUIS | MO 63129-7600 | Level of Care: SNF | Bed Capacity | 121 |
| Mailing Address 2 NAZARETH LN | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63129-7600 | Region 7 Medicare/Medicaid | Facility Number | 17458 |
| | | | | |

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| NAZARETH LIVING CENTER 2NAZARETH IA MO 63129-7600 Level of Care: ALF™ Red Capacity I14 Malling Address 2NAZARETH IA County SAINT LOUIS MO 63129-7600 Region: 7 - Facility Number 17458 NEIGHBORHOODS AT QUAIL CREEK, THE 1514 WEST LARK NEIGHBORHOODS MET QUAIL CREEK, THE 1514 WEST LARK NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIERTLACK. NEW HAVEN AND MO 63068-1300 Region | | | | | |
|--|------------------------------------|--------------------------------|---------------------------------|---------------------|------------|
| Malling Address 20AZAREHLN No 63129-7600 | NAZARETH LIVING CENTER | | | | |
| Mailing Address 2 NAZARETH LN No 63129-7600 Region Facility Number 17438 | | | • ' | | |
| SAINT LOUIS | | MO 63129-7600 | | | |
| NEIGHBORHOODS AT QUAIL CREEK, THE 1514 WEST LARK | | 150 | · | | |
| S14 MYST LARK | SAINT LOUIS | MO 63129-7600 | Region 7 | Facility Number 174 | 58 |
| S14 MYST LARK | | | | | |
| SPRINGFIELD | | CEK, THE | (417) 000 1075 | | 7 |
| Mailing Address 1514 WEST LARK County GRENE DMH Livensed No SPRINGFIELD No 65810-2270 Region Medicare/Medicaid Facility Number 2,4701 | | | * ' | | |
| SPRINGFIELD MO 65810-2270 Region I Medicare/Medicaid Facility Number 24701 | | MO 65810-2270 | | _ : | |
| NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE 3003 FALLING LEAF COURT COLUMBIA M0 65201-3549 Level of Care: SNF Bed Capacity 120 Mailing Address 3003 FALLING LEAF COURT COLUMBIA M0 65201-3549 Region 6 Medicare/Medicaid Facility Number 24341 NEW HAVEN CARE CENTER 9503 HIGHWAY 100 NEW HAVEN M0 63068-1300 Level of Care: SNF Bed Capacity 90 Mailing Address 9503 HWY 100 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN MO 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN M0 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HOPE ASSISTED LIVING LLC 328 NORTH NEW HOPE DRIVE 328 NORTH NEW HOPE DRIVE M0 63901-4819 Region 6 Medicare/Medicaid Facility Number 05738 NEW HORIZONS RCF II SESS BUSIEK ROAD Region 7 Telephone (573) 300-4877 Alzheimer's Unit No No Region 1 Telephone 05730 756-2426 Alzheimer's Unit No No Region 2 Telephone 1 Region 1 Telephone 1 Region 1 Telephone 1 Region 1 Telephone 1 Region 2 Region 1 Telephone 1 Region 1 Telephone 1 Region 1 Telephone 1 Region 2 Region 1 Telephone 1 Region 1 Telephone 1 Region 1 Telephone 1 Region 1 Telephone 1 Region 1 Region 1 Telephone 1 Region | | 150 55040 2050 | • | | |
| Solition Solition | SPRINGFIELD | MO 65810-2270 | Region 1 Medicare/Medicaid | Facility Number 247 | 01 |
| Solition Solition | NEIGHBORHOODG DEHA BH 1814 A | ION 6 CIVILLED NUDCING DV TIGE | DDI A CIE. TITE | | |
| COLUMBIA | | ION & SKILLED NUKSING BY TIGE | | Alzhoimar's Unit | No |
| Mailing Address 3003 FALLING LEAF COURT County BOONE Region 6 Medicare/Medicaid Facility Number 24341 | | MO 65201 2540 | • ' | | |
| NEW HAVEN CARE CENTER | | | | | |
| NEW HAVEN CARE CENTER 9503 HIGHWAY 100 | _ | | | | |
| Section Sec | COLUMBIA | MO 65201-5549 | Region O Medicare/Medicaid | racinty Number 243 | 41 |
| Section Sec | NEW HAVEN CARE CENTER | | | | |
| NEW HAVEN MO 63068-1300 Level of Care: SNF Bed Capacity 90 | | | Telephone (573) 237-2103 | Alzheimer's Unit | No |
| Mailing Address 9503 HWY 100 County Region 6 FRANKLIN DMH Licensed Moon of Samure (Samure Medical) No. Medicare/Medical No. Medicare/Medical No. Medicare/Medical No. Medicare/Medical No. Samure (Samure Medical) No. Samure Medical) No. Samure Medical (Samure Medical) | | MO 63068-1300 | . , | | |
| NEW HAVEN MO 63068-1300 Region 6 Medicare/Medicaid Facility Number 05738 NEW HAVEN CARE CENTER State of Care and Care an | | | | | No |
| NEW HAVEN CARE CENTER | 9 | MO 63068-1300 | | | |
| NEW HAVEN MO 63068-1300 Level of Care: ALF Bed Capacity 16 | | | region - medicare/interieura | Tuesdy Tuesder 057 | 50 |
| NEW HAVEN | NEW HAVEN CARE CENTER | | | | |
| Mailing Address 9503 HWY 100 County Region 6 FRANKLIN DMH Licensed Facility Number No NEW HAVEN MO 63068-1300 Region 6 Facility Number 05738 NEW HOPE ASSISTED LIVING LLC 328 NORTH NEW HOPE DRIVE Telephore (573) 300-4877 Alzheimer's Unit No POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 Mailing Address 328 NORTH NEW HOPE DR County BUTLER DMH Licensed No POPLAR BLUFF MO 63901-4819 Region 2 Facility Number 32690 NEW HORIZONS RCF II 5858 BUSIEK ROAD Telephore (573) 756-2426 Alzheimer's Unit No FARMINGTON MO 63640-7325 Level of Care: ALF Bed Capacity 15 Mailing Address PO BOX 510 Region 2 Facility Number 14868 NEW MADRID LIVING CENTER 1050 DAWSON RD Telephore (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 <td>9503 HIGHWAY 100</td> <td></td> <td>Telephone (573) 237-2103</td> <td>Alzheimer's Unit</td> <td>No</td> | 9503 HIGHWAY 100 | | Telephone (573) 237-2103 | Alzheimer's Unit | No |
| NEW HAVEN MO 63068-1300 Region 6 Facility Number 05738 NEW HOPE ASSISTED LIVING LLC 328 NORTH NEW HOPE DRIVE Telephone (573) 300-4877 Alzheimer's Unit No POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 Mailing Address 328 NORTH NEW HOPE DR County BUTLER DMH Licensed No POPLAR BLUFF MO 63901-4819 Region 2 Facility Number 32690 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 Be | NEW HAVEN | MO 63068-1300 | Level of Care: ALF | Bed Capacity | 16 |
| NEW HOPE ASSISTED LIVING LLC 328 NORTH NEW HOPE DRIVE Telephone (573) 300-4877 Alzheimer's Unit No POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 Mailing Address 328 NORTH NEW HOPE DR County BUTLER DMH Licensed No POPLAR BLUFF MO 63901-4819 Region 2 Facility Number 32690 | Mailing Address 9503 HWY 100 | | County FRANKLIN | DMH Licensed | No |
| 328 NORTH NEW HOPE DRIVE Telephone (573) 300-4877 Alzheimer's Unit No POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 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 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 HAVEN | MO 63068-1300 | Region 6 | Facility Number 057 | 38 |
| 328 NORTH NEW HOPE DRIVE Telephone (573) 300-4877 Alzheimer's Unit No POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 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 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 YORK A GOVERNMENT A WAYNE A VA | ~ | | | |
| POPLAR BLUFF MO 63901-4819 Level of Care: ALF Bed Capacity 15 Mailing Address 328 NORTH NEW HOPE DR County BUTLER DMH Licensed No 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 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 | | | T. 1 1 (572) 200 4077 | A11 ' ! TT '/ | . T |
| Mailing Address 328 NORTH NEW HOPE DR County BUTLER DMH Licensed No POPLAR BLUFF MO 63901-4819 Region 2 Facility Number 32690 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 | | MO (2001 1010 | • ' | | |
| NEW HORIZONS RCF II S858 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 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 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 | | | | | |
| Telephone (573) 756-2426 Alzheimer's Unit No FARMINGTON MO 63640-7325 Level of Care: ALF Bed Capacity 15 Mailing Address PO BOX 510 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 | POPLAR BLUFF | MO 63901-4819 | Region 2 | Facility Number 326 | 90 |
| 5858 BUSIEK ROAD Telephone (573) 756-2426 Alzheimer's Unit No FARMINGTON MO 63640-7325 Level of Care: ALF 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 HORIZONS RCF II | | | | |
| 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 | | | Telephone (573) 756-2426 | Alzheimer's Unit | No |
| 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 | FARMINGTON | MO 63640-7325 | - | | |
| 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 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 | - | MO 63640-0510 | • | | |
| 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 | | | g -v | 140 | 55 |
| 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 LIVING CENTER | | | | |
| Mailing Address 1050 DAWSON RD County NEW MADRID DMH Licensed No | 1050 DAWSON RD | | Telephone (573) 748-5622 | Alzheimer's Unit Y | es |
| v | NEW MADRID | MO 63869-1116 | Level of Care: SNF | Bed Capacity 1 | 12 |
| NEW MADRID MO 63869-1116 Region 2 Medicare/Medicaid Facility Number 04952 | Mailing Address 1050 DAWSON RD | | County NEW MADRID | DMH Licensed | No |
| | NEW MADRID | MO 63869-1116 | Region 2 Medicare/Medicaid | Facility Number 049 | 52 |

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| NEW MARK CARE CENTER | | | | |
|--|------------------|---------------------------------|-----------------------|---|
| 11221 NORTH NASHUA DR | | Telephone (816) 734-4433 | Alzheimer's Unit Yes | š |
| KANSAS CITY | MO 64155-1159 | Level of Care: SNF | Bed Capacity 199 |) |
| Mailing Address 11221 N NASHUA DI | | County CLAY | DMH Licensed No. | |
| KANSAS CITY | MO 64155-1159 | Region 4 Medicare/Medicaid | Facility Number 12688 | 3 |
| | | | | |
| NEWBRIDGE RETIREMENT COMM | IUNITY | | | |
| 1205 S. MOUNT AUBURN RD | | Telephone (573) 803-1863 | Alzheimer's Unit YES | 3 |
| CAPE GIRARDEAU | MO 63703-6581 | Level of Care: ALF** | Bed Capacity 94 | 1 |
| Mailing Address 1205 S. MOUNT AUB | URN RD | County CAPE GIRARDEAU | DMH Licensed No. |) |
| CAPE GIRARDEAU | MO 63703-6581 | Region 2 | Facility Number 33246 | 5 |
| | | | | |
| NEWSTEAD PLACE | | | | |
| 19 NORTH NEWSTEAD | | Telephone (314) 286-4510 | Alzheimer's Unit No |) |
| SAINT LOUIS | MO 63108-2260 | Level of Care: RCF* | Bed Capacity 20 |) |
| Mailing Address 19 N NEWSTEAD | | County SAINT LOUIS CITY | DMH Licensed Yes | s |
| SAINT LOUIS | MO 63108-2260 | Region 7 | Facility Number 19169 |) |
| | | | | |
| NHC HEALTHCARE, DESLOGE | | | | |
| 801 BRIM ST | | Telephone (573) 431-0223 | Alzheimer's Unit Yes | š |
| 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 | 3 |
| | | | | |
| NHC HEALTHCARE, JOPLIN | | T. | | |
| 2700 EAST 34TH ST | 1.50 51001 1010 | Telephone (417) 781-1737 | Alzheimer's Unit No | |
| JOPLIN | MO 64804-4310 | Level of Care: SNF | Bed Capacity 126 | |
| Mailing Address 2700 EAST 34TH ST | NO. 64002 2077 | County NEWTON | DMH Licensed No | |
| JOPLIN | MO 64803-2877 | Region 1 Medicare/Medicaid | Facility Number 04044 | ļ |
| NIVO WEAT THOUSAND WENNERS | | | | |
| NHC HEALTHCARE, KENNETT 1120 FALCON | | Telephone (573) 888-1150 | Alzheimer's Unit Yes | c |
| KENNETT | MO 63857-3825 | Level of Care: SNF | Bed Capacity 170 | |
| Mailing Address PO BOX 696 | 110 03037 3023 | County DUNKLIN | DMH Licensed No | |
| KENNETT | MO 63857-0696 | Region 2 Medicare/Medicaid | Facility Number 04268 | |
| NEW VETT | 110 03037 0070 | Region 2 Medicare/Medicard | 1 delite 1 (dilite) | , |
| NHC HEALTHCARE, MARYLAND H | IEIGHTS | | | |
| 2920 FEE FEE RD | | Telephone (314) 291-0121 | Alzheimer's Unit Yes | s |
| MARYLAND HEIGHTS | MO 63043-1915 | Level of Care: SNF | Bed Capacity 220 | |
| Mailing Address 2920 FEE FEE RD | 1.20 000 10 1710 | County SAINT LOUIS COUNTY | DMH Licensed No | |
| MARYLAND HEIGHTS | MO 63043-1915 | Region 7 Medicare/Medicaid | Facility Number 08272 | |
| WWW LEWIND HEROHHO | 05075 1/15 | region / Wieurcare/Medicaid | 2 acmity (1000) | - |
| NHC HEALTHCARE, ST CHARLES | | | | |
| 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 | |
| | | | 07505 | |

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| NHC HEALTHCARE, WEST PLAIN | IS | T. L. L. (417) 257 0700 | All Control V |
|---|---------------|---------------------------------|-------------------------|
| 211 DAVIS DR | MO (5555 2242 | 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 WEST PLAINS | MO (5775 0407 | County HOWELL | DMH Licensed No |
| WEST PLAINS | MO 65775-0497 | Region 2 Medicare/Medicaid | Facility Number 08434 |
| NICK'S HEALTH CARE CENTER, I | 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 |
| NIXA NURSING & REHAB | | | |
| 1104 NORTH MAIN ST | | 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 | 110 0071 7010 | 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 |
| | | 8 | |
| NORMANDY NURSING CENTER | | | |
| 7301 SAINT CHARLES ROCK RD | | Telephone (314) 862-0555 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63133-1737 | Level of Care: SNF | Bed Capacity 116 |
| Mailing Address 7301 SAINT CHARL | ES ROCK RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63133-1737 | 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 | IRCLE | 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 CI | IRCLE | County CLAY | DMH Licensed No |
| LIBERTY | MO 64086-3313 | 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 |
| | | | |

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| NORTHLAND REHABILITATION & H | EALTH CARE CENTER | | |
|-------------------------------------|----------------------|---------------------------------|------------------------|
| 4301 NE PARVIN ROAD | | Telephone (816) 702-8000 | Alzheimer's Unit No |
| KANSAS CITY M | 4O 64117-3001 | Level of Care: SNF | Bed Capacity 118 |
| Mailing Address 4301 NE PARVIN ROAL |) | County CLAY | DMH Licensed No |
| KANSAS CITY M | 4O 64117-3001 | Region 4 Medicare/Medicaid | Facility Number 31230 |
| | | | |
| NORTHPARK VILLAGE - ASSISTED I | IVING BY AMERICARE | | |
| 4449 N STATE HIGHWAY NN | AVING DI AMERICARE | Telephone (417) 581-3200 | Alzheimer's Unit No |
| | 4O 65721-7221 | Level of Care: ALF** | Bed Capacity 52 |
| Mailing Address 4449 N STATE HIGHWA | | County CHRISTIAN | DMH Licensed No |
| 0 | 40 65721-7221 | Region 1 | Facility Number 20003 |
| OZAKK IV | 10 03721-7221 | Kegion 1 | racinty Number 20005 |
| | | | |
| NORTHRIDGE PLACE - ASSISTED LI | VING BY AMERICARE | T. 1 (417) 500 0700 | A11 |
| 1500 LYNN ST | | Telephone (417) 532-9793 | Alzheimer's Unit Yes |
| | 1O 65536-4409 | Level of Care: ALF** | Bed Capacity 50 |
| Mailing Address 1500 LYNN ST | | County LACLEDE | DMH Licensed No |
| LEBANON M | 1O 65536-4409 | Region 1 | Facility Number 20525 |
| | | | |
| NORTHWOOD HILLS CARE CENTER | | | |
| 800 NORTH ARTHUR ST | | Telephone (417) 754-2208 | Alzheimer's Unit Yes |
| | 4O 65674-8655 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address PO BOX 187 | | County POLK | DMH Licensed No |
| HUMANSVILLE N | 4O 65674-0187 | Region 1 Medicare/Medicaid | Facility Number 10607 |
| | | | |
| OAK KNOLL SKILLED NURSING & R | EHABILITATION CENTER | | |
| 37 N CLARK AVE | | Telephone (314) 521-7419 | Alzheimer's Unit No |
| | 4O 63135-2323 | Level of Care: SNF | Bed Capacity 72 |
| Mailing Address 37 N CLARK AVE | | County SAINT LOUIS COUNTY | DMH Licensed No |
| FERGUSON M | 4O 63135-2323 | Region 7 Medicare/Medicaid | Facility Number 05864 |
| | | | |
| OAK PARK CARE CENTER | | | |
| 6637 BERTHOLD AVE | | Telephone (314) 781-3444 | Alzheimer's Unit No |
| | 4O 63139-3318 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 6637 BERTHOLD AVE | | County SAINT LOUIS CITY | DMH Licensed No |
| SAINT LOUIS N | MO 63139-3318 | Region 7 Medicare/Medicaid | Facility Number 05914 |
| | | | |
| OAK POINTE OF CARTHAGE | | | |
| 300 W AIRPORT DR | | Telephone (417) 358-3355 | Alzheimer's Unit Yes |
| CARTHAGE M | 4O 64836-3511 | Level of Care: ALF** | Bed Capacity 55 |
| Mailing Address 300 W AIRPORT DR | | County JASPER | DMH Licensed No |
| CARTHAGE N | MO 64836-3511 | Region 1 | Facility Number 30168 |
| | | | |
| OAK POINTE OF KEARNEY | | | |
| 200 MEADOWBROOK DR | | Telephone (816) 628-0075 | Alzheimer's Unit Yes |
| | 1O 64060-8788 | Level of Care: ALF** | Bed Capacity 55 |
| Mailing Address 200 MEADOWBROOK | | County CLAY | DMH Licensed No |
| KEARNEY M | 1O 64060-8788 | Region 4 | Facility Number 29803 |

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| 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 COUNTR | | 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 |
| | MO 65708-1375 | Level of Care: ALF** | Bed Capacity 55 |
| Mailing Address 1011 OLD AIRPORT R | | County LAWRENCE | DMH Licensed No |
| MONETT | MO 65708-1375 | Region 1 | Facility Number 30206 |
| OAK BOINTE OF NEOCHO | | | |
| OAK POINTE OF NEOSHO 2601 OAK RIDGE EXTENSION | | Telephone (417) 451-8872 | Alzheimer's Unit Yes |
| | MO 64850-7765 | Level of Care: ALF** | Bed Capacity 55 |
| Mailing Address 2601 OAK RIDGE EXT | | County NEWTON | DMH Licensed No |
| | MO 64850-7765 | Region 1 | Facility Number 29972 |
| NEOSHO | WIO 04830-7703 | Region 1 | racinty 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 CLU | UB DRIVE | County PHELPS | DMH Licensed No |
| · · | MO 65401-4356 | Region 6 | Facility Number 31216 |
| | | 8 | , |
| OAK POINTE OF WARRENTON | | | |
| 700 FORREST AVE | | Telephone (636) 456-6464 | Alzheimer's Unit Yes |
| WARRENTON | MO 63383-7040 | Level of Care: ALF** | Bed Capacity 71 |
| Mailing Address 700 FORREST AVE | | County WARREN | DMH Licensed No |
| WARRENTON | MO 63383-7040 | Region 6 | Facility Number 25045 |
| OAW DOINGE OF WASHINGTON | | | |
| OAK POINTE OF WASHINGTON 1650 HIGH STREET | | Telephone (636) 390-3290 | Alzheimer's Unit Yes |
| | MO 63090-4354 | Level of Care: ALF** | Bed Capacity 65 |
| Mailing Address 1650 HIGH STREET | 110 03070-4334 | County FRANKLIN | DMH Licensed No |
| - | MO 63090-4354 | Region 6 | Facility Number 32114 |
| WINIE | 110 03070 1331 | Region 0 | Tuemey Number 52114 |
| 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 | | County RAY | DMH Licensed No |
| RICHMOND | MO 64085-1212 | Region 4 | Facility Number 29711 |
| OAKDALE CADE CEMEED | | | |
| OAKDALE CARE CENTER 2702 DEBBIE LN | | Telephone (573) 686-5242 | Alzheimer's Unit No |
| | MO 63901-2650 | Level of Care: RCF* | Bed Capacity 36 |
| Mailing Address 2702 DEBBIE LN | 110 03701 2030 | County BUTLER | DMH Licensed Yes |
| - | MO 63901-2650 | Region 2 | Facility Number 18157 |
| I OI LANG DEOLI | 110 03701 2030 | Region 2 | 1013/ |

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| OAKDALE CARE CENTER | | | |
|----------------------------------|-----------------|---|----------------------------------|
| 2702 DEBBIE LN | | Telephone (573) 686-5242 | Alzheimer's Unit No |
| POPLAR BLUFF | MO 63901-2650 | Level of Care: SNF | Bed Capacity 70 |
| Mailing Address 2702 DEBBIE LN | 3.20 00,01 2000 | County BUTLER | DMH Licensed No |
| POPLAR BLUFF | MO 63901-2650 | Region 2 Medicare/Medicaid | Facility Number 18157 |
| TOTE MADE IT | 110 03701 2030 | Region 2 Medicare/Medicard | Tuesting Humber 10157 |
| 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 |
| OAKRIDGE OF PLATTSBURG | | | |
| 205 EAST CLAY AVE | | Telephone (816) 539-2128 | Alzheimer's Unit No |
| PLATTSBURG | MO 64477-8100 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address PO BOX 247 | N10 04477 0100 | County CLINTON | DMH Licensed No |
| PLATTSBURG | MO 64477-0247 | Region 4 Medicare/Medicaid | Facility Number 05994 |
| 1 LATI TODORO | 110 044// 024/ | Region + Medical e/Medicalu | Tacinty Number 03974 |
| OAKS COTTAGE ASSISTED LIVIN | G, THE | | |
| 5448 N 2ND AVENUE | | Telephone (417) 581-0330 | Alzheimer's Unit Yes |
| OZARK | MO 65721-6210 | Level of Care: ALF** | Bed Capacity 12 |
| Mailing Address 5448 N 2ND AVENU | | County CHRISTIAN | DMH Licensed No |
| OZARK | MO 65721-6210 | Region 1 | Facility Number 31804 |
| OAKS RETIREMENT COMMUNITY | Y,THE | | |
| 127 HAMLET ROAD | | Telephone (417) 239-1112 | Alzheimer's Unit No |
| BRANSON | MO 65616-7746 | Level of Care: ALF** | Bed Capacity 30 |
| Mailing Address 127 HAMLET ROAD |) | County TANEY | DMH Licensed No |
| BRANSON | MO 65616-7746 | Region 1 | Facility Number 27358 |
| OAKS, THE | | | |
| 5550 NOLAND ROAD | | Telephone (816) 356-0200 | Alzheimer's Unit No |
| KANSAS CITY | MO 64133-3685 | Level of Care: RCF | Bed Capacity 62 |
| Mailing Address 5550 NOLAND RD | | County JACKSON | DMH Licensed Yes |
| KANSAS CITY | MO 64133-3685 | Region 3 | Facility Number 13440 |
| OASIS RESIDENTIAL CARE FACII | ITV | | |
| 3508 PRAIRIE AVE | | Telephone (314) 534-3355 | Alzheimer's Unit No |
| SAINT LOUIS | MO 63107-2214 | Telephone (314) 534-3355 Level of Care: RCF* | |
| Mailing Address 3508 PRAIRIE AVE | 1410 03107-2214 | County SAINT LOUIS CITY | Bed Capacity 20 DMH Licensed Yes |
| SAINT LOUIS | MO 63107-2214 | | |
| SMINI LOUIS | WIO 05107-2214 | Region 7 | Facility Number 15415 |
| OREGON HEALTHCARE | | | |
| 501 MONROE | | Telephone (660) 446-3355 | Alzheimer's Unit No |
| OREGON | MO 64473-7800 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address PO BOX 19 | | County HOLT | DMH Licensed No |
| OREGON | MO 64473-0019 | Region 4 Medicare/Medicaid | Facility Number 06097 |

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| ORILLA'S WAY | | | |
|--|--|------------------------|-------|
| 1209 SOUTH HIGH ST | Telephone (660) 564-2204 | Alzheimer's Unit | No |
| GRANT CITY MO 64456-0056 | Level of Care: ALF** | Bed Capacity | 37 |
| Mailing Address PO BOX 56 | County WORTH | DMH Licensed | No |
| GRANT CITY MO 64456-0056 | Region 4 | Facility Number | 08591 |
| OSACE BEACH BEHARH WATION AND HEALTH CARE | CIENTEED | | |
| OSAGE BEACH REHABILITATION AND HEALTH CARE (844 PASSOVER RD | | Alzheimer's Unit | No |
| OSAGE BEACH MO 65065-2834 | Telephone (573) 348-2225 Level of Care: SNF | Bed Capacity | 94 |
| Mailing Address 844 PASSOVER RD | County CAMDEN | DMH Licensed | Yes |
| OSAGE BEACH MO 65065-2834 | • | Facility Number | 06116 |
| OSAGE BEACH MO 05005-2854 | Region 6 Medicare/Medicaid | Facility Number | 00110 |
| OUR LADY OF MERCY COUNTRY HOME | | | |
| 2160 MERCY DRIVE | Telephone (816) 781-5711 | Alzheimer's Unit | No |
| LIBERTY MO 64068-7955 | Level of Care: RCF* | Bed Capacity | 44 |
| Mailing Address 2115 MATURANA DRIVE | County CLAY | DMH Licensed | No |
| LIBERTY MO 64068-7955 | Region 4 | Facility Number | 06153 |
| | | · | |
| OWEN ACRES RESIDENTIAL CARE 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 466 | County BUTLER | DMH Licensed | Yes |
| POPLAR BLUFF MO 63901-2964 | Region 2 | Facility Number | 21093 |
| OXFORD GRAND AT SHOAL CREEK | | | |
| 8280 N TULLIS AVENUE | Telephone (816) 781-8282 | Alzheimer's Unit | Yes |
| KANSAS CITY MO 64158-7683 | Level of Care: ALF** | Bed Capacity | 98 |
| Mailing Address 8280 N TULLIS AVENUE | County CLAY | DMH Licensed | No |
| KANSAS CITY MO 64158-7683 | Region 4 | Facility Number | 30758 |
| KANSAS CITT MO 04136-7003 | Region + | racinty Number | 30738 |
| 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 |
| OZADY NUDCING & GADE CENTRED | | | |
| OZARK NURSING & CARE CENTER | The second of th | | |
| 1486 NORTH RIVERSIDE RD | Telephone (417) 581-7126 | Alzheimer's Unit | No |
| OZARK MO 65721-7688 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1486 NORTH RIVERSIDE RD | County CHRISTIAN | DMH Licensed | No |
| OZARK MO 65721-7688 | Region 1 Medicare/Medicaid | Facility Number | 06240 |
| OZARK OAKS RESIDENTIAL CARE FACILITY II | | | |
| 3405 S SCHIFFERDECKER | Telephone (417) 347-7760 | Alzheimer's Unit | No |
| JOPLIN MO 64804-1388 | Level of Care: RCF* | Bed Capacity | 30 |
| Mailing Address PO BOX 2526 | County NEWTON | DMH Licensed | Yes |
| JOPLIN MO 64803-2526 | Region 1 | Facility Number | 13636 |
| | | | |

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| OZARK REHABILITATION & HEA | ALTH 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 | 1410 03721 7103 | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-0157 | Region 1 Medicare/Medicaid | Facility Number | 01426 |
| OZAKK | WIO 03/21-013/ | Region 1 Medicare/Medicaid | racinty Number | 01420 |
| OZARKS METHODIST MANOR, T | ·ur | | | |
| 205 SOUTH COLLEGE | 1112 | Telephone (417) 258-2573 | Alzheimer's Unit | Yes |
| MARIONVILLE | MO 65705-9340 | Level of Care: SNF | Bed Capacity | 78 |
| Mailing Address PO BOX 403 | MO 03703-9340 | County LAWRENCE | DMH Licensed | No |
| MARIONVILLE | MO 65705-0403 | · | | |
| WARIONVILLE | MO 03703-0403 | Region 1 Medicare/Medicaid | Facility Number | 06273 |
| OZARKS METHODIST MANOR, T | тиг | | | |
| 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 | 1410 03703-7340 | County LAWRENCE | DMH Licensed | No |
| MARIONVILLE | MO 65705-0403 | · · · · · | | |
| WARIONVILLE | WO 03703-0403 | Region 1 | Facility Number | 06273 |
| 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 | WIO 03007-1320 | County FRANKLIN | DMH Licensed | No |
| PACIFIC | MO 63069-1328 | · | Facility Number | 12638 |
| FACIFIC | WO 03009-1328 | Region 6 | Facility Number | 12038 |
| 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 | 110 03007 1320 | County FRANKLIN | DMH Licensed | No |
| PACIFIC | MO 63069-1328 | Region 6 Medicare/Medicaid | Facility Number | 12638 |
| TACITIC | WIO 03007-1320 | Region 6 Medical e/Medicalu | racinty Number | 12038 |
| 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 VII | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63141-6603 | | Facility Number | 24122 |
| SAMAI LOUIS | 1710 03141-0003 | Region 7 | racincy 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 |
| | | | | 110 |

Facility Number

15542

MO 65548-0879

MOUNTAIN VIEW

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| PARK PLACE II | | | |
|--|---|---|---|
| 2000 BOARDWALK PLACE DR | Telephone (636) 625-2900 | Alzheimer's Unit | No |
| O'FALLON MO 63368-3901 | Level of Care: ALF** | Bed Capacity | 124 |
| Mailing Address 2000 BOARDWALK PLACE DR | County SAINT CHARLES | DMH Licensed | No |
| O'FALLON MO 63368-3901 | Region 5 | Facility Number | 29016 |
| | | | |
| PARKDALE MANOR HEALTH & 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 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 | County BOONE | DMH Licensed | No |
| COLUMBIA MO 65202-1367 | Region 6 Medicare/Medicaid | Facility Number | 11262 |
| COLOMBIA MO 03202-1307 | Region 6 Medicare/Medicard | racinty Number | 11202 |
| PARKSIDE MANOR, LLC | | | |
| 300 S SAINT CHARLES ST | Telephone (573) 324-9918 | Alahaiman'a Unit | No |
| | • | Alzheimer's Unit | No |
| BOWLING GREEN MO 63334-2221 | Level of Care: ALF** | Bed Capacity | 44 N |
| Mailing Address 300 S SAINT CHARLES ST | County PIKE | DMH Licensed | No |
| BOWLING GREEN MO 63334-2221 | Region 5 | Facility Number | 05511 |
| | | | |
| DADIZGIDE AGGICIED I WING DV AMEDICA DE | | | |
| PARKSIDE-ASSISTED LIVING BY AMERICARE | TI I (572) 200 0024 | 411 | NO |
| 2100 PARKSIDE AVE | Telephone (573) 308-0834 | Alzheimer's Unit | NO |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 | Level of Care: ALF** | Bed Capacity | 28 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE | Level of Care: ALF** County PHELPS | Bed Capacity DMH Licensed | 28 No |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 | Level of Care: ALF** | Bed Capacity | 28 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 | Level of Care: ALF** County PHELPS | Bed Capacity DMH Licensed | 28 No |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY | Level of Care: ALF** County PHELPS Region 6 | Bed Capacity DMH Licensed Facility Number | 28 No 31191 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 28 No 31191 Yes |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 28 No 31191 Yes 78 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 28 No 31191 Yes 78 No |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 28 No 31191 Yes 78 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 28 No 31191 Yes 78 No |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 28 No 31191 Yes 78 No 17638 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 28 No 31191 Yes 78 No 17638 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 28 No 31191 Yes 78 No 17638 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 28 No 31191 Yes 78 No 17638 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 28 No 31191 Yes 78 No 17638 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 28 No 31191 Yes 78 No 17638 |
| ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTHCARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 PARKWAY HEALTH CARE CENTER | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 28 No 31191 Yes 78 No 17638 No 120 No 02928 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTH CARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 PARKWAY HEALTH CARE CENTER 2323 SWOPE PARKWAY | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 28 No 31191 Yes 78 No 17638 No 120 No 02928 |
| ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTH CARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 PARKWAY HEALTH CARE CENTER 2323 SWOPE PARKWAY KANSAS CITY MO 64130-2638 | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 924-1122 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 | 28 No 31191 Yes 78 No 17638 No 120 No 02928 |
| 2100 PARKSIDE AVE ROLLA MO 65401-5472 Mailing Address 2100 PARKSIDE AVE ROLLA MO 65401-5472 PARKVIEW HEALTH CARE FACILITY 119 WEST FOREST BOLIVAR MO 65613-1316 Mailing Address 119 WEST FOREST BOLIVAR MO 65613-1316 PARKVIEW HEALTH CARE 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 Mailing Address 128 NORTH HARDESTY KANSAS CITY MO 64123-1404 PARKWAY HEALTH CARE CENTER 2323 SWOPE PARKWAY | Level of Care: ALF** County PHELPS Region 6 Telephone (417) 326-3000 Level of Care: SNF County POLK Region 1 Medicare/Medicaid Telephone (816) 241-2020 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 28 No 31191 Yes 78 No 17638 No 120 No 02928 |

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| 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 | | County JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64014-5403 | Region 3 | Facility Number | 29917 |
| PARKWOOD MEADOWS - ASSISTI | ED I IVING BY AMEDICADE | | | |
| 805 PARKWOOD DR | ED LIVING DI AMERICARE | Telephone (573) 883-3883 | Alzheimer's Unit | Yes |
| SAINTE GENEVIEVE | MO 63670-1858 | Level of Care: ALF** | Bed Capacity | 66 |
| Mailing Address 805 PARKWOOD DI | | County SAINTE GENEVIEVE | DMH Licensed | No |
| SAINTE GENEVIEVE | MO 63670-1858 | Region 2 | Facility Number | |
| SAINTE GENEVIEVE | WO 03070-1838 | Kegion 2 | Facility Number | 23234 |
| PARKWOOD SKILLED NURSING A | AND REHABILITATION CENTER | | | |
| 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 L | N | County SAINT LOUIS COUNTY | DMH Licensed | No |
| MARYLAND HEIGHTS | MO 63043-1334 | Region 7 Medicare/Medicaid | Facility Number | 02471 |
| | | 8 | • | |
| PAUL L & MARTHA BARONE CAR | RE CENTER | TEMPORARY CLO | SURE - STAFFING | |
| 2101 NORTH ASH ST | | Telephone (417) 448-3841 | Alzheimer's Unit | Yes |
| NEVADA | MO 64772-1082 | Level of Care: SNF | Bed Capacity | 40 |
| Mailing Address 2101 NORTH ASH S | T | County VERNON | DMH Licensed | No |
| NEVADA | MO 64772-1082 | Region 1 Medicaid | Facility Number | 16917 |
| | | | | |
| 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 | 3.50 - 50.10.7 - 10.1.1 | 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 COLLE | | County MERCER | DMH Licensed | No |
| PRINCETON | MO 64673-1051 | Region 4 Medicare/Medicaid | Facility Number | 06453 |
| | | 112 112 112 112 112 112 112 112 112 112 | • | |
| PETTIS COUNTY ASSISTED LIVIN | IG, LLC | | | |
| 3017 BROOKING PARK AVENUE | | Telephone (660) 827-3222 | Alzheimer's Unit | No |
| SEDALIA | MO 65301-9327 | Level of Care: ALF** | Bed Capacity | 139 |
| Mailing Address 2017 DDOOVING DA | | County PETTIS | DMH Licensed | Yes |
| Mailing Address 3017 BROOKING PA | ARK AVE | County FEITIS | Divini Breensea | |
| SEDALIA | MC 65301-9327 | Region 6 | Facility Number | 30112 |
| SEDALIA | MO 65301-9327 | Region 6 | | 30112 |
| SEDALIA PILLARS OF NORTH COUNTY HE | | Region 6 | Facility Number | |
| PILLARS OF NORTH COUNTY HE 13700 OLD HALLS FERRY RD | MO 65301-9327 ALTH & REHABILITATION CENTER | Region 6 R, THE Telephone (314) 355-0760 | Facility Number Alzheimer's Unit | No |
| PILLARS OF NORTH COUNTY HE 13700 OLD HALLS FERRY RD FLORISSANT | MO 65301-9327 ALTH & REHABILITATION CENTER MO 63033-4109 | Region 6 R, THE Telephone (314) 355-0760 Level of Care: SNF | Facility Number Alzheimer's Unit Bed Capacity | No 120 |
| PILLARS OF NORTH COUNTY HE 13700 OLD HALLS FERRY RD | MO 65301-9327 ALTH & REHABILITATION CENTER MO 63033-4109 | Region 6 R, THE Telephone (314) 355-0760 | Facility Number Alzheimer's Unit | No |

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| PIN OAKS LIVING CENTER | | | |
|--------------------------------------|---------------|--|-------------------------|
| 1525 WEST MONROE ST | | Telephone (573) 581-7261 | Alzheimer's Unit No |
| | O 65265-1201 | Level of Care: SNF | Bed Capacity 124 |
| Mailing Address 1525 WEST MONROE ST | | County AUDRAIN | DMH Licensed No |
| MEXICO MO | O 65265-1201 | Region 5 Medicare/Medicaid | Facility Number 05804 |
| | | | |
| PINE LODGE RESIDENTIAL CARE | | The second of th | |
| 967 N MAPLE ST | 0. 65600 7560 | Telephone (417) 345-0310 | Alzheimer's Unit No |
| | O 65622-7568 | Level of Care: RCF | Bed Capacity 22 |
| Mailing Address 967 N MAPLE ST | 0. 65600 7560 | County DALLAS | DMH Licensed No |
| BUFFALO MO | O 65622-7568 | Region 1 | Facility Number 25563 |
| PINE VALLEY AT THE WOODLANDS | | | |
| 620 WOODLAND MEADOWS | | Telephone (636) 202-1050 | Alzheimer's Unit No |
| | O 63010-2030 | Level of Care: ALF** | Bed Capacity 48 |
| Mailing Address 620 WOODLAND MEAD | | County JEFFERSON | DMH Licensed No |
| • | O 63010-2030 | Region 2 | Facility Number 31974 |
| Microsoft | 0 03010 2030 | Region 2 | Tacinty Number 31974 |
| PINE VALLEY RCF | | | |
| 3381 1st STREET | | Telephone (573) 760-8601 | Alzheimer's Unit No |
| DOE RUN MO | O 63637-3155 | Level of Care: RCF | Bed Capacity 12 |
| Mailing Address 3381 1st STREET | | County SAINT FRANCOIS | DMH Licensed Yes |
| DOE RUN MO | O 63637-3155 | Region 2 | Facility Number 08379 |
| | | | |
| PINE VIEW MANOR, INC | | | |
| 307 NORTH PINEVIEW ST | | Telephone (660) 783-2118 | Alzheimer's Unit No |
| STANBERRY MO | O 64489-1509 | Level of Care: ALF** | Bed Capacity 12 |
| Mailing Address 307 NORTH PINEVIEW S | ST | County GENTRY | DMH Licensed No |
| STANBERRY MO | O 64489-1509 | Region 4 | Facility Number 05832 |
| | | | |
| PINE VIEW MANOR, INC | | | |
| 307 NORTH PINEVIEW ST | | Telephone (660) 783-2118 | Alzheimer's Unit No |
| STANBERRY MO | O 64489-1509 | Level of Care: SNF | Bed Capacity 70 |
| Mailing Address 307 NORTH PINEVIEW S | ST | County GENTRY | DMH Licensed No |
| STANBERRY MO | O 64489-1509 | Region 4 Medicare/Medicaid | Facility Number 05832 |
| | | | |
| PIONEER SKILLED NURSING CENTER | K. | | |
| 1500 SOUTH KANSAS AVE | | Telephone (660) 376-2001 | Alzheimer's Unit No |
| | O 64658-1716 | Level of Care: SNF | Bed Capacity 96 |
| Mailing Address 1500 S KANSAS AVE | | County CHARITON | DMH Licensed No |
| MARCELINE MO | O 64658-1716 | Region 5 Medicare/Medicaid | Facility Number 05900 |
| PLAZA AT WILDWOOD SENIOR LIVIN | NG.THE | | |
| 251 PLAZA DRIVE | | Telephone (636) 273-3900 | Alzheimer's Unit Yes |
| | O 63040-1203 | Level of Care: ALF** | Bed Capacity 94 |
| Mailing Address 251 PLAZA DRIVE | | County SAINT LOUIS COUNTY | DMH Licensed No |
| | O 63040-1203 | Region 7 | Facility Number 31049 |
| | | megion , | |

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| PLEASANT HILL HEALTH AND RI | EHABILITATION CENTER | | | |
|---|----------------------|--|------------------------|-------------|
| 1300 BROADWAY | | Telephone (816) 540-2116 | Alzheimer's Unit | Yes |
| PLEASANT HILL | MO 64080-1842 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 1300 BROADWAY | | County CASS | DMH Licensed | No |
| PLEASANT HILL | MO 64080-1842 | Region 3 Medicare/Medicaid | Facility Number 151 | 101 |
| | | | | |
| DI EACANE WALLEN MANOD | | | | |
| PLEASANT VALLEY MANOR | | Th. L | All I do a do TT da | NT- |
| 213 DAVIS DR WEST PLAINS | MO 65775-2274 | Telephone (417) 257-0179 Level of Care: RCF* | | No 72 |
| | MO 63773-2274 | | Bed Capacity | No |
| Mailing Address 213 DAVIS DR WEST PLAINS | MO 65775 2274 | · · · · · · · · · · · · · · · · · · | | |
| WEST PLAINS | MO 65775-2274 | Region 2 | Facility Number 136 | 541 |
| | | | | |
| PLEASANT VALLEY MANOR CAR | RE CENTER | | | |
| 6814 SOBBIE RD | | Telephone (816) 781-5277 | Alzheimer's Unit | No |
| LIBERTY | MO 64068-9555 | Level of Care: SNF | Bed Capacity | 102 |
| Mailing Address 6814 SOBBIE RD | | County CLAY | DMH Licensed | No |
| LIBERTY | MO 64068-9555 | Region 4 Medicare/Medicaid | Facility Number 060 | 020 |
| | | | | |
| DI E A C A NIT VIIEWI | | | | |
| PLEASANT VIEW 641 EUCLID AVE | | Telephone (573) 406-1090 | Alzheimer's Unit | No |
| HANNIBAL | MO 63401-2959 | Telephone (573) 406-1090 Level of Care: ALF** | | 41 |
| | MO 63401-2939 | | Bed Capacity | No |
| Mailing Address 641 EUCLID AVE HANNIBAL | MO 63401-2959 | County MARION Region 5 | | |
| HANNIDAL | WO 03401-2939 | Region 5 | Facility Number 253 | 358 |
| | | | | |
| PLEASANT VIEW NURSING HOMI | E | | | |
| 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 060 |)41 |
| | | | | |
| DOINTE LOOKOUTE NUIDCING & DE | WAR | | | |
| POINT LOOKOUT NURSING & RE 11103 HISTORIC HIGHWAY 165 | нав | Tolonhous (417) 224 4105 | Alzheimer's Unit | Yes |
| | MO 65672-6239 | Telephone (417) 334-4105 Level of Care: SNF | | 1 es 130 |
| HOLLISTER Mailing Address 11103 HISTORIC HIG | | County TANEY | | No |
| HOLLISTER | MO 65672-6239 | • | | 716 |
| HOLLISTER | WO 03072-0239 | Region 1 Medicare/Medicaid | racinty Number 127 | 10 |
| | | | | |
| POPA GOOD SAMARITAN SERVIC | CES, 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 304 | 440 |
| | | | | |
| DODEL CEVILLE WELL BY CARE | CENTED | | | |
| PORTAGEVILLE HEALTH CARE | UENTEK | T-1k (572) 270 2017 | All-latina and Fig. 14 | NT. |
| 290 WEST STATE HWY 162 | MO 62072 0207 | Telephone (573) 379-2017 | | No |
| PORTAGEVILLE Mailing Address DO DOY 409 | MO 63873-9397 | Level of Care: SNF | Bed Capacity | 60 No |
| Mailing Address PO BOX 408 | MO 62972 0409 | County NEW MADRID | | No |
| PORTAGEVILLE | MO 63873-0408 | Region 2 Medicare/Medicaid | Facility Number 171 | 119 |

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| 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 BROADWAY | 05,01,0100 | County BUTLER | DMH Licensed Yes |
| POPLAR BLUFF | MO 63901-5103 | Region 2 | Facility Number 03002 |
| | | Region 2 | 1 demoy 1 damaer 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 HIGHWA | Y 21 | County WASHINGTON | DMH Licensed No |
| POTOSI | MO 63664-9317 | Region 2 Medicare/Medicaid | Facility Number 21648 |
| PRAIRIE VIEW SKILLED NURSING | | | |
| 606 WEST MISSOURI ST | | Telephone (573) 568-2137 | Alzheimer's Unit No |
| BLOOMFIELD | MO 63825-9706 | Level of Care: SNF | Bed Capacity 60 |
| Mailing Address 606 WEST MISSOURI | ST | County STODDARD | DMH Licensed No |
| BLOOMFIELD | MO 63825-9706 | Region 2 Medicare/Medicaid | Facility Number 00629 |
| | | | |
| PREFERRED FAMILY HEALTHCAR | Œ, INC | m 1 1 (650) 667 1060 | |
| 900 EAST LAHARPE | NO 62501 4500 | Telephone (660) 665-1962 | Alzheimer's Unit No |
| | MO 63501-4520 | Level of Care: RCF* | Bed Capacity 57 |
| Mailing Address PO BOX 767 | NO 62501 0565 | County ADAIR | DMH Licensed Yes |
| KIRKSVILLE | MO 63501-0767 | Region 5 | Facility Number 21851 |
| PRIMROSE OF SEDALIA | | | |
| 3761 WEST 10TH ST | | Telephone (660) 527-7054 | Alzheimer's Unit No |
| SEDALIA | MO 65301-2524 | Level of Care: ALF** | Bed Capacity 90 |
| Mailing Address 3761 WEST 10TH ST | | County PETTIS | DMH Licensed No |
| SEDALIA | MO 65301-2524 | Region 6 | Facility Number 25967 |
| PRIMROSE RETIREMENT COMMU | NITY OF IFFFFRSON CITY | | |
| 1214 FREEDOM BLVD | WILL OF SELLENGON CITY | Telephone (573) 634-5408 | Alzheimer's Unit No |
| | MO 65109-0082 | Level of Care: ALF** | Bed Capacity 49 |
| Mailing Address 1214 FREEDOM BLVI | | County COLE | DMH Licensed No |
| JEFFERSON CITY | MO 65109-0082 | Region 6 | Facility Number 29697 |
| | | | · |
| PRIMROSE RETIREMENT COMMU | | | |
| 8559 NORTH LINE CREEK PARKWAY | | 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 CF | | County PLATTE | DMH Licensed No |
| KANSAS CITY | MO 64154-2100 | Region 4 | Facility Number 29020 |
| PRINCETON SENIOR LIVING THE | | | |
| 1701 S E OLDHAM PARKWAY | | Telephone (816) 875-4950 | Alzheimer's Unit YES |
| LEE'S SUMMIT | MO 64081- | Level of Care: ALF** | Bed Capacity 68 |
| Mailing Address 1701 S E OLDHAM PA | ARKWAY | County JACKSON | DMH Licensed No |
| LEE'S SUMMIT | MO 64081- | Region 3 | Facility Number 32762 |
| | | - | • |

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| PROMENADE SENIOR LIVING 8825 EAGER ROAD | | Telephone (314) 325-7699 | Alzheimer's Unit Yes |
|--|----------------|--|--|
| SAINT LOUIS | MO 63144-1205 | Level of Care: ALF** | Bed Capacity 90 |
| Mailing Address 8825 EAGER ROAD | | County SAINT LOUIS COUNTY | DMH Licensed No |
| SAINT LOUIS | MO 63144-1205 | Region 7 | Facility Number 30363 |
| PROMISE CARE CENTER, LLC | | | |
| 1111 CARE AVE | | Telephone (417) 494-5037 | Alzheimer's Unit No |
| NIXA | MO 65714-9679 | Level of Care: RCF | Bed Capacity 126 |
| Mailing Address 1111 CARE AVE | NO 65714 0670 | County CHRISTIAN | DMH Licensed No |
| NIXA | MO 65714-9679 | Region 1 | Facility Number 15935 |
| PROVISION OF PROMISE | | T. I. 1 (214) 525 5500 | |
| 4528 NORTH MARKET ST | MO (2112 2112 | Telephone (314) 535-5509 | Alzheimer's Unit No |
| SAINT LOUIS Molling Address 4528 NORTH MARK | MO 63113-2113 | Level of Care: RCF County SAINT LOUIS CITY | Bed Capacity 20 DMH Licensed Yes |
| Mailing Address 4528 NORTH MARK SAINT LOUIS | MO 63113-2113 | County SAINT LOUIS CITY Region 7 | Facility Number 17937 |
| SAINT LOUIS | WO 03113-2113 | Region / | racinty Number 17937 |
| PUTNAM COUNTY CARE CENTER | | T. 1. 1. (((0) 0.47, 0.402 | |
| 1814 OAK ST | NO 62565 1275 | Telephone (660) 947-2492 | Alzheimer's Unit NO |
| UNIONVILLE | MO 63565-1275 | Level of Care: SNF County PUTNAM | Bed Capacity 60 DMH Licensed No |
| Mailing Address 1814 OAK ST UNIONVILLE | MO 63565-1275 | _ | DMH Licensed No Facility Number 06516 |
| UNIONVILLE | MIO 03303-1273 | Region 5 Medicare/Medicaid | Facility Number 00310 |
| PUXICO NURSING & REHABILIAT | TON CENTER | Tolonkono (572) 222 2125 | Algheimen's Unit No |
| 540 NORTH HIGHWAY 51 PUXICO | MO 63960-9117 | Telephone (573) 222-3125 Level of Care: SNF | Alzheimer's Unit No Bed Capacity 60 |
| Mailing Address 540 NORTH HWY 51 | | County STODDARD | DMH Licensed No |
| PUXICO | MO 63960-9117 | Region 2 Medicare/Medicaid | Facility Number 03163 |
| TOMEO | MO 03700-7117 | Region 2 Medicare/Medicard | racinty Number 03103 |
| QUAIL RUN HEALTH CARE CENT. 1405 WEST GRAND AVE | ER | Telephone (816) 632-2151 | Alzheimer's Unit No |
| CAMERON | MO 64429-1118 | Level of Care: SNF | Bed Capacity 84 |
| Mailing Address PO BOX 525 | | County DEKALB | DMH Licensed No |
| CAMERON | MO 64429-0525 | Region 4 Medicare/Medicaid | Facility Number 03829 |
| QUALITY RESIDENTIAL CARE | | | |
| 2034 WEST COLLEGE | | 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 | | County SAINT LOUIS COUNTY | DMH Licensed No |
| DES PERES | MO 63131-1706 | Region 7 Medicare/Medicaid | Facility Number 26726 |

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| 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 | DE CENTED | | | |
| 615 RANCHO LN | TRE CENTER | Telephone (314) 839-2150 | Alzheimer's Unit | No |
| FLORISSANT | MO 63031-1717 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 615 RANCHO LN | WIO 03031-1717 | County SAINT LOUIS COUNTY | DMH Licensed | No |
| FLORISSANT | MO 63031-1717 | | Facility Number | |
| PLORISSANT | WIO 03031-1717 | Region 7 Medicare/Medicaid | racinty Number | 02585 |
| | | | | |
| 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 R | D | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65804-6763 | Region 1 | Facility Number | 20791 |
| | | | | |
| RAVENWOOD TERRACE - ASSIST | ED LIVING BY AMERICARE | | | |
| 1830 RAVENWOOD | | Telephone (660) 263-8004 | Alzheimer's Unit | Yes |
| MOBERLY | MO 65270-3002 | Level of Care: ALF** | Bed Capacity | 55 |
| Mailing Address 1830 RAVENWOOD | | County RANDOLPH | DMH Licensed | No |
| MOBERLY | MO 65270-3002 | Region 5 | Facility Number | 16411 |
| | | | | |
| REHABILITATION CENTER OF IN | 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 |
| | | | · | |
| DEDIDI IC MIDCINIC O DEIFAD | | | | |
| REPUBLIC NURSING & REHAB | | T-1 (417) 722 1822 | A 1-1 | Vac |
| 901 EAST HIGHWAY 174 | MO (5720 1155 | Telephone (417) 732-1822 | Alzheimer's Unit | Yes |
| REPUBLIC | MO 65738-1155 | Level of Care: SNF | Bed Capacity | 127 |
| 3.6 *** | | County GREENE | DMH Licensed | No |
| Mailing Address 901 EAST HIGHWAY | | Thurston 1 have to the terminal | E2124 NI - 1 | |
| Mailing Address 901 EAST HIGHWAY REPUBLIC | Y 174 MO 65738-1155 | Region 1 Medicare/Medicaid | Facility Number | 13684 |
| _ | | Region 1 Medicare/Medicaid | Facility Number | 13684 |
| REPUBLIC REST HAVEN CONVALESCENT & | MO 65738-1155 | | · | |
| REST HAVEN CONVALESCENT & 1800 SOUTH INGRAM | MO 65738-1155 RETIREMENT HOME | Telephone (660) 827-0845 | Alzheimer's Unit | No |
| REPUBLIC REST HAVEN CONVALESCENT & 1800 SOUTH INGRAM SEDALIA | MO 65738-1155 | Telephone (660) 827-0845 Level of Care: SNF | Alzheimer's Unit Bed Capacity | No 86 |
| REST HAVEN CONVALESCENT & 1800 SOUTH INGRAM | MO 65738-1155 RETIREMENT HOME | Telephone (660) 827-0845 | Alzheimer's Unit | No |

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| 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 | | County PULASKI | DMH Licensed | No |
| RICHLAND | MO 65556-0756 | Region 6 Medicare/Medicaid | Facility Number | 08100 |
| RICHMOND TERRACE ASSISTED | LIVING | | | |
| 1633 LACLEDE STATION RD | | Telephone (314) 646-8000 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63117-2038 | Level of Care: ALF** | Bed Capacity | 99 |
| Mailing Address 1633 LACLEDE STA | ATION RD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63117-2038 | Region 7 | Facility Number | 22269 |
| RIDGE CREST NURSING CENTER | S | | | |
| 706 SOUTH MITCHELL | | Telephone (660) 429-2177 | Alzheimer's Unit | Yes |
| WARRENSBURG | MO 64093-2828 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 706 SOUTH MITCH | ELL | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-2828 | Region 3 Medicare/Medicaid | Facility Number | 06640 |
| RIDGEVIEW ASSISTED LIVING C | ENTED | | | |
| 13134 STATE HIGHWAY 25 | ENIER | 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 |
| DEXTER | NIO 03041 7740 | Region 2 | racinty (vanise) | 10128 |
| RIDGEVIEW LIVING COMMUNIT | YY | | | |
| 500 BARRETT DRIVE | | Telephone (573) 276-3843 | Alzheimer's Unit | No |
| MALDEN | MO 63863-1204 | Level of Care: SNF | Bed Capacity | 96 |
| Mailing Address 500 BARRETT DRI | | County DUNKLIN | DMH Licensed | No |
| MALDEN | MO 63863-1204 | Region 2 Medicare/Medicaid | Facility Number | 06656 |
| 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 |
| RIVER CITY LIVING COMMUNIT | Y | | | |
| 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 | AN BLVD | County COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-0525 | Region 6 Medicare/Medicaid | Facility Number | 04826 |
| RIVER CROSSING REHAB AND H | 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 RI | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS | MO 63146-4957 | Region 7 Medicare/Medicaid | Facility Number | 16378 |
| | | | | |

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| RIVER MIST - ASSISTED LIVING I | BY AMERICARE | | | |
|---|---------------------------|---------------------------------|------------------------|-------------|
| 2050 WEST MAUD | | Telephone (573) 686-2833 | Alzheimer's Unit | No |
| POPLAR BLUFF | MO 63901-4000 | Level of Care: ALF** | Bed Capacity | 42 |
| Mailing Address 2050 WEST MAUD | | County BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 63901-4000 | Region 2 | Facility Number | 20291 |
| | | | | |
| RIVER OAKS CARE CENTER | | (572) (05.2121 | | |
| 1001 NORTH WALNUT | NO 62077 1255 | Telephone (573) 695-2121 | Alzheimer's Unit | No |
| STEELE 1001 N. WALNUT | MO 63877-1355 | Level of Care: SNF | Bed Capacity | 90 N |
| Mailing Address 1001 N WALNUT | MO 62077 1255 | County PEMISCOT | DMH Licensed | No |
| STEELE | MO 63877-1355 | Region 2 Medicare/Medicaid | Facility Number | 06672 |
| RIVERBEND HEIGHTS HEALTH 8 | z 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 | | County LAFAYETTE | DMH Licensed | No |
| LEXINGTON | MO 64067-7187 | Region 3 Medicare/Medicaid | Facility Number | 04333 |
| ZZ.M. (OTO) | 110 01007 7107 | region 5 Medicare/Medicard | Tuestey Transpor | 04333 |
| RIVERDELL CARE CENTER | | | | |
| 1121 11TH ST | | Telephone (660) 882-7600 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-1419 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 1121 11TH ST | | County COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-1419 | Region 6 Medicare/Medicaid | Facility Number | 14428 |
| DIVERSIDE MURSING & DEHARM | ITATION CENTED 11 C | | | |
| RIVERSIDE NURSING & REHABIL 4700 NW CLIFFVIEW DR | TIATION CENTER, LLC | Telephone (816) 741-5105 | Alzheimer's Unit | NO |
| RIVERSIDE | MO 64150-1237 | Level of Care: SNF | Bed Capacity | 180 |
| Mailing Address 4700 NW CLIFFVIEV | | County PLATTE | DMH Licensed | No |
| RIVERSIDE | MO 64150-1237 | Region 4 Medicare/Medicaid | Facility Number | 01532 |
| RIVERSIDE | WIO 04130-1237 | Region 4 Medical e/Medicald | racinty Number | 01332 |
| 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 | 120 |
| Mailing Address 1100 PROGRESS PA | RKWAY | County SAINTE GENEVIEVE | DMH Licensed | No |
| SAINTE GENEVIEVE | MO 63670-9232 | Region 2 Medicare/Medicaid | Facility Number | 06729 |
| DIVEDVIEW MIDCING CENTER | | | | |
| RIVERVIEW NURSING CENTER | | Tolonhous (572) (77, 212) | Alaboin TT 14 | NT_ |
| 10303 STATE RD C | MO 65059-1211 | Telephone (573) 676-3136 | Alzheimer's Unit | No |
| MOKANE | MO 65059-1211 | Level of Care: SNF | Bed Capacity | 60 N |
| Mailing Address 10303 STATE RD C | MO (5050 1211 | County CALLAWAY | DMH Licensed | No 06720 |
| MOKANE | MO 65059-1211 | Region 6 Medicare/Medicaid | Facility Number | 06730 |
| RIVERVIEW RESIDENTIAL PLAC | E | | | |
| 1200 WEST HALL ST | | Telephone (417) 581-2510 | Alzheimer's Unit | No |
| OZARK | MO 65721-9103 | Level of Care: RCF* | Bed Capacity | 40 |
| Mailing Address PO BOX 157 | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-0157 | Region 1 | Facility Number | 01426 |
| | | | | |

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| DIVEDMANCALANOD | | | | |
|--|---|---|---|--|
| RIVERWAYS MANOR | | | | |
| 403 WATERCRESS RD | | Telephone (573) 323-4282 | Alzheimer's Unit | No |
| VAN BUREN | MO 63965-9100 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 969 | | County CARTER | DMH Licensed | No |
| VAN BUREN | MO 63965-0969 | Region 2 Medicare/Medicaid | Facility Number | 06744 |
| ROARING RIVER HEALTH AND R | EHARII ITATION | | | |
| 812 OLD EXETER RD | EHABILITATION | Telephone (417) 847-2184 | Alzheimer's Unit | Yes |
| CASSVILLE | MO 65625-1704 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 812 OLD EXETER F | | County BARRY | DMH Licensed | No |
| CASSVILLE | MO 65625-1704 | Region 1 Medicare/Medicaid | Facility Number | 10644 |
| CASS VILLE | MO 03023-170 4 | Region 1 Medicare/Medicald | Facinty Number | 10044 |
| ROCK HILL NURSING CENTER | | | | |
| 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 ROA | D | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64131-2115 | Region 3 Medicare/Medicaid | Facility Number | 03680 |
| ROCK ISLAND VILLAGE | | | | |
| 619 EAST 8TH STREET | | Telephone (573) 557-9545 | Alzheimer's Unit | Yes |
| ELDON | MO 65026-4740 | Level of Care: ALF** | Bed Capacity | 70 |
| Mailing Address 619 EAST 8TH STRI | | County MILLER | DMH Licensed | No |
| ELDON | MO 65026-4740 | Region 6 | Facility Number | 30865 |
| ELDOIN | 1410 03020 4740 | Region 0 | racinty Number | 30803 |
| ROCK POINT NURSING CENTER | | | | |
| 8477 NORTH STREET | | | | * 7 |
| 6477 NORTH STREET | | Telephone (573) 292-3212 | Alzheimer's Unit | Yes |
| BIRCH TREE | MO 65438-8887 | Level of Care: SNF | Bed Capacity | 86 |
| BIRCH TREE Mailing Address 8477 NORTH STREE | ET | Level of Care: SNF County SHANNON | Bed Capacity DMH Licensed | |
| BIRCH TREE | | Level of Care: SNF | Bed Capacity | 86 |
| BIRCH TREE Mailing Address 8477 NORTH STREE | ET MO 65438-8887 | Level of Care: SNF County SHANNON | Bed Capacity DMH Licensed | 86 No |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE | ET MO 65438-8887 | Level of Care: SNF County SHANNON | Bed Capacity DMH Licensed | 86 No |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI | ET MO 65438-8887 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 86 No 00560 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST | ET MO 65438-8887 VING | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 86 No 00560 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY | ET MO 65438-8887 VING | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 86 No 00560 No 154 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 86 No 00560 No 154 Yes |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 86 No 00560 No 154 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 86 No 00560 No 154 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 86 No 00560 No 154 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING MO 64110-1016 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** County JACKSON | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 86 No 00560 No 154 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 86 No 00560 No 154 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKY RIDGE MANOR | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING MO 64110-1016 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** County JACKSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 86 No 00560 No 154 Yes 06794 No 36 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKY RIDGE MANOR 3111 HIGHWAY A | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING MO 64110-1016 MO 64171-0930 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** County JACKSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 86 No 00560 No 154 Yes 06794 No 36 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKY RIDGE MANOR 3111 HIGHWAY A MANSFIELD | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING MO 64110-1016 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** County JACKSON Region 3 Telephone (417) 924-8116 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 | 86 No 00560 No 154 Yes 06794 No 36 Yes 06794 |
| BIRCH TREE Mailing Address 8477 NORTH STREE BIRCH TREE ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKHILL MANOR ASSISTED LI 4235 LOCUST ST KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY Mailing Address PO BOX 5930 KANSAS CITY ROCKY RIDGE MANOR 3111 HIGHWAY A | MO 65438-8887 VING MO 64110-1016 MO 64171-0930 VING MO 64110-1016 MO 64171-0930 | Level of Care: SNF County SHANNON Region 2 Medicare/Medicaid Telephone (816) 931-2225 Level of Care: ALF County JACKSON Region 3 Telephone (816) 931-2225 Level of Care: ALF** County JACKSON Region 3 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 86 No 00560 No 154 Yes 06794 No 36 Yes 06794 |

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| ROLLA PRESBYTERIAN MANOR | | | |
|--|--|---------------------------|-------|
| 1200 HOMELIFE PLAZA | Telephone (573) 364-7336 | Alzheimer's Unit | Yes |
| ROLLA MO 65401-2512 | Level of Care: ALF** | Bed Capacity | 37 |
| Mailing Address 1200 HOMELIFE PLAZA | County PHELPS | DMH Licensed | No |
| ROLLA MO 65401-2512 | Region 6 | Facility Number | 18727 |
| DOLLA DDECDY/TEDIAN MANOD | | | |
| ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA | Talanhana (572) 264 7226 | Alahaiman'a Unit | No |
| ROLLA MO 65401-2512 | Telephone (573) 364-7336 Level of Care: SNF | Alzheimer's Unit | 30 |
| Mailing Address 1200 HOMELIFE PLAZA | | Bed Capacity DMH Licensed | No |
| ROLLA MO 65401-2512 | · · · | | |
| ROLLA MO 03401-2312 | Region 6 Medicare/Medicaid | Facility Number | 18727 |
| ROSEWOOD REHAB AND HEALTHCARE CENTER | | | |
| 1415 WEST WHITE OAK | Telephone (816) 254-3500 | Alzheimer's Unit | Yes |
| INDEPENDENCE MO 64050-2590 | Level of Care: SNF | Bed Capacity | 300 |
| Mailing Address 1415 WEST WHITE OAK | County JACKSON | DMH Licensed | No |
| INDEPENDENCE MO 64050-2590 | Region 3 Medicare/Medicaid | Facility Number | 06604 |
| | | | |
| 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 |
| SALEM CADE CENTED | | | |
| 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 Medicaid | Facility Number | 02354 |
| SALEM 1410 03300-1070 | Region 0 Medicaid | Pacinty 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 | | | |
| 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 |
| | | · | |

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| SCENIC NURSING AND REHABILIT | TATION 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 |
| HERCULANEUM | MO 63048-1550 | Region 2 Medicare/Medicaid | Facility Number 09605 |
| | | | |
| SCHUYLER COUNTY NURSING HO | OME | | |
| 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 HIGHWAY | 63 | County SCHUYLER | DMH Licensed No |
| QUEEN CITY | MO 63561-2251 | Region 5 Medicare/Medicaid | Facility Number 07004 |
| SEASONS REHAB AND HEALTHCA | DE CENTED | | |
| 15600 WOODS CHAPEL RD | RE 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 CHAI | | County JACKSON | DMH Licensed No |
| KANSAS CITY | MO 64139-1261 | Region 3 Medicare/Medicaid | Facility Number 23712 |
| KANDAD CITT | WIO 04137-1201 | Region 5 Wedicare/Medicard | racinty (dimber 23/12 |
| 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 |
| Mailing Address PO BOX 481 | | County SAINT FRANCOIS | DMH Licensed Yes |
| PARK HILLS | MO 63601-0481 | Region 2 | Facility Number 17813 |
| | | | |
| SENATH SOUTH HEALTH CARE C | FNTFR | | |
| 300 EAST HORNBECK ST | ENTER | Telephone (573) 738-2627 | Alzheimer's Unit No |
| SENATH | MO 63876-9225 | Level of Care: SNF | Bed Capacity 150 |
| Mailing Address PO BOX 940 | WO 03070 7223 | County DUNKLIN | DMH Licensed No |
| SENATH | MO 63876-0940 | Region 2 Medicare/Medicaid | Facility Number 16147 |
| SEATTI . | 110 03070 0310 | Region 2 Wedicare/Medicard | Tuenty (tumber 1014) |
| 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 CHERO | OKEE AVE | 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 | |
| Mailing Address 914 CHICKESAW ST | | County NEWTON | Bed Capacity 80 DMH Licensed No |
| SENECA | MO 64865-9281 | · | Facility Number 17090 |
| BLNECA | 1120 U+0UJ-7201 | Region 1 Medicare/Medicaid | racinty runiber 1/090 |
| 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 |

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| SHADY OAKS HEALTHCARE CEN | TER | | | |
|--------------------------------------|----------------|--|---------------------------|----------|
| 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 ROU | | County OREGON | DMH Licensed | No |
| THAYER | MO 65791-1415 | Region 2 Medicare/Medicaid | Facility Number 01 | 1364 |
| CHANCELLA DEHAD O LIVING C | ENGED | | | |
| SHANGRI-LA REHAB & LIVING C | ENIER | (917) 220 777 | A1 1 | NI. |
| 930 NORTH EAST DUNCAN RD | MO (4014-2172 | 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 D | | County JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64014-2173 | Region 3 Medicare/Medicaid | Facility Number 00 | 0677 |
| 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 SHELBIN | A AVE | County SHELBY | DMH Licensed | No |
| SHELBINA | MO 63468-4328 | Region 5 | Facility Number 18 | 8584 |
| | | 8 | | |
| SHEPHERD OF THE HILLS LIVING | 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 | 8 | County TANEY | DMH Licensed | No |
| BRANSON | MO 65616-8154 | Region 1 Medicare/Medicaid | Facility Number 06 | 6810 |
| SHEPHERD'S VIEW ASSISTED LIV | VING. | | | |
| 100 SHEPHERDS LN | 2.10 | Telephone (417) 778-7959 | Alzheimer's Unit | No |
| ALTON | MO 65606-0429 | Level of Care: ALF** | Bed Capacity | 39 |
| Mailing Address PO BOX 429 | | County OREGON | DMH Licensed | No |
| ALTON | MO 65606-0429 | Region 2 | | 3135 |
| | | | | |
| SHIRKEY NURSING & REHABILIT | TATION CENTER | | | |
| 804 WOLLARD BLVD | | 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 07 | 7289 |
| SIKESTON CONVALESCENT CEN' | ГER | | | |
| 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 | | County SCOTT | DMH Licensed | No |
| SIKESTON | MO 63801-5126 | Region 2 Medicare/Medicaid | Facility Number 07 | 7331 |
| CH EV COMMINITES CARE | | | | |
| SILEX COMMUNITY CARE | | Tolonhono (572) 294 5219 | Alzhoimon's Unit | Nο |
| 111 DUNCAN MANSION RD | MO 63377 2220 | Telephone (573) 384-5218 Level of Care: SNF | Alzheimer's Unit | No 60 |
| SILEX Mailing Address 111 DUNCAN MAN | MO 63377-2229 | County LINCOLN | Bed Capacity DMH Licensed | 60 No |
| - | MO 63377-2229 | • | | |
| SILEX | WIO 03377-2229 | Region 5 Medicare/Medicaid | Facility Number 06 | 6838 |

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| 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 MANSION RD | County LINCOLN | DMH Licensed | Yes |
| SILEX MO 63377-2229 | Region 5 | Facility Number | 20982 |
| | | | |
| SILVER CREEK - ASSISTED LIVING BY AMERICARE | | | |
| 3325 TEXAS AVE | Telephone (417) 626-8100 | Alzheimer's Unit | Yes |
| JOPLIN MO 64804-4343 | Level of Care: ALF** | Bed Capacity | 68 |
| Mailing Address 3325 TEXAS AVE | County NEWTON | DMH Licensed | No |
| JOPLIN MO 64804-4343 | Region 1 | Facility Number | 20541 |
| VOLUM NICO O TOO TOO TOO TOO TOO TOO TOO TOO TOO | Region 1 | racinty Number | 20341 |
| | | | |
| SILVER SPUR | (214) 772 2400 | | |
| 3300 TEXAS AVE | Telephone (314) 773-3408 | Alzheimer's Unit | No |
| SAINT LOUIS MO 63118-3111 | Level of Care: ALF | Bed Capacity | 37 |
| Mailing Address 3300 TEXAS AVE | County SAINT LOUIS CITY | DMH Licensed | Yes |
| SAINT LOUIS MO 63118-3111 | Region 7 | Facility Number | 00185 |
| | | | |
| SILVERADO LEE'S SUMMIT | | | |
| 3101 SW 3RD STREET | Telephone (816) 321-1648 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT MO 64081-4060 | Level of Care: ALF** | Bed Capacity | 54 |
| Mailing Address 3101 SW 3RD STREET | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT MO 64081-4060 | Region 3 | Facility Number | 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 DR | County PHELPS | DMH Licensed | No |
| ROLLA MO 65401-8384 | Region 6 Medicare/Medicaid | Facility Number | 29351 |
| | 5 | | |
| CVVI INTE ACCIOTED I IVINO I I C | | | |
| 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 |
| Mailing Address PO BOX 780 | County CARTER | DMH Licensed | Yes |
| VAN BUREN MO 63965-0780 | Region 2 | Facility Number | 29947 |
| VAN BUREN MO 03903-0700 | Region 2 | Pacinty Number | 29947 |
| | | | |
| 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 | County SAINT LOUIS CITY | DMH Licensed | Yes |
| SAINT LOUIS MO 63120-2513 | Region 7 | Facility Number | 04078 |
| | | | |
| 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 |
| Mailing Address 1119 GOODFELLOW BLVD | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS MO 63112-2513 | Region 7 | Facility Number | 31147 |
| | | | |

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| SONSHINE MANOR | T. 1 (447) 700 000 | | |
|---|---------------------------------|------------------------|-------|
| 300 SOUTH COTTONWOOD AVE | Telephone (417) 732-2929 | Alzheimer's Unit | No |
| REPUBLIC MO 65738-2093 | Level of Care: SNF | Bed Capacity | 69 |
| Mailing Address 300 SOUTH COTTONWOOD AVE | County GREENE | DMH Licensed | No |
| REPUBLIC MO 65738-2093 | Region 1 Medicare/Medicaid | Facility Number | 16723 |
| | | | |
| SOUTH COUNTY NURSING HOME, INC | | | |
| 1101 WEST OUTER 21 RD | Telephone (636) 296-5455 | Alzheimer's Unit | No |
| ARNOLD MO 63010-4644 | Level of Care: SNF | Bed Capacity | 153 |
| Mailing Address 1101 WEST OUTER 21 RD | County JEFFERSON | DMH Licensed | No |
| ARNOLD MO 63010-4644 | Region 2 Medicare/Medicaid | Facility Number | 03650 |
| | | | |
| 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 WOODS | County BOONE | DMH Licensed | No |
| COLUMBIA MO 65203-7169 | Region 6 Medicare/Medicaid | Facility Number | 19799 |
| | | | |
| SOUTH HAVEN RESIDENTIAL CARE 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 |
| | | | |
| SOUTH POINTE - ASSISTED LIVING BY AMERICARE | T. I. I. (625) 220 0.570 | | ** |
| 5125 OLD HWY 100 | Telephone (636) 239-0670 | Alzheimer's Unit | Yes |
| WASHINGTON MO 63090-3855 | Level of Care: ALF** | Bed Capacity | 72 |
| Mailing Address 5125 OLD HWY 100 | County FRANKLIN | DMH Licensed | No |
| WASHINGTON MO 63090-3855 | Region 6 | Facility Number | 13735 |
| 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 |
| 1221 | region 2 | rumiy minibel | 27330 |
| 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 | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON MO 63640-1920 | Region 2 Medicare/Medicaid | Facility Number | 02577 |
| | | | |

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| 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 0108 | 81 |
| | | - | | |
| COLUMNIC TOWNS HOUSE | | | | |
| SOUTHSIDE TOWNE HOUSE 510 SOUTH WASHINGTON | | T-1 (572) 591 2202 | A 1-1 | No |
| MEXICO | MO 65265-2786 | Telephone (573) 581-3203 Level of Care: RCF* | | 12 |
| Mailing Address PO BOX 6 | WO 03203-2780 | County AUDRAIN | | es es |
| MEXICO | MO 65265-0006 | Region 5 | Facility Number 1698 | |
| WEARCO | WO 03203-0000 | Region 5 | racinty Number 1096 | 01 |
| | | | | |
| SOUTHVIEW ASSISTED LIVING | | T-1 (214) 544 4440 | Al-1-: | , |
| 9916 REAVIS ROAD | MO (2122 5214 | Telephone (314) 544-4440 | | es |
| AFFTON Molling Address 0016 DEAVIS DD | MO 63123-5314 | Level of Care: ALF** County SAINT LOUIS COUNTY | | 16 No |
| Mailing Address 9916 REAVIS RD AFFTON | MO 63123-5314 | • | | |
| AFTON | WO 03123-3314 | Region 7 | Facility Number 2844 | 40 |
| annative non-ce never to the war | D.T. | | | |
| SPECIAL FORCE FAMILY MINIST | RIES | m | | |
| 428 SOUTH HARRISON ST | NO 65514 5000 | Telephone (417) 725-7917 | | No 12 |
| NIXA | MO 65714-7809 | Level of Care: RCF | - the companies | 12 |
| Mailing Address PO BOX 882 | MO 65714 0002 | County CHRISTIAN | | es |
| NIXA | MO 65714-0882 | Region 1 | Facility Number 1870 | 64 |
| | | | | |
| SPENCER PLACE - ASSISTED LIVE | NG BY AMERICARE | | | _ |
| 265 SPENCER RD | 110 (000) 0100 | Telephone (636) 441-6662 | | No |
| SAINT PETERS | MO 63376-2430 | Level of Care: ALF** | | 74 |
| Mailing Address 265 SPENCER RD | MO (227(2420 | County SAINT CHARLES | | No |
| SAINT PETERS | MO 63376-2430 | Region 5 | Facility Number 1329 | 94 |
| approximation and the second s | | | | |
| SPRING MANOR | | TO 1 1 (214) 522 2111 | A11 ' ! TI ' | |
| 3610 PALM ST | MO (2107 2505 | Telephone (314) 533-3111 | | No o4 |
| SAINT LOUIS | MO 63107-2505 | Level of Care: ALF** | | 94 |
| Mailing Address 3610 PALM ST | MO 62107 2505 | County SAINT LOUIS CITY | | es |
| SAINT LOUIS | MO 63107-2505 | Region 7 | Facility Number 2853 | 32 |
| CDDING DIDGE ACCIOTED LIVING | C DV AMEDICADE | | | |
| SPRING RIDGE - ASSISTED LIVING 2828 SOUTH MEADOWBROOK | 5 DI AMERICARE | Telephone (417) 889-7100 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65807-5925 | Telephone (417) 889-7100 Level of Care: ALF** | | 44 |
| | | | | No |
| Mailing Address 2828 SOUTH MEADO SPRINGFIELD | MO 65807-5925 | • | | |
| SI KINGTILLD | 1110 03007-3743 | Region 1 | Facility Number 197 | 13 |
| CDDING DIVED GUDICIDIANI VIII I | CE INC | | | |
| SPRING RIVER CHRISTIAN VILLA 201 S NORTHPARK LN | GE, INC | Telephone (417) 623-4313 | Alzheimer's Unit | No |
| JOPLIN | MO 64801-8426 | Telephone (417) 623-4313 Level of Care: ALF** | | 93 |
| Mailing Address 201 S NORTHPARK | | County JASPER | | 93 No |
| Training radices 201 5 NORTH ARR | <u></u> , | - A A | Diffi Diction 1 | 10 |

Facility Number

14251

MO 64801-8426

JOPLIN

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| SPRING VALLEY ASSISTED LIVING | G | | |
|-----------------------------------|----------------------|---------------------------------|-------------------------|
| 2915 SOUTH FREMONT AVE | | Telephone (417) 883-4022 | Alzheimer's Unit No |
| SPRINGFIELD | MO 65804-3608 | Level of Care: ALF | Bed Capacity 40 |
| Mailing Address 2915 SOUTH FREMO | ONT AVE | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65804-3608 | Region 1 | Facility Number 00144 |
| | | | |
| SPRING VALLEY HEALTH & REHA | ARII ITATION CENTED | | |
| 2915 SOUTH FREMONT AVE | ADILITATION CENTER | Telephone (417) 883-4022 | Alzheimer's Unit Yes |
| SPRINGFIELD | MO 65804-3608 | Level of Care: SNF | Bed Capacity 194 |
| Mailing Address 2915 SOUTH FREMO | | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65804-3608 | county | |
| SEKINOPIELD | WO 03604-3006 | Region 1 Medicare/Medicaid | Facility Number 00144 |
| | | | |
| SPRINGFIELD REHABILITATION & | & HEALTH CARE CENTER | T. 1 | |
| 2800 S FORT AVE | | Telephone (417) 882-0035 | Alzheimer's Unit No |
| SPRINGFIELD | MO 65807-3480 | Level of Care: SNF | Bed Capacity 146 |
| Mailing Address PO BOX 3438 GS | | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65808-3438 | Region 1 Medicare/Medicaid | Facility Number 07460 |
| | | | |
| SPRINGFIELD SKILLED CARE CEN | NTER | | |
| 2401 W GRAND ST | | Telephone (417) 864-4545 | Alzheimer's Unit No |
| SPRINGFIELD | MO 65802-4967 | Level of Care: SNF | Bed Capacity 120 |
| Mailing Address 2401 W GRAND ST | | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65802-4967 | Region 1 Medicare/Medicaid | Facility Number 09756 |
| | | | |
| 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 MONTCL | AIR | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65807-5076 | Region 1 Medicare/Medicaid | Facility Number 05280 |
| | | | |
| SPRINGHOUSE VILLAGE EAST, LI | LC . | | |
| 3877 EAST FARM ROAD 132 | | Telephone (417) 877-1717 | Alzheimer's Unit Yes |
| SPRINGFIELD | MO 65802- | Level of Care: ALF** | Bed Capacity 100 |
| Mailing Address 3877 EAST FARM RO | DAD 132 | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65802- | Region 1 | Facility Number 32469 |
| | | | |
| SSTAR LLC | | | |
| 125 ANNA AVE, #18 | | Telephone (636) 462-6979 | Alzheimer's Unit No |
| TROY | MO 63379-2402 | Level of Care: RCF | Bed Capacity 20 |
| Mailing Address 125 ANNA AVE, #18 | | County LINCOLN | DMH Licensed Yes |
| TROY | MO 63379-2402 | Region 5 | Facility Number 16992 |
| | | | |
| 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 MANCHESTE | R RD | County SAINT LOUIS COUNTY | DMH Licensed No |
| KIRKWOOD | MO 63122-1520 | Region 7 | Facility Number 07481 |
| | | | |

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| ST ANDREW'S ASSISTED LIVING O | 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 |
| | | | | |
| ST ANDREW'S AT FRANCIS PLACE | E | | | |
| 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 |
| | | 9 | | |
| | _ | | | |
| ST ANDREW'S AT NEW FLORENCE | Ε | T. 1. 1. (572) 415 0222 | | |
| 515 PICNIC ST | NO (22/2 2222 | 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 | MO (22/2 2222 | County MONTGOMERY | DMH Licensed | No |
| NEW FLORENCE | MO 63363-2223 | Region 6 | Facility Number | 05723 |
| | | | | |
| ST ANDREW'S AT NEW FLORENCE | Ξ | | | |
| 515 PICNIC ST | | 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 | | County MONTGOMERY | DMH Licensed | No |
| NEW FLORENCE | MO 63363-2223 | Region 6 Medicare/Medicaid | Facility Number | 05723 |
| | | | | |
| ST ANN ASSISTED LIVING CENTER | R | | | |
| 10441 INTERNATIONAL PLAZA DR | | Telephone (314) 423-1254 | Alzheimer's Unit | No |
| SAINT ANN | MO 63074-1805 | Level of Care: ALF | Bed Capacity | 40 |
| Mailing Address 10441 INTERNATION | NAL PLAZA DR | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT ANN | MO 63074-1805 | Region 7 | Facility Number | 21994 |
| | | | | |
| ST ANTHONY'S | | | | |
| 1010 EAST 68TH STREET | | 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 STF | REET | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64131-1311 | Region 3 | Facility Number | 32075 |
| | | | - | |
| OT CLASS NUMBERS | | | | |
| ST CLAIR NURSING CENTER | | m | | |
| 1035 PLAZA COURT NORTH | MO (2077 1120 | Telephone (636) 629-2100 | Alzheimer's Unit | No |
| SAINT CLAIR | MO 63077-1129 | Level of Care: SNF | Bed Capacity | 79 N |
| Mailing Address 1035 PLAZA CT NOR | | County FRANKLIN | DMH Licensed | No |
| SAINT CLAIR | MO 63077-1129 | Region 6 Medicare/Medicaid | Facility Number | 13744 |
| | | | | |
| ST ELIZABETH CARE CENTER | | | | |
| 649 SOUTH WALNUT ST | | Telephone (573) 493-2215 | Alzheimer's Unit | No |
| SAINT ELIZABETH | MO 65075-2440 | Level of Care: SNF | Bed Capacity | 63 |
| Mailing Address 649 SOUTH WALNU | T GT | | | |
| SAINT ELIZABETH | MO 65075-2440 | County MILLER Region 6 Medicare/Medicaid | DMH Licensed Facility Number | No 07523 |

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| 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 |
| | | | | |
| ST FRANCIS PARK - ASSISTED LIV | VING 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 |
| | | region - | Tuestoy Tuesto | 10705 |
| CIT ED ANGOIG MANOD | | | | |
| ST FRANCOIS MANOR 1180 OLD JACKSON RD | | Tolonhous (572) 760 1700 | Alzheimer's Unit | No |
| | MO (2640-2420 | Telephone (573) 760-1700 | | |
| FARMINGTON | MO 63640-3428 | Level of Care: SNF | Bed Capacity | 118 |
| Mailing Address 1180 OLD JACKSON | | 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 | N RD | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-3428 | Region 2 | 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 | 11 |
| Mailing Address 1180 OLD JACKSON | I RD | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-3428 | Region 2 | Facility Number | 21512 |
| | | 8 | · | |
| 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 | 110 03070 1117 | County SAINTE GENEVIEVE | DMH Licensed | No |
| SAINTE GENEVIEVE | MO 63670-0426 | Region 2 Medicare/Medicaid | Facility Number | 03254 |
| SARVIE GEREVIEVE | MO 03070 0420 | Region 2 Medical Confedicatu | racinty Number | 03234 |
| ST JAMES LIVING CENTER | | | | |
| 415 SIDNEY ST | | Tolophono (572) 265 8021 | Alzheimer's Unit | Yes |
| | MO 65550 1070 | Telephone (573) 265-8921 | | 90 |
| SAINT JAMES | MO 65559-1070 | Level of Care: SNF | Bed Capacity | |
| Mailing Address PO BOX 69 | MO (5550 0050 | County PHELPS | DMH Licensed | No |
| SAINT JAMES | MO 65559-0069 | Region 6 Medicare/Medicaid | Facility Number | 05238 |
| | 110 03337 0007 | | | |
| CT IOE MANOR | e 33357 0007 | • | | |
| ST JOE MANOR | e 33357 0007 | | Alghaiman's Visit | NI_ |
| 10 LAKE DR | | Telephone (573) 358-2800 | Alzheimer's Unit | No |
| 10 LAKE DR BONNE TERRE | MO 63628-1820 | Telephone (573) 358-2800 Level of Care: ALF | Bed Capacity | 10 |
| 10 LAKE DR | | Telephone (573) 358-2800 | | |

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| ST JOE MANOR | | (572) 250 2000 | | 17 |
|--|--|---|--|---|
| 10 LAKE DR | MO (2(20, 1020 | 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 BONNE TERRE | MO 63628-1820 | County SAINT FRANCOIS | DMH Licensed | No |
| DOINNE TERRE | WO 03026-1620 | Region 2 Medicare/Medicaid | Facility Number | 22664 |
| CT LOE MANOD | | | | |
| ST JOE MANOR 10 LAKE DR | | Telephone (573) 358-2800 | Alzheimer's Unit | No |
| BONNE TERRE | MO 63628-1820 | Telephone (573) 358-2800 Level of Care: ALF** | Bed Capacity | 36 |
| Mailing Address 10 LAKE DR | WIO 03028-1820 | County SAINT FRANCOIS | DMH Licensed | No. |
| BONNE TERRE | MO 63628-1820 | Region 2 | Facility Number | 22664 |
| BOTTLE TERRE | 1410 03020 1020 | Region 2 | racinty (valider | 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) 233-5164 | 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 & R | EHABILITATION | | | |
| 1317 NORTH 36TH ST | | 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 | | | | |
| | | | | |
| | | Telephone (314) 353-7225 | Alzheimer's Unit | No |
| 5408 SOUTH BROADWAY SAINT LOUIS | MO 63111-2023 | Telephone (314) 353-7225 Level of Care: SNF | Alzheimer's Unit Bed Capacity | No 48 |
| 5408 SOUTH BROADWAY SAINT LOUIS | | Level of Care: SNF | Bed Capacity | 48 |
| 5408 SOUTH BROADWAY | | Level of Care: SNF County SAINT LOUIS CITY | | |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD | DWAY | Level of Care: SNF County SAINT LOUIS CITY | Bed Capacity DMH Licensed | 48 No |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD | DWAY | Level of Care: SNF County SAINT LOUIS CITY | Bed Capacity DMH Licensed | 48 No |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS | DWAY | Level of Care: SNF County SAINT LOUIS CITY | Bed Capacity DMH Licensed | 48 No |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM | DWAY | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 48 No 07585 |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY | DWAY MO 63111-2023 MO 63111-2023 | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 48 No 07585 Yes |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS | DWAY MO 63111-2023 MO 63111-2023 | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 48 No 07585 Yes 23 |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS | DWAY MO 63111-2023 MO 63111-2023 DWAY MO 63111-2023 | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** County SAINT LOUIS CITY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 48 No 07585 Yes 23 No |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS HILLS ASSISTED LIVING | DWAY MO 63111-2023 MO 63111-2023 DWAY MO 63111-2023 | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** County SAINT LOUIS CITY Region 7 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 48 No 07585 Yes 23 No 07585 |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS HILLS ASSISTED LIVING 6543 CHIPPEWA ST | DWAY MO 63111-2023 MO 63111-2023 DWAY MO 63111-2023 G AND MEMORY CARE | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** County SAINT LOUIS CITY Region 7 Telephone (314) 647-6600 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 48 No 07585 Yes 23 No 07585 |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS HILLS ASSISTED LIVING 6543 CHIPPEWA ST SAINT LOUIS | DWAY MO 63111-2023 MO 63111-2023 DWAY MO 63111-2023 | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** County SAINT LOUIS CITY Region 7 Telephone (314) 647-6600 Level of Care: ALF** | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 48 No 07585 Yes 23 No 07585 |
| 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS ST LOUIS HILLS ASSISTED LIVING 6543 CHIPPEWA ST | DWAY MO 63111-2023 MO 63111-2023 DWAY MO 63111-2023 G AND MEMORY CARE | Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicaid Telephone (314) 353-7225 Level of Care: ALF** County SAINT LOUIS CITY Region 7 Telephone (314) 647-6600 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 48 No 07585 Yes 23 No 07585 |

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| 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 FAIRVIEV | W AVE | County JASPER | DMH Licensed No |
| CARTHAGE | MO 64836-3122 | Region 1 | Facility Number 07606 |
| | | | |
| ST LUKE'S NURSING CENTER, INC | | | |
| 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 FAIRVIEW | W AVE | County JASPER | DMH Licensed No |
| CARTHAGE | MO 64836-3122 | Region 1 Medicare/Medicaid | Facility Number 07606 |
| | | | |
| ST PETERS MANOR CARE CENTEI | D | | |
| 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 | WO 03370 2423 | County SAINT CHARLES | DMH Licensed No |
| SAINT PETERS | MO 63376-2425 | Region 5 Medicare/Medicaid | Facility Number 07613 |
| SAINT LEILAS | 110 03370 2423 | Region 5 Wedicare/Medicard | racincy runiber 07013 |
| | | | |
| ST SOPHIA HEALTH & REHABILIT | 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 R | | County SAINT LOUIS COUNTY | DMH Licensed No |
| FLORISSANT | MO 63031-5220 | Region 7 Medicare/Medicaid | Facility Number 07631 |
| | | | |
| STEELVILLE SENIOR LIVING | | | |
| 311 NORTH SPRING ST | | Telephone (573) 260-8850 | Alzheimer's Unit No |
| STEELVILLE | MO 65565-5089 | Level of Care: SNF | Bed Capacity 72 |
| Mailing Address 311 NORTH SPRING | | County CRAWFORD | DMH Licensed No |
| STEELVILLE | MO 65565-5089 | Region 6 Medicare/Medicaid | Facility Number 02860 |
| | | | |
| STEELVILLE SENIOR LIVING | | T | |
| 311 NORTH SPRING ST | 110 | Telephone (573) 260-8850 | Alzheimer's Unit No |
| STEELVILLE | MO 65565-5089 | Level of Care: ALF | Bed Capacity 21 |
| Mailing Address 311 NORTH SPRING | | County CRAWFORD | DMH Licensed No |
| STEELVILLE | MO 65565-5089 | Region 6 | Facility Number 02860 |
| | | | |
| 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 | MO (4(0)) 0525 | Telephone (660) 646-4123 | Alzheimer's Unit No |
| CHILLICOTHE | MO 64601-3525 | Level of Care: SNF | Bed Capacity 75 |
| Mailing Address 2601 FAIR ST | 3.50 54.504.0505 | County LIVINGSTON | DMH Licensed No |
| CHILLICOTHE | MO 64601-3525 | Region 4 Medicare/Medicaid | Facility Number 03833 |

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| STONEDDIDGE CHILLICOTHE | | | | |
|---|----------------|---|---------------------|-----------|
| STONEBRIDGE CHILLICOTHE 2601 FAIR ST | | Telephone (660) 646-4123 | Alzheimer's Unit | No |
| CHILLICOTHE | MO 64601-3525 | Telephone (660) 646-4123 Level of Care: RCF* | Bed Capacity | 40 |
| Mailing Address 2601 FAIR ST | WO 04001-3323 | County LIVINGSTON | DMH Licensed | No |
| CHILLICOTHE | MO 64601-3525 | Region 4 | | 3833 |
| CHILLICOTHE | MO 04001-3323 | Region 4 | racinty Number 0. | 3633 |
| 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 13 | 3501 |
| | | | | |
| STONEBRIDGE DESOTO | | T. I. I. (626) 506 6550 | | |
| 1550 VILLAS DR | 140 (2020 250) | Telephone (636) 586-6559 | Alzheimer's Unit | No |
| DE SOTO | MO 63020-2586 | Level of Care: RCF* | Bed Capacity | 80 |
| Mailing Address 1550 VILLAS DR | MO (2020 259) | County JEFFERSON | DMH Licensed | No |
| DE SOTO | MO 63020-2586 | Region 2 | Facility Number 13 | 3501 |
| 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 | 57 | County SAINT LOUIS COUNTY | DMH Licensed | No |
| FLORISSANT | MO 63034-2742 | Region 7 Medicare/Medicaid | Facility Number 14 | 4200 |
| 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 | | County GASCONADE | DMH Licensed | No |
| HERMANN | MO 65041-0468 | Region 6 | | 2690 |
| | | | | |
| STONEBRIDGE HERMANN | | m | | |
| 1800 WEIN ST | MO 65041 1601 | Telephone (573) 486-3155 | Alzheimer's Unit | No |
| HERMANN | MO 65041-1601 | Level of Care: SNF | Bed Capacity | 118 N- |
| Mailing Address PO BOX 468 | MO 65041 0469 | County GASCONADE | DMH Licensed | No |
| HERMANN | MO 65041-0468 | Region 6 Medicare/Medicaid | Facility Number 02 | 2690 |
| 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 20 | 0926 |
| STONEBRIDGE LAKE OZARK | | | | |
| 872 COLLEGE BLVD | | Telephone (573) 302-0900 | Alzheimer's Unit | No |
| OSAGE BEACH | MO 65065-8408 | Level of Care: SNF | Bed Capacity | 66 |
| Mailing Address 872 COLLEGE BLVD | | County MILLER | DMH Licensed | No |
| 00.405.054.077 | | | | |

Medicare/Medicaid

Facility Number

20926

MO 65065-8408

OSAGE BEACH

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| STONEBRIDGE MARBLE HILL | | | |
|---|--|---|------------------------|
| 702 HIGHWAY 34 WEST | | Telephone (573) 238-2614 | Alzheimer's Unit No |
| MARBLE HILL | MO 63764-4301 | Level of Care: SNF | Bed Capacity 98 |
| | 1410 03704-4301 | County BOLLINGER | DMH Licensed No |
| Mailing Address 702 HWY 34 WEST | MO 62764 4201 | | |
| MARBLE HILL | MO 63764-4301 | Region 2 Medicare/Medicaid | Facility Number 10864 |
| STONEBRIDGE MARYLAND HEIG | HTS | | |
| 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 A | | 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 TRUMA | N 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 | | |
| | | | |
| Mailing Address 3108 WEST TRUMA | | 0.00000 | |
| JEFFERSON CITY | MO 65109-4918 | Region 6 Medicare/Medicaid | Facility Number 10300 |
| STONEBRIDGE OWENSVILLE | | | |
| 1016 W HIGHWAY 28 | | Telephone (573) 437-6877 | Alzheimer's Unit Yes |
| OWENSVILLE | MO 65066-1677 | Level of Care: SNF | Bed Capacity 131 |
| Mailing Address PO BOX 593 | | County GASCONADE | DMH Licensed No |
| OWENSVILLE | MO 65066-0593 | Region 6 Medicare/Medicaid | Facility Number 19051 |
| 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 |
| | WIO 03109-3213 | | DMH Licensed No |
| Mailing Address 1030 EDMONDS ST JEFFERSON CITY | MO 65109-5213 | County COLE Region 6 Medicare/Medicaid | Facility Number 08282 |
| JEH EKSÖN CH I | WO 03107-3213 | Region 6 Medicare/Medicard | racinty (valide) |
| STONEBRIDGE WESTPHALIA | | | |
| 1899 HIGHWAY 63 | | Telephone (573) 455-2280 | Alzheimer's Unit No |
| WESTPHALIA | MO 65085-2215 | Level of Care: RCF* | Bed Capacity 28 |
| Mailing Address 1899 HWY 63 | | 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 | 5 22 22 22 22 22 22 22 22 22 22 22 22 22 | County OSAGE | DMH Licensed No |
| WESTPHALIA | MO 65085-2215 | Region 6 Medicare/Medicaid | Facility Number 18653 |
| II LO II IIALIA | 1410 03003-2213 | region o Medicare/Medicald | racinty number 18033 |

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| STONECREST HEALTHCARE 2 HIGHWAY Y | | Telephone (573) 244-3171 | Alzheimer's Unit No |
|-----------------------------------|---------------------------------------|--|--|
| VIBURNUM | MO 65566-0707 | Telephone (573) 244-3171 Level of Care: SNF | Alzheimer's Unit No Bed Capacity 60 |
| Mailing Address PO BOX 707 | WO 03300-0707 | County IRON | DMH Licensed No |
| VIBURNUM | MO 65566-0707 | Region 2 Medicare/Medicaid | Facility Number 16689 |
| VIBORIVOM | 110 03300-0707 | Region 2 Medicare/Medicard | racinty Number 10009 |
| STONEY RIDGE VILLAGE | | | |
| 25023 BOTHWELL PARK RD | | Telephone (660) 827-3993 | Alzheimer's Unit No |
| SEDALIA | MO 65301-0084 | Level of Care: RCF | Bed Capacity 81 |
| Mailing Address 25023 BOTHWELL | PARK RD | County PETTIS | DMH Licensed No |
| SEDALIA | MO 65301-0084 | Region 6 | Facility Number 05035 |
| STOVER'S RESIDENTIAL CARE F | 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 EVERGR | 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 |
| STUBBLEFIELD RETIREMENT HO | OME | | |
| 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 |
| 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 |
| STURGEON | MO 65284-0328 | Region 6 | Facility Number 07733 |
| SUGAR CREEK - ASSISTED LIVIN | C BY AMERICAPE | | |
| POOUT CUEER - WOORD LED FIAIN | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 161 PROFESSIONAL PARKWAY | | Telephone (636) 528-3136 | Alzheimer's Unit Yes |
| 161 PROFESSIONAL PARKWAY TROY | | Telephone (636) 528-3136 Level of Care: ALF** | Alzheimer's Unit Yes Bed Capacity 60 |
| TROY | MO 63379-2829 | Level of Care: ALF** | Bed Capacity 60 |
| | MO 63379-2829 | | Bed Capacity 60 |

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| SUMMIT VILLA LIFECARE | | | | |
|-----------------------------------|---|---------------------------------|--------------------|------|
| 229 KAREN DR | | Telephone (573) 896-8567 | Alzheimer's Unit | Yes |
| HOLTS SUMMIT | MO 65043-2522 | Level of Care: ALF** | Bed Capacity | 50 |
| Mailing Address 229 KAREN DR | | County CALLAWAY | DMH Licensed | No |
| HOLTS SUMMIT | MO 65043-2522 | Region 6 | | 1318 |
| | | region . | | 1010 |
| 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 18 | 8330 |
| SUMMITVIEW TERRACE ASSISTE | D LIVING BY AMERICARE | | | |
| 12101 EAST BANNISTER RD | · - — — — — — — — — — — — — — — — — — — | 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 | STER RD | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64138-4913 | Region 3 | Facility Number 16 | 6311 |
| | | | | |
| 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 13 | 3351 |
| SUNNY MEADOWS LIVING CENTE | CR | | | |
| 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 | | County PETTIS | DMH Licensed | Yes |
| SEDALIA | MO 65301-2729 | Region 6 | Facility Number 06 | 6527 |
| | | | | |
| SUNNYHILL INDEPENDENCE CEN | TER | T. 1 | | |
| 3343 ARMBRUSTER ROAD | MO (2000 450) | 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 29 | 9674 |
| SUNNYHILL RESIDENTIAL CARE | FACILITY | | | |
| 134 GRAY ST | | Telephone (636) 931-4701 | Alzheimer's Unit | No |
| FESTUS | MO 63028-1949 | Level of Care: RCF | Bed Capacity | 20 |
| Mailing Address PO BOX 356 | | County JEFFERSON | DMH Licensed | Yes |
| FESTUS | MO 63028-0356 | Region 2 | Facility Number 07 | 7725 |
| SUNNYVIEW NURSING HOME & A | PARTMENTS | | | |
| 1311 EAST 28TH ST | | 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 | | County GRUNDY | DMH Licensed | No |
| TRENTON | MO 64683-1103 | Region 4 Medicare/Medicaid | | 8509 |
| | | 0 | • | |

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| SUNNYVIEW NURSING HOME & APARTMENTS | | | |
|--|--|---------------------------|-------|
| 1311 EAST 28TH ST | Telephone (660) 359-5647 | Alzheimer's Unit | No |
| TRENTON MO 64683-1103 | Level of Care: RCF* | Bed Capacity | 38 |
| Mailing Address 1311 EAST 28TH ST | County GRUNDY | DMH Licensed | No |
| TRENTON MO 64683-1103 | Region 4 | Facility Number | 18509 |
| CUNDICE NUDGING & MEMODY CADE | | | |
| SUNRISE NURSING & MEMORY CARE 600 EAST SUNRISE DR | Telephone (816) 322-1991 | Alzheimer's Unit | Yes |
| RAYMORE MO 64083-9037 | Telephone (816) 322-1991 Level of Care: SNF | | 152 |
| Mailing Address 600 EAST SUNRISE DR | County CASS | Bed Capacity DMH Licensed | No |
| RAYMORE MO 64083-9037 | · · · · | Facility Number | 16170 |
| NO 04085-9057 | Region 3 Medicare/Medicaid | racinty Number | 16170 |
| SUNRISE OF CHESTERFIELD | | | |
| 1880 CLARKSON RD | Telephone (636) 536-3800 | Alzheimer's Unit | No |
| CHESTERFIELD MO 63017-5000 | Level of Care: ALF** | Bed Capacity | 3 |
| Mailing Address 1880 CLARKSON RD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD MO 63017-5000 | Region 7 | Facility Number | 23767 |
| | | • | |
| SUNRISE OF CHESTERFIELD | | | |
| 1880 CLARKSON RD | Telephone (636) 536-3800 | Alzheimer's Unit | Yes |
| CHESTERFIELD MO 63017-5000 | Level of Care: ICF | Bed Capacity | 95 |
| Mailing Address 1880 CLARKSON RD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD MO 63017-5000 | Region 7 | Facility Number | 23767 |
| | | | |
| SUNRISE OF DES PERES | | | |
| 13460 MANCHESTER RD | Telephone (314) 965-3800 | Alzheimer's Unit | Yes |
| DES PERES MO 63131-1734 | Level of Care: ICF | Bed Capacity | 102 |
| Mailing Address 13460 MANCHESTER RD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| DES PERES MO 63131-1734 | Region 7 | Facility Number | 24242 |
| | | | |
| SUNRISE OF WEBSTER GROVES | | | |
| 45 EAST LOCKWOOD | Telephone (314) 918-7300 | Alzheimer's Unit | Yes |
| SAINT LOUIS MO 63119-3050 | Level of Care: ALF** | Bed Capacity | 90 |
| Mailing Address 45 EAST LOCKWOOD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SAINT LOUIS MO 63119-3050 | Region 7 | Facility Number | 28242 |
| SUNSET HEALTH CARE CENTER | | | |
| 400 WEST PARK AVE | Telephone (636) 583-2252 | Alzheimer's Unit | No |
| UNION MO 63084-1140 | - | | 120 |
| Mailing Address 400 WEST PARK AVE | Level of Care: SNF County FRANKLIN | Bed Capacity DMH Licensed | No |
| UNION MO 63084-1140 | · | Facility Number | 07831 |
| ONION MO 03064-1140 | Region 6 Medicare/Medicaid | racinty Number | 0/831 |
| SUNSET HOME | | | |
| 1201 SOUTH POLK | Telephone (816) 449-2158 | Alzheimer's Unit | No |
| MAYSVILLE MO 64469-4028 | Level of Care: SNF | Bed Capacity | 60 |
| Mailing Address 1201 S POLK | County DEKALB | DMH Licensed | No |
| MAYSVILLE MO 64469-4028 | Region 4 Medicare/Medicaid | Facility Number | 07798 |
| | | | |

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| SUNSHINE VILLA | | | | |
|--|-----------------------|---------------------------------|------------------------|-------|
| 2520 JAMES ST | | Telephone (573) 264-2424 | Alzheimer's Unit | No |
| SCOTT CITY | MO 63780-1219 | Level of Care: ALF | Bed Capacity | 26 |
| Mailing Address 2520 JAMES ST | 1410 03700-1217 | County SCOTT | DMH Licensed | Yes |
| SCOTT CITY | MO 63780-1219 | Region 2 | Facility Number | 07039 |
| SCOTT CITT | WIO 03780-1219 | Region 2 | racinty Number | 07039 |
| 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 HIGHV | WAY N | County SAINT CHARLES | DMH Licensed | No |
| DARDENNE PRAIRIE | MO 63368-7128 | Region 5 Medicare | Facility Number | 32331 |
| CHAPTEDD A CODINGC INDEDITADI | ENICE | | | |
| SUNTERRA SPRINGS INDEPENDE 19200 E 37TH TERRACE S | ENCE | Telephone (816) 335-3008 | Alzheimer's Unit | No |
| INDEPENDENCE | MO 64057-8324 | Level of Care: SNF | Bed Capacity | 38 |
| Mailing Address 19200 E 37TH TERI | | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-8324 | Region 3 Medicare | Facility Number | 30894 |
| INDELENDENCE | W1O 04037-6324 | Region 3 Medicare | racinty Number | 30894 |
| SUNTERRA SPRINGS SPRINGFIE | LD | | | |
| 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 | AVE | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65810-2989 | Region 1 Medicare | Facility Number | 31273 |
| CUREDION MANOR OF DOMATEO | WN AAG | | | |
| SUPERIOR MANOR OF DOWNTO | WN, LLC | T. I | A11 ' I TI ' | N |
| 1501 CLINTON STREET | MO (210) 4100 | Telephone (314) 921-2625 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63106-4100 | Level of Care: RCF | Bed Capacity | 40 |
| Mailing Address 1501 CLINTON STR | | County SAINT LOUIS CITY | DMH Licensed | No |
| SAINT LOUIS | MO 63106-4100 | Region 7 | Facility Number | 30136 |
| SUPERIOR MANOR OF FESTUS, I | LC | | | |
| 12827 HIGHWAY TT | | Telephone (314) 624-5575 | Alzheimer's Unit | No |
| FESTUS | MO 63028-4351 | Level of Care: SNF | Bed Capacity | 55 |
| Mailing Address 12827 HWY TT | | County JEFFERSON | DMH Licensed | No |
| FESTUS | MO 63028-4351 | Region 2 Medicare/Medicaid | Facility Number | 06820 |
| SURREY PLACE ST LUKE'S HOSE | DITAL SKILLED NUDSING | | | |
| 14701 OLIVE BLVD | TIAL SKILLED NURSING | Telephone (314) 542-3300 | Alzheimer's Unit | No |
| CHESTERFIELD | MO 63017-2221 | Level of Care: SNF | Bed Capacity | 130 |
| Mailing Address 14701 OLIVE BLVE | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-2221 | | Facility Number | |
| CHESTERFIELD | WIO 03017-2221 | Region 7 Medicare/Medicaid | Facility Number | 15467 |
| SWEET SPRINGS VILLA | | | | |
| 518 E MARSHALL | | Telephone (660) 335-6391 | Alzheimer's Unit | No |
| SWEET SPRINGS | MO 65351-9756 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 518 E MARSHALL | | County SALINE | DMH Licensed | No |
| SWEET SPRINGS | MO 65351-9756 | Region 5 Medicare/Medicaid | Facility Number | 05378 |
| | | | | |

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| SWIFT CREEK RESIDENTIAL CAI | RE CENTER | | |
|----------------------------------|----------------|---------------------------------|-------------------------|
| 1673 HIGHWAY 53 | | Telephone (573) 776-6501 | 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 CARE | | | |
| 3260 MYSTIC LANE | | Telephone (573) 785-9399 | Alzheimer's Unit No |
| POPLAR BLUFF | MO 63901-3067 | Level of Care: RCF* | Bed Capacity 20 |
| Mailing Address 3260 MYSTIC LANE | | County BUTLER | DMH Licensed Yes |
| POPLAR BLUFF | MO 63901-3067 | Region 2 | Facility Number 20739 |
| T OF EARL BEOFF | 110 03901 3007 | Region 2 | Tacinty (tumber 2073) |
| | | | |
| 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 | E 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 |
| 5251 ISBN 1 | 110 00001 2110 | region o Medicald | Tuelliej Ivalliber |
| | | | |
| TARKIO REHABILITATION & HE | ALTH CARE | | |
| 300 CEDAR ST | | Telephone (660) 736-4116 | Alzheimer's Unit No |
| TARKIO | MO 64491-1174 | Level of Care: SNF | Bed Capacity 95 |
| Mailing Address 300 CEDAR ST | | County ATCHISON | DMH Licensed No |
| TARKIO | MO 64491-1174 | Region 4 Medicare/Medicaid | Facility Number 00494 |
| | | | |
| 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 |
| | | <u> </u> | |
| | | | |
| TESSLAND RESIDENTIAL CARE I | FACILITY LLC | | |
| 24583 HIGHWAY 5 | | Telephone (660) 265-4391 | Alzheimer's Unit No |
| MILAN | MO 63556-2809 | Level of Care: RCF | Bed Capacity 9 |
| Mailing Address 24583 HWY 5 | | County SULLIVAN | DMH Licensed Yes |
| MILAN | MO 63556-2809 | Region 5 | Facility Number 19990 |
| | | | |
| THOMAS 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 |
| | | J | • |

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| TIFFANY HEIGHTS | | T. 1 (250) 112 2115 | | |
|----------------------------------|--------------------------|----------------------------------|---------------------|---------|
| 1531 NEBRASKA ST | MO 54450 4540 | Telephone (660) 442-3146 | Alzheimer's Unit | No |
| MOUND CITY | MO 64470-1610 | Level of Care: SNF | Bed Capacity | 60 N |
| Mailing Address PO BOX 308 | MO 4450 0000 | County HOLT | DMH Licensed | No |
| MOUND CITY | MO 64470-0308 | Region 4 Medicare/Medicaid | Facility Number | 07998 |
| TIFFANY SPRINGS REHABILITAT | ION & 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 | 00112112011211 | 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 | | 30748 |
| | | Region | | 50710 |
| 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 |
| | | | | |
| TIMBERLAKE CARE CENTER | | | | |
| 12110 HOLMES RD | | Telephone (816) 941-3006 | Alzheimer's Unit | No |
| KANSAS CITY | MO 64145-1707 | Level of Care: SNF | Bed Capacity | 122 |
| Mailing Address 12110 HOLMES RD | | County JACKSON | DMH Licensed | No |
| KANSAS CITY | MO 64145-1707 | Region 3 Medicare/Medicaid | Facility Number | 10962 |
| TIMBERS, THE | | | | |
| 239 KAREN DRIVE | | Telephone (573) 415-0390 | Alzheimer's Unit | No |
| HOLTS SUMMIT | MO 65043-2522 | Level of Care: ALF** | Bed Capacity | 50 |
| Mailing Address 239 KAREN DRIVE | | County CALLAWAY | DMH Licensed | No |
| HOLTS SUMMIT | MO 65043-2522 | Region 6 | | 30384 |
| | | 3 | | |
| 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 | N ST | County MONITEAU | DMH Licensed | No |
| TIPTON | MO 65081-8214 | Region 6 Medicare/Medicaid | | 08036 |
| | | | • | |
| TOWN & COUNTRY SENIOR LIVIN | NG,THE | | | |
| 1020 WOODS MILL ROAD | | Telephone (636) 527-4444 | Alzheimer's Unit | Yes |
| TOWN AND COUNTRY | MO 63017-0603 | Level of Care: ALF** | Bed Capacity | 95 |
| Mailing Address 1020 WOODS MILL | ROAD | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-0603 | Region 7 | Facility Number | 30612 |
| | | | | |

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| TOWNE HOUSE, THE | | | |
|---|-------------------|--|---|
| 221 EAST WHITLEY | | Telephone (573) 581-2547 | Alzheimer's Unit No |
| MEXICO | MO 65265-2815 | Level of Care: RCF* | Bed Capacity 29 |
| Mailing Address PO BOX 6 | | County AUDRAIN | DMH Licensed Yes |
| MEXICO | MO 65265-0006 | Region 5 | Facility Number 08077 |
| TOWNSHIP SERVED A WING THE | | | |
| TOWNSHIP SENIOR LIVING, THE | | 75.1 1 (417) 991 7900 | Aller and Title |
| 4150 WEST REPUBLIC ROAD | MO (5(10.7111 | Telephone (417) 881-7800 | Alzheimer's Unit Yes |
| BATTLEFIELD 4150 WEST DEDUK | 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 |
| TROY HOUSE RESCARE | | | |
| 350 CAP AU GRIS | | Telephone (636) 462-4915 | Alzheimer's Unit No |
| TROY | MO 63379-1761 | Level of Care: RCF* | Bed Capacity 23 |
| Mailing Address PO BOX 271 | 110 00079 1701 | County LINCOLN | DMH Licensed No |
| TROY | MO 63379-0271 | Region 5 | Facility Number 08129 |
| | 110 03377 0271 | Region 5 | ruemey (vaniser 0012) |
| 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 | • | |
| IKOI | WO 03379-2308 | Region 5 Medicare/Medicaid | Facility Number 05397 |
| TRUMAN HEALTHCARE & REHA | BILITATION 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 |
| TDUMAN I AKE MANOD INC | | | |
| TRUMAN LAKE MANOR, INC 600 EAST 7TH ST | | Telephone (417) 644-2248 | Alzheimer's Unit No |
| LOWRY CITY | MO 64763-9671 | Telephone (417) 644-2248 Level of Care: SNF | Alzheimer's Unit No Bed Capacity 120 |
| | MO 04703-9071 | | |
| Mailing Address PO BOX 415 | MO 64763 0415 | County SAINT CLAIR | DMH Licensed No |
| LOWRY CITY | MO 64763-0415 | Region 1 Medicare/Medicaid | Facility Number 08140 |
| TRUSTWELL LIVING OF RAYTOV | VN | | |
| 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 | Facility Number 24227 |
| | | | |

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| 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 HIGHWA | Y D | County GREENE | DMH Licensed | No |
| SPRINGFEILD | MO 65809- | Region 1 | Facility Number | 32441 |
| | | | | |
| TWIN OAKS AT HERITAGE POINT | 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 TEI | RRACE | County SAINT CHARLES | DMH Licensed | No |
| WENTZVILLE | MO 63385-3741 | Region 5 | Facility Number | 26877 |
| | | 11091071 | | 20077 |
| TWIN OAKS ESTATE INC | | | | |
| 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 |
| | WO 03300-2118 | | DMH Licensed | |
| Mailing Address 707 EMGE RD | MO (22((2110 | County SAINT CHARLES | | No |
| O'FALLON | MO 63366-2118 | Region 5 | Facility Number | 08209 |
| THIN DINES ABOUT SARE SEVER | n | | | |
| TWIN PINES ADULT CARE CENTE | K | T. 1 (660) 665 2007 | | *** |
| 1900 S JAMISON | 110 (070) 7000 | Telephone (660) 665-2887 | Alzheimer's Unit | Yes |
| KIRKSVILLE | MO 63501-5302 | Level of Care: SNF | Bed Capacity | 120 |
| Mailing Address 1900 S JAMISON | | County ADAIR | DMH Licensed | No |
| KIRKSVILLE | MO 63501-5302 | Region 5 Medicare/Medicaid | Facility Number | 08218 |
| II CYTY FORECT MANOR | | | | |
| U-CITY FOREST MANOR | | | | |
| 1201 DADEDID CE AME | | T. 1 | | |
| 1301 PARTRIDGE AVE | NO (2120 1044 | Telephone (314) 862-5556 | Alzheimer's Unit | No |
| SAINT LOUIS | MO 63130-1944 | Level of Care: SNF | Bed Capacity | 120 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV | VE | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 120 No |
| SAINT LOUIS | | Level of Care: SNF | Bed Capacity | 120 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS | VE | Level of Care: SNF County SAINT LOUIS COUNTY | Bed Capacity DMH Licensed | 120 No |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER | VE | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid | Bed Capacity DMH Licensed Facility Number | 120 No 15454 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE | VE MO 63130-1944 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit | 120 No 15454 No |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION | VE | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 15454 No 60 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE | MO 63084-1056 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 15454 No 60 No |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION | VE MO 63130-1944 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 15454 No 60 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AVE SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION | MO 63084-1056 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 15454 No 60 No |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AVE SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC | MO 63084-1056 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 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 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AVE SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD | MO 63084-1056 MO 63084-1056 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AV SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity | 120 No 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION SAINT LOUIS | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed | 120 No 15454 No 60 No 31476 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION SAINT LOUIS URBANA GROUP HOME | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY Region 7 | Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number | 120 No 15454 No 60 No 31476 No 50 Yes 11002 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION SAINT LOUIS URBANA GROUP HOME 310 WALNUT ST | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 BLVD MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY Region 7 Telephone (800) 993-5141 | 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 15454 No 60 No 31476 No 50 Yes 11002 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION SAINT LOUIS URBANA GROUP HOME 310 WALNUT ST URBANA | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY Region 7 Telephone (800) 993-5141 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 | 120 No 15454 No 60 No 31476 No 50 Yes 11002 |
| SAINT LOUIS Mailing Address 1301 PARTRIDGE AND SAINT LOUIS UNION CARE CENTER 1080 MARIE LANE UNION Mailing Address 1080 MARIE LANE UNION UNION MANOR, LLC 2711 NORTH UNION BLVD SAINT LOUIS Mailing Address 2711 NORTH UNION SAINT LOUIS URBANA GROUP HOME 310 WALNUT ST | MO 63130-1944 MO 63084-1056 MO 63084-1056 MO 63113-1003 BLVD MO 63113-1003 | Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 206-8585 Level of Care: SNF County FRANKLIN Region 6 Medicare/Medicaid Telephone (314) 383-7310 Level of Care: RCF* County SAINT LOUIS CITY Region 7 Telephone (800) 993-5141 | 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 15454 No 60 No 31476 No 50 Yes 11002 |

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| VALLEY MANOR AND REHABILITATION 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 | • | | |
| EXCELSION SPRINGS MIO 04024-1108 | Region 4 Medicare/Medicaid | Facility Number | 02425 |
| VALLEY PARK NORTH | | | |
| 2631 FAIRWAY DR | Telephone (573) 592-4995 | Alzheimer's Unit | No |
| FULTON MO 65251-3936 | Level of Care: RCF | Bed Capacity | 19 |
| Mailing Address 2631 FAIRWAY DR | County CALLAWAY | DMH Licensed | No |
| FULTON MO 65251-3936 | Region 6 | Facility Number | 29982 |
| 10E10N MO 03231 3930 | Region 0 | Pacificy Number | 29902 |
| VALLEY PARK RETIREMENT CENTER | | | |
| 355 KAREN DR | Telephone (573) 896-0208 | Alzheimer's Unit | No |
| HOLTS SUMMIT MO 65043-2519 | Level of Care: RCF | Bed Capacity | 22 |
| Mailing Address 355 KAREN DR | County CALLAWAY | DMH Licensed | No |
| HOLTS SUMMIT MO 65043-2519 | Region 6 | Facility Number | 27986 |
| | region • | | 27700 |
| 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 RIDGE | County MONITEAU | DMH Licensed | No |
| CALIFORNIA MO 65018-1964 | Region 6 | Facility Number | 30595 |
| VALLEY DEGEDENTAL GADE | | | |
| VALLEY RESIDENTIAL CARE | T | | |
| 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 WASHINGTON ST | County IRON | DMH Licensed | Yes |
| FARMINGTON MO 63640-1836 | Region 2 | Facility Number | 01901 |
| VALLEY VIEW HEALTH & REHABILITATION | | | |
| 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 |
| MO 03270-2476 | Region 5 Medical e/Medicald | racinty Number | 13107 |
| 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 |
| MCEODYN NI AGE OF GUDA BEGUDANNA GARRAN | A.D.E. | | |
| VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICA | | A1 1 | • • |
| 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 |

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| VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY A | MEDICADE | | |
|---|---------------------------------|------------------------|-------|
| 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 | | Facility Number | 24982 |
| HERMANN MIO 03041-1000 | Region 6 | Facility Number | 24982 |
| VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE B | Y AMERICARE | | |
| 301 NORTH 7TH ST | Telephone (573) 437-5396 | Alzheimer's Unit | No |
| OWENSVILLE MO 65066-1075 | Level of Care: RCF | Bed Capacity | 48 |
| Mailing Address 301 NORTH 7TH ST | County GASCONADE | DMH Licensed | No |
| OWENSVILLE MO 65066-1075 | Region 6 | Facility Number | 24133 |
| VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AME | RICARE | | |
| 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 SULLIVAN, ASSISTED LIVING BY AM | FRICARE | | |
| 1250 EAST SPRINGFIELD RD | Telephone (573) 468-5217 | Alzheimer's Unit | No |
| SULLIVAN MO 63080-1358 | Level of Care: ALF** | Bed Capacity | 48 |
| Mailing Address 1250 EAST SPRINGFIELD RD | County FRANKLIN | DMH Licensed | No |
| SULLIVAN MO 63080-1358 | Region 6 | Facility Number | 26324 |
| SELLIVE. Me 33000 1330 | Region 5 | Tacinty (valide) | 20324 |
| VICTORIAN PLACE OF UNION, ASSISTED LIVING BY AMERIC | | | |
| 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 |
| VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE B | BY AMERICARE | | |
| 2800 RABBIT TRAIL DR | Telephone (636) 390-9500 | Alzheimer's Unit | No |
| WASHINGTON MO 63090-6737 | Level of Care: ALF** | Bed Capacity | 48 |
| Mailing Address 2800 RABBIT TRAIL DR | County FRANKLIN | DMH Licensed | No |
| WASHINGTON MO 63090-6737 | Region 6 | Facility Number | 27659 |
| VIENNA POINTE RESIDENTIAL CARE | | | |
| 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 |
| VILLA AT DI HE DIDCE THE | | | |
| VILLA AT BLUE RIDGE, THE 701 BLUE RIDGE ROAD | Telephone (573) 474-6111 | Alzheimer's Unit | No |
| COLUMBIA MO 65201-3734 | Level of Care: SNF | Bed Capacity | 97 |
| Mailing Address 701 BLUE RIDGE ROAD | County BOONE | DMH Licensed | No |
| COLUMBIA MO 65201-3734 | • | Facility Number | 01706 |
| COLONIDIA WIO 03201-3734 | Region 6 Medicare/Medicaid | racinty milliber | 01/00 |

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| VILLAGE ASSISTED LIVING | The second of th |
|--|--|
| 1704 NORTHWEST O'BRIEN RD | Telephone (816) 347-2700 Alzheimer's Unit Ye |
| LEE'S SUMMIT MO 64081-1559 | Level of Care: ALF** Bed Capacity 173 |
| Mailing Address 1704 NORTHWEST O'BRIEN RD | County JACKSON DMH Licensed No. |
| LEE'S SUMMIT MO 64081-1559 | Region 3 Facility Number 16108 |
| VILLAGE ASSISTED LIVING | |
| 1701 NW O'BRIEN RD | Telephone (816) 347-2700 Alzheimer's Unit Ye |
| LEE'S SUMMIT MO 64081-1559 | Level of Care: ALF** Bed Capacity 50 |
| Mailing Address 1701 NW O'BRIEN RD | County JACKSON DMH Licensed No |
| LEE'S SUMMIT MO 64081-1559 | Region 3 Facility Number 29258 |
| | |
| VILLAGE AT CARROLL PARK, THE | T-l |
| 5301 HARRY TRUMAN DR GRANDVIEW MO 64030-1708 | Telephone (816) 761-6838 Alzheimer's Unit No Level of Care: ICF Bed Capacity 93 |
| | |
| Mailing Address 5301 HARRY TRUMAN DR GRANDVIEW MO 64030-1708 | |
| GRANDVIEW INO 04030-1708 | Region 3 Facility Number 0315 |
| VILLAGE CARE CENTER, INC | |
| 810 EAST EDWARDS ST | Telephone (660) 562-3515 Alzheimer's Unit No |
| MARYVILLE MO 64468-2917 | Level of Care: RCF* Bed Capacity |
| Mailing Address 810 EAST EDWARDS ST | County NODAWAY DMH Licensed No |
| MARYVILLE MO 64468-2917 | Region 4 Facility Number 2036 |
| VILLAGE CARE CENTER, INC | |
| 810 EAST EDWARDS ST | Telephone (660) 562-3515 Alzheimer's Unit No |
| MARYVILLE MO 64468-2917 | Level of Care: SNF Bed Capacity 4 |
| Mailing Address 810 EAST EDWARDS ST | County NODAWAY DMH Licensed No |
| MARYVILLE MO 64468-2917 | Region 4 Medicare/Medicaid Facility Number 2036 |
| | |
| VILLAGE CENTER CARE OF WENTZVILLE | |
| 909 E PITMAN AVE | Telephone (636) 327-1907 Alzheimer's Unit No |
| WENTZVILLE MO 63385-1818 | Level of Care: ALF** Bed Capacity 2: |
| Mailing Address 909 E PITMAN AVE | County SAINT CHARLES DMH Licensed No |
| WENTZVILLE MO 63385-1818 | Region 5 Facility Number 28020 |
| VILLAGE WEST, THE | |
| 318 EAST LITTLE BRICK ROAD | Telephone (816) 632-7611 Alzheimer's Unit No |
| CAMERON MO 64429-1231 | Level of Care: RCF* Bed Capacity 2 |
| Mailing Address 318 EAST LITTLE BRICK RD | County CLINTON DMH Licensed No |
| CAMERON MO 64429-1231 | Region 4 Facility Number 1810- |
| VILLAGE, THE | |
| 320 EAST LITTLE BRICK RD | Telephone (816) 632-7611 Alzheimer's Unit No |
| CAMERON MO 64429-1231 | Level of Care: RCF* Bed Capacity 49 |
| Mailing Address 320 EAST LITTLE BRICK RD | County CLINTON DMH Licensed No. |
| CAMERON MO 64429-1231 | Region 4 Facility Number 0894: |
| | region |

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| VILLAGES OF JACKSON CREEK M | IEMORY CARE, THE | | | |
|---|------------------|--|---------------------------|-------|
| 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 ST | COURT SOUTH | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-1548 | Region 3 | Facility Number | 25894 |
| | | | | |
| VII I ACES OF IACUSON OPERA T | PITE | | | |
| VILLAGES OF JACKSON CREEK, T 3980 SOUTH JACKSON DR | HE | Telephone (816) 795-1433 | A 1-1: T 1:4 | No |
| INDEPENDENCE | MO 64057-2205 | Telephone (816) 795-1433 Level of Care: ALF** | Alzheimer's Unit | 62 |
| Mailing Address 3980 S JACKSON DR | | | Bed Capacity DMH Licensed | No |
| INDEPENDENCE | MO 64057-2205 | | | |
| INDEFENDENCE | WO 04037-2203 | Region 3 | Facility Number | 25709 |
| | | | | |
| VILLAGES OF JACKSON CREEK, T | ГНЕ | | | |
| 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 DR | | County JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-2205 | Region 3 Medicare/Medicaid | Facility Number | 25709 |
| | | | | |
| VILLAGES OF ST PETERS MEMOR | RY CARE | | | |
| 5300 EXECUTIVE CENTER PARKWA | | Telephone (636) 477-6955 | Alzheimer's Unit | Yes |
| SAINT PETERS | MO 63376-3182 | Level of Care: ALF** | Bed Capacity | 60 |
| Mailing Address 5300 EXECUTIVE CE | ENTER PARKWAY | County SAINT CHARLES | DMH Licensed | No |
| SAINT PETERS | MO 63376-3182 | Region 5 | Facility Number | 29889 |
| | | | | |
| | | | | |
| VILLAGES OF ST PETERS, THE | | | | |
| 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 CE | | County SAINT CHARLES | DMH Licensed | No |
| SAINT PETERS | MO 63376-2594 | Region 5 | Facility Number | 26014 |
| | | | | |
| VILLAGES OF ST PETERS, THE | | | | |
| 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 CE | ENTRE PKWY | County SAINT CHARLES | DMH Licensed | No |
| SAINT PETERS | MO 63376-2594 | Region 5 Medicare/Medicaid | Facility Number | 26014 |
| | | | | |
| VILLAC OF LACKSON LLC THE | | | | |
| VILLAS OF JACKSON LLC THE | | T-1 (572) 096 9210 | A 1-1: T 1:4 | Vac |
| 670 BROADRIDGE DRIVE | MO (2755 2044 | Telephone (573) 986-8210 | Alzheimer's Unit | Yes |
| JACKSON | MO 63755-3044 | Level of Care: ALF** | Bed Capacity | 84 |
| Mailing Address 670 BROADRIDGE D | | County CAPE GIRARDEAU | DMH Licensed | No |
| JACKSON | MO 63755-3044 | Region 2 | Facility Number | 30623 |
| | | | | |
| VINTAGE GARDENS ASSISTED LIV | VING | | | |
| 3302 NORTH WOODBINE ROAD | | Telephone (816) 279-3330 | Alzheimer's Unit | No |
| SAINT JOSEPH | MO 64505-9323 | Level of Care: ALF** | Bed Capacity | 44 |
| Mailing Address 3302 N WOODBINE I | RD | County BUCHANAN | DMH Licensed | No |
| SAINT JOSEPH | MO 64505-9323 | Region 4 | Facility Number | 22959 |
| | | | | |

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| VINTAGE GARDENS ASSISTED LI | VING | | |
|-----------------------------------|-----------------|---------------------------------|-------------------------|
| 3302 NORTH WOODBINE ROAD | | Telephone (816) 279-3330 | Alzheimer's Unit Yes |
| SAINT JOSEPH | MO 64505-9323 | Level of Care: ALF | Bed Capacity 51 |
| Mailing Address 3302 NORTH WOOD | DBINE RD | County BUCHANAN | DMH Licensed No |
| SAINT JOSPEH | MO 64505-9323 | Region 4 | Facility Number 22959 |
| | | | |
| VSL SPRINGFIELD ASSISTED LIVE | ING LLC | | |
| 1401 WEST ELFINDALE STREET | itto, EEC | Telephone (417) 831-3828 | Alzheimer's Unit No |
| SPRINGFIELD | MO 65807-1295 | Level of Care: ALF | Bed Capacity 50 |
| Mailing Address 1401 WEST ELFIND. | | County GREENE | DMH Licensed No |
| SPRINGFIELD | MO 65807-1295 | Region 1 | Facility Number 32492 |
| | 110 00007 1250 | ingion 1 | Tuelliej Tullisei 32472 |
| | | | |
| WAGNER RESIDENTIAL CARE, IN | IC | | |
| 320 N CHAMBER DR | | Telephone (573) 783-4511 | Alzheimer's Unit No |
| FREDERICKTOWN | MO 63645-7947 | Level of Care: RCF | Bed Capacity 40 |
| Mailing Address 320 N CHAMBER DI | | County MADISON | DMH Licensed Yes |
| FREDERICKTOWN | MO 63645-7947 | Region 2 | Facility Number 28451 |
| | | | |
| WALNUT STREET ASSISTED LIVI | NG | | |
| 404 WALNUT ST | | Telephone (573) 996-4283 | Alzheimer's Unit No |
| DONIPHAN | MO 63935-1420 | Level of Care: ALF | Bed Capacity 35 |
| Mailing Address 404 WALNUT ST | | County RIPLEY | DMH Licensed Yes |
| DONIPHAN | MO 63935-1420 | Region 2 | Facility Number 08354 |
| | | | |
| WARRENSBURG MANOR CARE CI | FNTER | | |
| 400 CARE CENTER DR | ENIER | Telephone (660) 747-2216 | Alzheimer's Unit No |
| WARRENSBURG | MO 64093-3100 | Level of Care: SNF | Bed Capacity 88 |
| Mailing Address 400 CARE CENTER | | County JOHNSON | DMH Licensed No |
| WARRENSBURG | MO 64093-3100 | Region 3 Medicare/Medicaid | Facility Number 08383 |
| | | Traduction of Arabusana | |
| | | | |
| 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 | | 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 | | Telephone (660) 438-2970 | Alzheimer's Unit Yes |
| WARSAW | MO 65355-3059 | Level of Care: SNF | Bed Capacity 90 |
| Mailing Address 1609 SUNCHASE DE | 3 | 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 |
| | | | 19771 |

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| WATTS STREET MANOR | | | | |
|---------------------------------------|-----------------|---------------------------------|---------------------------|------|
| 301 WATTS ST | | Telephone (573) 431-4874 | Alzheimer's Unit | No |
| | 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 06 | 6579 |
| WEBB CITY HEALTH AND REHABII | LITATION CENTED | | | |
| 2077 STADIUM DR | LITATION CENTER | Telephone (417) 673-1933 | Alzheimer's Unit | Yes |
| | MO 64870-9743 | Level of Care: SNF | | 120 |
| | MO 04870-9743 | | Bed Capacity DMH Licensed | No |
| Mailing Address 2077 STADIUM DR | MO (4970 0742 | | | |
| WEBB CITY | MO 64870-9743 | Region 1 Medicare/Medicaid | Facility Number 12 | 2286 |
| WEBCO MANOR | | | | |
| 1687 W WASHINGTON ST | | Telephone (417) 859-5144 | Alzheimer's Unit | No |
| | MO 65706-2325 | Level of Care: SNF | Bed Capacity | 90 |
| Mailing Address 1687 W WASHINGTON | | County WEBSTER | DMH Licensed | No |
| • | MO 65706-2325 | Region 1 Medicare/Medicaid | | 8405 |
| | 110 00700 2020 | region 1 Medicare/Medicard | Tuesday Ivanises | ,405 |
| WEBWOOD ASSISTED LIVING, LLC | | | | |
| 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 HATLER | R DRIVE | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850-8059 | Region 1 | Facility Number 31 | 1265 |
| WEDGEWOOD GADDENG | | | | |
| WEDGEWOOD GARDENS | | TO 1 1 (417) 070 (666 | A11 | 37 |
| 17996 BUSINESS 13 | MO (5727 0(62 | Telephone (417) 272-6666 | Alzheimer's Unit | Yes |
| | MO 65737-9663 | Level of Care: ALF** | Bed Capacity | 46 |
| Mailing Address 17996 BUSINESS 13 | MO (5727 0(62 | County STONE | DMH Licensed | No |
| REEDS SPRING | MO 65737-9663 | Region 1 | Facility Number 20 | 0615 |
| WELLER PLACE RETIREMENT CEN | NTER | | | |
| 510 WELLER STREET | | Telephone (660) 395-2273 | Alzheimer's Unit | No |
| MACON | MO 63552-1996 | Level of Care: RCF | Bed Capacity | 18 |
| Mailing Address 510 WELLER STREET | • | County MACON | DMH Licensed | No |
| • | MO 63552-1996 | Region 5 | Facility Number 30 | 0888 |
| | | S . | | |
| WELLINGTON SENIOR LIVING, THE | Ξ | | | |
| 1051 KENT STREET | | Telephone (816) 222-0379 | | YES |
| LIBERTY | MO 64068-2257 | Level of Care: ALF** | Bed Capacity | 66 |
| Mailing Address 1051 KENT STREET | | County CLAY | DMH Licensed | No |
| LIBERTY | MO 64068-2257 | Region 4 | Facility Number 33 | 3016 |
| WEST PINE GROUP HOME | | | | |
| 4232 WEST PINE BLVD | | Telephone (314) 531-9450 | Alzheimer's Unit | No |
| | MO 63108-2840 | Level of Care: RCF | Bed Capacity | 9 |
| Mailing Address 4232 WEST PINE BLV | | County SAINT LOUIS CITY | DMH Licensed | Yes |
| _ | MO 63108-2840 | Region 7 | | 5948 |
| · · · · · · · · · · · · · · · · · · · | - • | 8 | | |

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

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

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| WILLARD CARE CENTER | | | | |
|---|------------------|--|---------------------------|------|
| 400 WEST WALNUT LN | | Telephone (417) 742-3593 | Alzheimer's Unit | Yes |
| WILLARD | MO 65781-9432 | Level of Care: SNF | Bed Capacity | 66 |
| Mailing Address 400 W WALNUT LN | | County GREENE | DMH Licensed | No |
| WILLARD | MO 65781-9432 | Region 1 Medicare/Medicaid | Facility Number 16 | 6393 |
| | | | | |
| WILLOW BROOKE - ASSISTED LIV | INC RV AMEDICADE | | | |
| #1 NORTH POTOMAC CT | ING DI AMERICARE | Telephone (636) 583-2799 | Alzheimer's Unit | No |
| UNION | MO 63084-1113 | Level of Care: ALF** | Bed Capacity | 50 |
| Mailing Address 1 NORTH POTOMAC | | County FRANKLIN | DMH Licensed | No |
| UNION | MO 63084-1113 | | | |
| UNION | WIO 03084-1113 | Region 6 | Facility Number 13 | 3596 |
| WILLOW CARE MURRING HOME | | | | |
| WILLOW CARE NURSING HOME 2646 STATE ROUTE 76 | | Tolophone (417) 460 2152 | Alzheimer's Unit | Yes |
| WILLOW SPRINGS | MO 65793-8254 | Telephone (417) 469-3152 Level of Care: SNF | | 105 |
| | MO 03793-8234 | | Bed Capacity DMH Licensed | No |
| Mailing Address PO BOX 309 | MO (5702 0200 | • | | |
| WILLOW SPRINGS | MO 65793-0309 | Region 2 Medicare/Medicaid | Facility Number 08 | 8614 |
| WILLOW WEST APARTMENTS | | | | |
| 2644 STATE ROUTE 76 | | Tolonhone (417) 460 2152 | Alabaiman'a Unit | No |
| WILLOW SPRINGS | MO 65793-8254 | Telephone (417) 469-3152 Level of Care: ALF | Alzheimer's Unit | 36 |
| | WO 03793-8234 | | Bed Capacity | No |
| Mailing Address PO BOX 309 | MO 65702 0200 | | DMH Licensed | |
| WILLOW SPRINGS | MO 65793-0309 | Region 2 | Facility Number 08 | 8614 |
| WILSHIRE AT LAKEWOOD REHAB | ? CENTED | | | |
| 600 NE MEADOWVIEW DR | CENTER | Telephone (816) 554-9866 | Alzheimer's Unit | No |
| LEE'S SUMMIT | MO 64064-1983 | Level of Care: SNF | Bed Capacity | 170 |
| Mailing Address 600 NE MEADOWVIE | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64064-1983 | • | | |
| LEES SUMMIT | WO 04004-1983 | Region 3 Medicare/Medicaid | racinty Number 22 | 2471 |
| WILSON'S CREEK NURSING & REF | IAR | | | |
| 3403 WEST MT VERNON | | Telephone (417) 864-5600 | Alzheimer's Unit | Yes |
| SPRINGFIELD | MO 65802-5241 | Level of Care: SNF | Bed Capacity | 172 |
| Mailing Address 3403 WEST MT VERN | | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65802-5241 | Region 1 Medicare/Medicaid | | 5579 |
| SI KII (OI ILLE) | 110 03002 3211 | Region 1 Medicale/Medicale | Tuemey rumber | ,51) |
| WINCHESTER NURSING CENTER, | INC | | | |
| 400 WINCHESTER DRIVE | | 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 | | 1391 |
| | | g-v micurcui (micurcuit | | 1 |
| WINCHESTER PLACE ASSISTED LI | IVING, LLC | | | |
| 404 WINCHESTER ROAD | • | Telephone (573) 293-6705 | Alzheimer's Unit | NO |
| BERNIE | MO 63822-7500 | Level of Care: ALF** | Bed Capacity | 38 |
| Mailing Address 404 WINCHESTER RO | OAD | County STODDARD | DMH Licensed | No |
| | | | | |

Facility Number

31391

MO 63822-7500

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| WINDEMERE HEALTHCARE CE | NTER 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 WES | ST VIVION RD | County PLATTE | DMH Licensed | No |
| RIVERSIDE | MO 64150-9436 | Region 4 | Facility Number | 08668 |
| | | | | |
| WINDSOR ESTATES OF ST CHAP | ot ec | | | |
| 2150 WEST RANDOLPH ST | RLES | Telephone (636) 946-4966 | Alzheimer's Unit | No |
| SAINT CHARLES | MO 63301-0894 | Level of Care: SNF | Bed Capacity | 66 |
| Mailing Address 2150 WEST RAND | | County SAINT CHARLES | DMH Licensed | No |
| SAINT CHARLES | MO 63301-0894 | · · v | Facility Number | 06316 |
| SAINT CHARLES | WO 03301-0894 | Region 5 Medicare/Medicaid | racinty Number | 00310 |
| | | | | |
| WINDSOR HEALTHCARE & REH | IAB 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 WALNU | JT ST | County LINCOLN | DMH Licensed | Yes |
| WINFIELD | MO 63389-1122 | Region 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 I | RD | Telephone (417) 833-1220 | Alzheimer's Unit | No |
| SPRINGFIELD | MO 65803-3739 | Level of Care: SNF | Bed Capacity | 180 |
| Mailing Address 1347 EAST VALLE | Y WATERMILL RD | County GREENE | DMH Licensed | No |
| SPRINGFIELD | MO 65803-3739 | Region 1 Medicare/Medicaid | Facility Number | 05794 |
| | | | | |
| WOODLAND MANOR NURSING | CENTER | | | |
| 100 WOODLAND COURT | | Telephone (636) 296-1400 | Alzheimer's Unit | No |
| ARNOLD | MO 63010-2030 | Level of Care: SNF | Bed Capacity | 178 |
| Mailing Address 100 WOODLAND | CT | County JEFFERSON | DMH Licensed | No |
| ARNOLD | MO 63010-2030 | Region 2 Medicare/Medicaid | Facility Number | 12549 |
| | | | | |
| WORTH COUNTY CONVALESCE | NT CENTER | | | |
| 503 E 4TH ST | | Telephone (660) 564-3304 | Alzheimer's Unit | No |
| GRANT CITY | MO 64456-8363 | Level of Care: SNF | Bed Capacity | 50 |
| Mailing Address 503 E 4TH ST | | County WORTH | DMH Licensed | No |
| GRANT CITY | MO 64456-8363 | Region 4 Medicare/Medicaid | Facility Number | 08779 |
| | | | | |

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