Missouri Long Term Care Facilities Directory

A	\boldsymbol{n}	D	1	۱λ	.7

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

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

Wednesday, June 4, 2025 Page 1 of 137

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

COUNTRYSIDE ESTATES				
500 NORTH OHIO		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		County SAINT CLAIR	DMH Licensed	No
APPLETON CITY	MO 64724-0098	Region 1	Facility Number	15005
		ARNOLD		
CEDARHURST OF ARNOLD				
2069 MISSOURI STATE ROAD		Telephone (636) 333-3004	Alzheimer's Unit	Yes
ARNOLD	MO 63010-4809	Level of Care ALF**	Bed Capacity	94
Mailing Address 2069 MISSOURI ST	TATE ROAD	County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4809	Region 2	Facility Number	32428
MEADOWVIEW MEMORY CARE				
555 WOODLAND VILLAS LANE		Telephone (636) 296-1400	Alzheimer's Unit	Yes
ARNOLD	MO 63010-2011	Level of Care ALF**	Bed Capacity	24
Mailing Address 1749 GILSINN LAN	NE	County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-2039	Region 2	Facility Number	12549
PINE VALLEY AT THE WOODLA	NDS			
620 WOODLAND MEADOWS		Telephone (636) 202-1050	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care ALF**	Bed Capacity	48
Mailing Address 620 WOODLAND	MEADOWS	County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-2030	Region 2	Facility Number	31974
SOUTH COUNTY HEALTH CARE	CENTER			
1101 WEST OUTER 21 RD		Telephone (636) 296-5455	Alzheimer's Unit	No
ARNOLD	MO 63010-4644	Level of Care SNF	Bed Capacity	153
Mailing Address 1101 WEST OUTER	R 21 RD	County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4644	Region 2 Medicare/Medicaid	Facility Number	03650
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 1749 GILSINN LAN	NE	County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-2039	Region 2 Medicare/Medicaid	Facility Number	12549
		ASH GROVE		
ASH GROVE HEALTHCARE FAC	ILITY			
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	MO 65604 0245	County GREENE	DMH Licensed	No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medicaid	Facility Number	00200
		ASHLAND		
ASHLAND VILLA - ASSISTED LIV	VING BY AMERICARE	Talanhana (572) 457 1000	Alghoiments IInit	NT-
301 SOUTH HENRY CLAY BLVD	MO 65010 0420	Telephone (573) 657-1920	Alzheimer's Unit	No
ASHLAND Mailing Address 301 SOUTH HENR	MO 65010-9439 V CLAY BLVD	Level of Care ALF** County BOONE	Bed Capacity DMH Licensed	72 No
ASHLAND	MO 65010-9439	·	Facility Number	
ASILAND	1410 03010-7437	Region 6	racinty Number	20303

Wednesday, June 4, 2025 Page 2 of 137

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

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

BLUEGRASS TERRACE 102 REDTAIL DR ASHLAND Mailing Address 102 REDTAIL DR	MO 65010-1179	Telephone (573) 657-0899 Level of Care RCF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	No 16 No
ASHLAND	MO 65010-1179	Region 6	Facility Number	25731
		AURORA		
AURORA NURSING				
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 A		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1 Medicare/Medicaid	Facility Number	00234
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 HUDSO	ON	County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2512	Region 1	Facility Number	20352
HUDSON HOUSE				
1700-B SOUTH HUDSON AVE		Telephone (417) 678-2169	Alzheimer's Unit	No
AURORA	MO 65605-2717	Level of Care RCF*	Bed Capacity	41
Mailing Address 1700-B S HUDSON		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Facility Number	10444
		AVA		
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 AVA	MO 65608-1269	County DOUGLAS	DMH Licensed Facility Number	Yes
AVA	MO 03008-1209	Region 1	Facility Number	20718
HEART OF THE OZARKS HEALT	HCARE CENTER			
2004 CRESTVIEW ST		Telephone (417) 683-4129	Alzheimer's Unit	No
AVA	MO 65608-8903	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 727 AVA	MO 65608-0727	County DOUGLAS Region 1 Medicare/Medicaid	DMH Licensed Facility Number	No 01290
		DALI WIN		
PROOFINITE WEST COUNTY		BALLWIN		
BROOKDALE WEST COUNTY 785 HENRY AVE		Telephone (636) 527-5700	Alzheimer's Unit	Yes
BALLWIN	MO 63011-2736	Level of Care ALF**	Bed Capacity	98
Mailing Address 785 HENRY AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63011-2736	Region 7	Facility Number	28149
LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		Telephone (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care ALF**	Bed Capacity	110
Mailing Address 50 MERAMEC TRA		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7	Facility Number	23643

Wednesday, June 4, 2025 Page 3 of 137

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

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

LUTHERAN SENIOR SERVICES AT	MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		Telephone (636) 861-0600	Alzheimer's Unit	NO
BALLWIN	MO 63021-3303	Level of Care SNF	Bed Capacity	68
Mailing Address 50 MERAMEC TRAI	L DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number	23643
DALLWIN	WO 03021-3303	Region / Medicare/Medicaid	racinty Number	23043
MANCHESTER REHAB AND HEAL	THCARE CENTER			
312 SOLLEY DR		Telephone (636) 391-0666	Alzheimer's Unit	NO
BALLWIN	MO 63021-5248	Level of Care SNF	Bed Capacity	137
Mailing Address 312 SOLLEY DR	110 03021 3240	County SAINT LOUIS COUNTY	DMH Licensed	No
	MO 63021-5248	·		
BALLWIN	WO 03021-3248	Region 7 Medicare/Medicaid	Facility Number	04970
	BATTLEI	FIELD		
TOWNSHIP SENIOR LIVING, THE				
4150 WEST REPUBLIC ROAD		Telephone (417) 881-7800	Alzheimer's Unit	Yes
	MO (5(10.7111	· · · · · · · · · · · · · · · · · · ·		
BATTLEFIELD	MO 65619-7111	Level of Care ALF**	Bed Capacity	66
Mailing Address 4150 WEST REPUBL		County GREENE	DMH Licensed	No
BATTLEFIELD	MO 65619-7111	Region 1	Facility Number	31903
	BELLEV	/IFW		
	BEEEE	ILW		
BELLEVIEW VALLEY NURSING H	OME			
23144 HIGHWAY 32		Telephone (573) 697-5311	Alzheimer's Unit	No
BELLEVIEW	MO 63623-6346	Level of Care SNF	Bed Capacity	122
Mailing Address 23144 HIGHWAY 32		County IRON	DMH Licensed	No
BELLEVIEW	MO 63623-6346	Region 2 Medicare/Medicaid	Facility Number	00382
	BELTO	ON		
	BELI	OIV		
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		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
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		Telephone (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	Level of Care ALF	Bed Capacity	55
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	No
BELTON	MO 64012-3703	Region 3	Facility Number	00342
CARNEGIE VILLAGE REHABILITA	ATION & HEALTH CARE CENTER, L	LC		
105 BERNARD DRIVE		Telephone (816) 348-8815	Alzheimer's Unit	No
BELTON	MO 64012-6181	Level of Care SNF	Bed Capacity	78
Mailing Address 105 BERNARD DRIV	/E	County CASS	DMH Licensed	No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number	30531
			-	
CARNEGIE VILLAGE SENIOR LIV	ING COMMUNITY			
103 BERNARD DR		Telephone (816) 322-0844	Alzheimer's Unit	No
BELTON	MO 64012-6182	Level of Care ALF**	Bed Capacity	85
Mailing Address 103 BERNARD DR		County CASS	DMH Licensed	No
Maining Address 105 DEMNARD DR		County CASS	DIVITI DICCISCU	110

Facility Number

25482

MO 64012-6182

BELTON

Wednesday, June 4, 2025 Page 4 of 137

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

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

	BERNIE	
WINCHESTER NURSING CENTER, INC		
400 WINCHESTER DRIVE	Telephone (573) 293-6702	Alzheimer's Unit No
BERNIE MO 63822-7500	Level of Care SNF	Bed Capacity 6
Mailing Address PO BOX 760	County STODDARD	DMH Licensed No.
BERNIE MO 63822-0760	Region 2 Medicare/Medicaid	Facility Number 3139
WINCHESTER PLACE ASSISTED LIVING, LLC		
404 WINCHESTER ROAD	Telephone (573) 293-6705	Alzheimer's Unit NO
BERNIE MO 63822-7500	Level of Care ALF**	Bed Capacity 3
Mailing Address 404 WINCHESTER ROAD	County STODDARD	DMH Licensed No.
BERNIE MO 63822-7500	Region 2	Facility Number 3139
	BERTRAND	
BERTRAND NURSING AND REHAB CENTER		
603 WEST HIGHWAY 62	Telephone (573) 683-4290	Alzheimer's Unit No
BERTRAND MO 63823-9738	Level of Care SNF	Bed Capacity 6
Mailing Address 603 WEST HIGHWAY 62	County MISSISSIPPI	DMH Licensed No.
BERTRAND MO 63823-9738	Region 2 Medicare/Medicaid	Facility Number 00444
	BETHANY	
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 1
Mailing Address 811 SOUTH 24TH ST	County HARRISON	DMH Licensed N
BETHANY MO 64424-2631	Region 4	Facility Number 1906
CRESTVIEW HOME		
1313 SOUTH 25TH ST	Telephone (660) 425-3128	Alzheimer's Unit No
BETHANY MO 64424-2634	Level of Care SNF	Bed Capacity 99
Mailing Address PO BOX 430	County HARRISON	DMH Licensed N
BETHANY MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 0193
	BIRCH TREE	
ROCK POINT NURSING CENTER		
8477 NORTH STREET	Telephone (573) 292-3212	Alzheimer's Unit Ye
BIRCH TREE MO 65438-8887	Level of Care SNF	Bed Capacity 8
Mailing Address 8477 NORTH STREET	County SHANNON	DMH Licensed N
BIRCH TREE MO 65438-8887	Region 2 Medicare/Medicaid	Facility Number 0056
	BISMARCK	
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 4
Mailing Address PO BOX 134	County SAINT FRANCOIS	DMH Licensed Ye
MOUNTAIN GROVE MO 65711-0134	Region 2	Facility Number 01693

Wednesday, June 4, 2025 Page 5 of 137

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

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

	DI ACV IACV		
	BLACK JACK		
DELMAR GARDENS NORTH	m		77
4401 PARKER ROAD BLACK JACK MO 63033-4266	Telephone (314) 355-1516 Level of Care SNF	Alzheimer's Unit	Yes 240
Mailing Address 4401 PARKER ROAD		Bed Capacity DMH Licensed	No
BLACK JACK MO 63033-4266	County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Facility Number	14093
BLACK JACK 1910 03035-4200	Region / Medicare/Medicard	Facility Number	14093
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
	BLOOMFIELD		
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
	BLUE SPRINGS		
	BLUE SI KINGS		
BENTON HOUSE OF BLUE SPRINGS	T. L. L. (016) 224 2727	AT TO COLUMN TO MA	37
1701 NW JEFFERSON ST	Telephone (816) 224-2727 Level of Care ALF**	Alzheimer's Unit	Yes 95
BLUE SPRINGS MO 64015-7229 Mailing Address 1701 NW JEFFERSON ST	County JACKSON	Bed Capacity DMH Licensed	No.
BLUE SPRINGS MO 64015-7229	Region 3	Facility Number	29729
		•	
BLUE SPRINGS WELLNESS & REHABILITATION			
930 NORTH EAST DUNCAN RD	Telephone (816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS MO 64014-2173	Level of Care SNF	Bed Capacity	120
Mailing Address 930 NORTH EAST DUNCAN RD	County JACKSON	DMH Licensed	No
BLUE SPRINGS MO 64014-2173	Region 3 Medicare/Medicaid	Facility Number	00677
CEDARHURST OF BLUE SPRINGS			
20551 E TRINITY PLACE	Telephone (816) 988-4545	Alzheimer's Unit	Yes
BLUE SPRINGS MO 64015-9501	Level of Care ALF**	Bed Capacity	89
Mailing Address 20551 E TRINITY PLACE	County JACKSON	DMH Licensed	No
BLUE SPRINGS MO 64015-9501	Region 3	Facility Number	31581
COLLIED CARE HOME INC			
COLLIER CARE HOME, INC	T-l1 (016) 225 0217	A 1-1	NI-
3001 NW VESPER ST BLUE SPRINGS MO 64015-3104	Telephone (816) 225-9317 Level of Care RCF*	Alzheimer's Unit	No
		Bed Capacity DMH Licensed	15 Yes
Mailing Address 3001 NW VESPER ST	County JACKSON		
BLUE SPRINGS MO 64015-3104	Region 3	Facility Number	01591
IGNITE MEDICAL RESORT BLUE SPRINGS			
20511 E TRINITY PLACE	Telephone (816) 622-2900	Alzheimer's Unit	NO
BLUE SPRINGS MO 64015-9501	Level of Care SNF	Bed Capacity	90
Mailing Address 20511 E TRINITY PLACE	County JACKSON	DMH Licensed	No
DI HE ODDBIGG		T	

Medicare/Medicaid

Facility Number

32246

MO 64015-9501

BLUE SPRINGS

Wednesday, June 4, 2025 Page 6 of 137

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

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

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

Wednesday, June 4, 2025 Page 7 of 137

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

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

CITIZENS MEMORIAL HEALTH O	CARE FACILITY			
1218 W LOCUST ST		Telephone (417) 326-7648	Alzheimer's Unit	No
BOLIVAR	MO 65613-1312	Level of Care SNF	Bed Capacity	111
	WO 03013-1312		= -	
Mailing Address PO BOX 590	MO (55(12.0500	County POLK	DMH Licensed	No
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid	Facility Number	00710
PARKVIEW HEALTH CARE FACI	LITY			
119 WEST FOREST		Telephone (417) 326-3000	Alzheimer's Unit	Yes
BOLIVAR	MO 65613-1316	Level of Care SNF	Bed Capacity	78
Mailing Address 119 WEST FOREST		County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number	17638
			·	
	BONNE	TERRE		
ST JOE MANOR				
10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care ALF**	Bed Capacity	36
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
ST JOE MANOR				
10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	No
	MO (2/29 1920	-		
BONNE TERRE	MO 63628-1820	Level of Care ALF	Bed Capacity	10
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
ST JOE MANOR				
10 LAKE DR		Telephone (573) 358-2800	Alzheimer's Unit	Yes
BONNE TERRE	MO 63628-1820	Level of Care SNF	Bed Capacity	145
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	Facility Number	22664
	BOON	VILLE		
ASHLEY MANOR HEALTH & REH				
1630 RADIO HILL ROAD	WARRIETTON	Telephone (660) 882-6584	Alzheimer's Unit	No
BOONVILLE	MO 65233-1957	Level of Care SNF		52
			Bed Capacity	
Mailing Address 1630 RADIO HILL R			DMH Licensed	No
BOONVILLE	MO 65233-1957	Region 6 Medicare/Medicaid	Facility Number	00216
BRISTOL MANOR OF BOONVILLI	E			
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
		-	-	
HARTMANN VILLAGE - ASSISTEI	LIVING BY AMERICARE	Tolonhone (660) 992 0022	Alabaimanta II-4	Me
615 RANKIN MILL LN	MO (5222 2072	Telephone (660) 882-9933	Alzheimer's Unit	No 42
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

Wednesday, June 4, 2025 Page 8 of 137

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

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

LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER	T. 1 (650) 000 T007		
1450 ASHLEY RD		Telephone (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care ICF	Bed Capacity	19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	Facility Number	01602
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER			
1450 ASHLEY RD		Telephone (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care RCF*	Bed Capacity	17
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	Facility Number	01602
	VALUE VIII A INVOLVA OFFINISHED			
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER	T. 1 1 (650) 000 7007		
1450 ASHLEY RD	160 (7700) 0444	Telephone (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care SNF	Bed Capacity	60
Mailing Address 1450 ASHLEY RD	160 (57000 04.44	County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	Facility Number	01602
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
	BOUR	BON		
BARNABAS REDWOOD MANOR				
1194 LANDON RD		Telephone (573) 468-8150	Alzheimer's Unit	No
BOURBON	MO 65441-8218	Level of Care RCF	Bed Capacity	47
Mailing Address 1194 LANDON RD		County CRAWFORD	DMH Licensed	Yes
BOURBON	MO 65441-8218	Region 6	Facility Number	08609
	BOWLING	GREEN		
BOWLING GREEN RESIDENTIAL	CARE			
119 WEST CENTENNIAL AVE	CARL	Telephone (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care RCF*	Bed Capacity	35
Mailing Address 119 WEST CENTEN		County PIKE	DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number	07712
DO WELL O GREET	MO 03331 1003	Region 5	racincy (valide)	07712
COUNTRY VIEW NURSING				
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
PARKSIDE MANOR, LLC				
300 S SAINT CHARLES ST		Telephone (573) 324-9918	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-2221	Level of Care ALF**	Bed Capacity	48
Mailing Address 300 S SAINT CHARI		County PIKE	DMH Licensed	No
BOWLING GREEN	MO 63334-2221	Region 5	Facility Number	05511
	0000	Treaton o	z ucini, muniber	03311

Wednesday, June 4, 2025 Page 9 of 137

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

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

	BRANSON		
BUNGALOWS AT BRANSON MEADOWS, THE	Blumbott		
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
OAKS RETIREMENT COMMUNITY, THE			
127 HAMLET ROAD	Telephone (417) 239-1112	Alzheimer's Unit	No
BRANSON MO 65616-7746	Level of Care ALF**	Bed Capacity	30
Mailing Address 127 HAMLET ROAD	County TANEY	DMH Licensed	No
BRANSON MO 65616-7746	Region 1	Facility Number	27358
SHEPHERD OF THE HILLS LIVING 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 248 BRANSON MO 65616-8154	County TANEY	DMH Licensed	No
BRANSON MO 03010-6134	Region 1 Medicare/Medicaid	Facility Number	06810
	BRAYMER		
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 BRAYMER MO 64624-9107	County CALDWELL	DMH Licensed	No
DRATMER 1910 04024-9107	Region 4 Medicare/Medicaid	Facility Number	02957
В	RIDGETON		
ELIZABETH HOUSE	RIDGETON		
	RIDGETON **Telephone** (314) 209-8814	Alzheimer's Unit	No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508	Telephone (314) 209-8814 Level of Care SNF	Bed Capacity	No 36
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508	Telephone (314) 209-8814 Level of Care SNF	Bed Capacity	36
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	36 No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	36 No 22316
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	36 No 22316 No 91
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	36 No 22316 No 91
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	36 No 22316 No 91 No 12141
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No 12141
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	36 No 22316 No 91 No 12141
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No 12141 No 120 No
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 ST ANDREW'S ASSISTED LIVING OF BRIDGETON 11325 ST CHARLES ROCK RD	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 22316 No 91 No 12141 No 120 No 08188
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 ST ANDREW'S ASSISTED LIVING OF BRIDGETON 11325 ST CHARLES ROCK RD BRIDGETON MO 63044-2722	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 209-1177 Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 22316 No 91 No 12141 No 120 No 08188
ELIZABETH HOUSE 12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508 LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616 MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825 ST ANDREW'S ASSISTED LIVING OF BRIDGETON 11325 ST CHARLES ROCK RD	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 22316 No 91 No 12141 No 120 No 08188

Wednesday, June 4, 2025 Page 10 of 137

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

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

VERONICA HOUSE			
12284 DEPAUL DR	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
	BROOKFIELD		
BRISTOL MANOR OF BROOKFIELD			
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
BROOKFIELD HEALTH CARE CENTER			
215 EAST PRATT	Telephone (660) 675-0600	Alzheimer's Unit	No
BROOKFIELD MO 64628-1300	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 129	County LINN	DMH Licensed	No
BROOKFIELD MO 64628-0129	Region 5 Medicare/Medicaid	Facility Number	05220
INC 04020 0127	Region 5 Medicare/Medicard	Taciney Number	03220
LIFE CARE CENTER OF BROOKFIELD			
315 HUNT ST	Telephone (660) 258-3367	Alzheimer's Unit	Yes
BROOKFIELD MO 64628-2412	Level of Care SNF	Bed Capacity	120
Mailing Address 315 HUNT ST	County LINN	DMH Licensed	No
BROOKFIELD MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number	00822
	BRUNSWICK		
BRUNSWICK HEALTH CARE CENTER			
721 W HARRISON ST	Telephone (660) 548-3182	Alzheimer's Unit	No
BRUNSWICK MO 65236-1096	Level of Care SNF	Bed Capacity	60
Mailing Address 721 W HARRISON ST	County CHARITON	DMH Licensed	No
BRUNSWICK MO 65236-1096	Region 5 Medicare/Medicaid	Facility Number	03123
	BUFFALO		
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH	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
BUFFALO PRAIRIE CENTER FOR REHAB AND HEALT			
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
COLONIAL SPRINGS HEALTHCARE CENTER			
750 W COOPER ST	Telephone (417) 345-2228	Alzheimer's Unit	Yes
BUFFALO MO 65622-8662	Level of Care SNF	Bed Capacity	134
Mailing Address PO BOX 978	County DALLAS	DMH Licensed	No

Medicare/Medicaid

Facility Number

01302

MO 65622-0978

BUFFALO

Wednesday, June 4, 2025 Page 11 of 137

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

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

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

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

Wednesday, June 4, 2025 Page 12 of 137

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

		CALIFORNIA		
DDICTOL MANOD OF CALLEDO				
BRISTOL MANOR OF CALIFOR 605 PARKVIEW DR	INIA	Telephone (573) 796-4342	Alzheimer's Unit	No
CALIFORNIA	MO 65018-2001	Level of Care RCF	Bed Capacity	12
Mailing Address 605 PARKVIEW I		County MONITEAU	DMH Licensed	No.
CALIFORNIA	MO 65018-2001	Region 6	Facility Number	17401
0. III 0. II 1	2001	region o	Tuesday Tuesday	17 101
CALIFORNIA CARE CENTER				
1106 SOUTH OAK, ROUTE 3		Telephone (573) 796-3127	Alzheimer's Unit	No
CALIFORNIA	MO 65018-1462	Level of Care SNF	Bed Capacity	60
Mailing Address 1106 SOUTH OAI	K, ROUTE 3	County MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-1462	Region 6 Medicare/Medicaid	Facility Number	10437
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 R		County MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-1964	Region 6	Facility Number	30595
		CAMDENTON		
BRISTOL MANOR OF CAMDEN	TON			
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
CAMDENTON WINDSOR ESTAT	ΓES			
2042 N BUSINESS ROUTE 5		Telephone (573) 346-5654	Alzheimer's Unit	No
CAMDENTON	MO 65020-2611	Level of Care SNF	Bed Capacity	82
Mailing Address 2042 N BUSINES	S ROUTE 5	County CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number	08688
I AVE DADVE CENTOD I IVINC				
LAKE PARKE SENIOR LIVING 145 4TH ST		Telephone (573) 745-0874	Alzheimer's Unit	No
CAMDENTON	MO 65020-7138	Telephone (573) 745-0874 Level of Care ALF	Bed Capacity	No 74
Mailing Address 145 4TH ST	WIO 03020-7138	County CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-7138	Region 6	Facility Number	30084
		region 5	Tuesticy Tuestics	20001
LAKE PARKE SENIOR LIVING				
145 4TH ST		Telephone (573) 745-0874	Alzheimer's Unit	NO
CAMDENTON	MO 65020-7138	Level of Care ALF**	Bed Capacity	22
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-7138	Region 6	Facility Number	30084
		CAMERON		
BRISTOL MANOR OF CAMERO)N			
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 HAR	RIS	County CLINTON	DMH Licensed	No
CAMEDON	MO 64400 1145	7	T 114 N 1	400

Facility Number

18295

MO 64429-1145

CAMERON

Wednesday, June 4, 2025 Page 13 of 137

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

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

CAMERON NURSING CENTER				
801 EUCLID AVE		Telephone (816) 632-7254	Alzheimer's Unit	No
CAMERON	MO 64429-2003	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 438	1410 0442)-2003	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number	00983
CAMERON	WIO 04429-0436	Region + Medicare/Medicard	racinty Number	00963
QUAIL RUN HEALTH CARE CENT	`ER			
1405 WEST GRAND AVE		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
		Troutent of tradection		*****
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	27
Mailing Address 318 EAST LITTLE B	RICK RD	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4	Facility Number	18104
VILLAGE, THE				
320 EAST LITTLE BRICK RD		Telephone (816) 632-7611	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care RCF*	Bed Capacity	49
Mailing Address 320 EAST LITTLE B	RICK RD	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4	Facility Number	08945
	CAMPI	BELL		
CAMPBELL HEALTHCARE & SEN	NOR LIVING			
CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62	NIOR LIVING	Telephone (573) 246-2155	Alzheimer's Unit	Yes
	MO 63933-6383	Telephone (573) 246-2155 Level of Care SNF		Yes 90
17108 US HIGHWAY 62 CAMPBELL		Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed	
17108 US HIGHWAY 62		* '	Bed Capacity	90
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62	MO 63933-6383	Level of Care SNF County DUNKLIN	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62	MO 63933-6383	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62	MO 63933-6383 MO 63933-6383 CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL	MO 63933-6383 MO 63933-6383 CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME	MO 63933-6383 MO 63933-6383 CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 02820
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N	MO 63933-6383 MO 63933-6383 CANT DISTRICT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 02820 Yes
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON	MO 63933-6383 MO 63933-6383 CANT DISTRICT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 02820 Yes 120
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVE	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732 EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No 04790 Yes 53 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU BARNABAS ACRES	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732 EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU BARNABAS ACRES 210 FRANKS LN	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732 EK DR MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2 Telephone (573) 270-8887	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU BARNABAS ACRES 210 FRANKS LN CAPE GIRARDEAU	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732 EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2 Telephone (573) 270-8887 Level of Care ALF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU BARNABAS ACRES 210 FRANKS LN	MO 63933-6383 MO 63933-6383 CANT DISTRICT MO 63435-3463 MO 63435-0266 CAPE GIR. NG BY AMERICARE MO 63701-1732 EK DR MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid TON Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid ARDEAU Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2 Telephone (573) 270-8887	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892

Wednesday, June 4, 2025 Page 14 of 137

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

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

GARETONINA AGGIGTER A MANG					
CAPETOWN ASSISTED LIVING		m. 1 1	(572) 224 4055	AT TOTAL TOTAL	37
2857 CAPE LACROIX RD	MO (2501 0500	Telephone	(573) 334-4855	Alzheimer's Unit	Yes
	MO 63701-8588	Level of Care	ALF**	Bed Capacity	48
Mailing Address 2857 CAPE LACROIX F		•	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63701-8588	Region 2		Facility Number	23989
CHATEAU GIRARDEAU					
3120 INDEPENDENCE ST		Telephone	(573) 335-1281	Alzheimer's Unit	No
	MO 63703-5043	Level of Care	SNF	Bed Capacity	75
Mailing Address 3120 INDEPENDENCE			E GIRARDEAU	DMH Licensed	No
_	MO 63703-5043		Medicare/Medicaid	Facility Number	01386
CHATEAU GIRARDEAU		T-1	(572) 225 1201	A 1-1	V
3120 INDEPENDENCE ST	MO (2702 5042	Telephone	(573) 335-1281	Alzheimer's Unit	Yes
	MO 63703-5043	Level of Care	ALF**	Bed Capacity	62 N
Mailing Address 3120 INDEPENDENCE		•	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63703-5043	Region 2		Facility Number	01386
FOUNTAINBLEAU LODGE					
2001 NORTH KINGSHIGHWAY		Telephone	(573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63701-2193	Level of Care	ALF	Bed Capacity	56
Mailing Address 2001 NORTH KINGSHI	GHWAY	County CAPI	E GIRARDEAU	DMH Licensed	No
	MO 63701-2193	Region 2		Facility Number	12751
FOUNTAINBLEAU LODGE					
2001 NORTH KINGSHIGHWAY		Telephone	(573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63701-2193	Level of Care	SNF	Bed Capacity	33
Mailing Address 2001 NORTH KINGSHI	GHWAY	County CAPI	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63701-2193	Region 2	Medicare/Medicaid	Facility Number	12751
FREDERICK STREET MANOR					
429 NORTH FREDERICK STREET		Telephone	(573) 334-2662	Alzheimer's Unit	No
	MO 63701-4834	Level of Care	RCF*	Bed Capacity	32
Mailing Address 429 NORTH FREDERIC			E GIRARDEAU	DMH Licensed	Yes
e e e e e e e e e e e e e e e e e e e	MO 63701-4834		E GIKANDEAU	Facility Number	02662
CAFE GIRARDEAU	VIO 03/01-4634	Region 2		Facility Number	02002
HEARTLAND CARE AND REHABILIT	TATION CENTER				
2525 BOUTIN DR		Telephone	(573) 334-5225	Alzheimer's Unit	Yes
CAPE GIRARDEAU M	MO 63701-8551	Level of Care	SNF	Bed Capacity	102
Mailing Address 2525 BOUTIN DR		County CAPI	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63701-8551	Region 2	Medicare/Medicaid	Facility Number	01023
LIFE CARE CENTER OF CAPE GIRA	RDEAU				
365 SOUTH BROADVIEW ST		Telephone	(573) 335-2086	Alzheimer's Unit	No
	MO 63703-5725	Level of Care	SNF	Bed Capacity	120
Mailing Address 365 SOUTH BROADVII			E GIRARDEAU	DMH Licensed	No
•	MO 63703-5725	•	Medicare/Medicaid	Facility Number	01032
	_				
LUTHERAN HOME ASSISTED LIVING	G	T-11	(572) 225 0150	Allender to TT 14	3.7
2825 BLOOMFIELD RD	MO (2702 (225	Telephone	(573) 335-0158	Alzheimer's Unit	No
	MO 63703-6335	Level of Care	ALF**	Bed Capacity	115
Mailing Address 2825 BLOOMFIELD RE		•	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63703-6335	Region 2		Facility Number	13536

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

Wednesday, June 4, 2025 Page 15 of 137

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

T TIMETER AND THE MITTER	
LUTHERAN HOME, THE	(570) 225 2150 ALL LAVE
2825 BLOOMFIELD RD	Telephone (573) 335-0158 Alzheimer's Unit Yes
CAPE GIRARDEAU MO 63703-63	• •
Mailing Address 2825 BLOOMFIELD RD	County CAPE GIRARDEAU DMH Licensed No
CAPE GIRARDEAU MO 63703-63	Region 2 Medicare/Medicaid Facility Number 13536
MAPLE CREST MANOR	
430 NORTH FREDERICK STREET	Telephone (573) 334-2662 Alzheimer's Unit No
CAPE GIRARDEAU MO 63701-4	• • • • •
Mailing Address 430 NORTH FREDERICK STREET	County CAPE GIRARDEAU DMH Licensed Yes
CAPE GIRARDEAU MO 63701-48	
NEWBRIDGE RETIREMENT COMMUNITY	
1205 S. MOUNT AUBURN RD	Telephone (573) 803-1863 Alzheimer's Unit Yes
CAPE GIRARDEAU MO 63703-63	Level of Care ALF** Bed Capacity 94
Mailing Address 1205 S. MOUNT AUBURN RD	County CAPE GIRARDEAU DMH Licensed No
CAPE GIRARDEAU MO 63703-65	Region 2 Facility Number 33246
RATLIFF CARE CENTER	
717 NORTH SPRIGG	Telephone (573) 335-5810 Alzheimer's Unit No
CAPE GIRARDEAU MO 63701-4	
Mailing Address 717 NORTH SPRIGG	County CAPE GIRARDEAU DMH Licensed No
CAPE GIRARDEAU MO 63701-48	•
CALE GIRARDEAU MO 03/01-40	Region 2 Medicare/Medicaid Facinty Number 17420
	CARL JUNCTION
CARL JUNCTION RESIDENTIAL CARE	
201 FIR RD	Telephone (417) 782-5659 Alzheimer's Unit No
CARL JUNCTION MO 64834-92	Level of Care RCF* Bed Capacity 37
Mailing Address 201 FIR RD	County JASPER DMH Licensed No
Mailing Address 201 FIR RD CARL JUNCTION MO 64834-92	•
_	Region 1 Facility Number 20550
CARL JUNCTION MO 64834-92	•
_	222 Region 1 Facility Number 20550 CARROLLTON
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST	222 Region 1 Facility Number 20550 CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No
CARL JUNCTION MO 64834-92 BRISTOL MANOR OF CARROLLTON	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND CARROLLTON MO 64633-23	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND CARROLLTON MO 64633-23 LIFE CARE CENTER OF CARROLLTON	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No Region 4 Medicare/Medicaid Facility Number 22027 Telephone (660) 542-0155 Alzheimer's Unit Yes
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND CARROLLTON MO 64633-23 LIFE CARE CENTER OF CARROLLTON 300 LIFE CARE LN	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No Region 4 Medicare/Medicaid Facility Number 22027 Telephone (660) 542-0155 Alzheimer's Unit Yes
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-93 Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-93 CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-23 Mailing Address 307 GRAND CARROLLTON MO 64633-23 LIFE CARE CENTER OF CARROLLTON 300 LIFE CARE LN CARROLLTON MO 64633-13	CARROLLTON Telephone (660) 542-2349 Alzheimer's Unit No Level of Care RCF Bed Capacity 12 County CARROLL DMH Licensed No Region 4 Facility Number 18316 Telephone (660) 542-1599 Alzheimer's Unit No Level of Care SNF Bed Capacity 63 County CARROLL DMH Licensed No Region 4 Medicare/Medicaid Facility Number 22027 Telephone (660) 542-0155 Alzheimer's Unit Yes Level of Care SNF Bed Capacity 120 County CARROLL DMH Licensed No

Wednesday, June 4, 2025 Page 16 of 137

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

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

	C	ARTHAGE		
BRISTOL MANOR OF CARTHAG	E			
2131 SOUTH RIVER AVE		Telephone (417) 358-9788	Alzheimer's Unit	N
CARTHAGE	MO 64836-3350	Level of Care RCF	Bed Capacity	1
Mailing Address 2131 S RIVER AVI	E	County JASPER	DMH Licensed	Y
CARTHAGE	MO 64836-3350	Region 1	Facility Number	2085
CARTHAGE HEALTH AND REHA	ABILITATION CENTER			
1901 BUENA VISTA AVE		Telephone (417) 358-1937	Alzheimer's Unit	Ye
CARTHAGE	MO 64836-3178	Level of Care SNF	Bed Capacity	12
Mailing Address 1901 BUENA VIST	A AVE	County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-3178	Region 1 Medicare/Medicaid	Facility Number	1247
MAPLE TREE TERRACE - ASSIS	TED LIVING BY AMERICARE			
2510 CLINTON ST		Telephone (417) 358-7201	Alzheimer's Unit	N
CARTHAGE	MO 64836-3427	Level of Care ALF**	Bed Capacity	5
Mailing Address 2510 CLINTON ST	•	County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-3427	Region 1	Facility Number	1766
OAK POINTE OF CARTHAGE				
300 W AIRPORT DR		Telephone (417) 358-3355	Alzheimer's Unit	Y
CARTHAGE	MO 64836-3511	Level of Care ALF**	Bed Capacity	5
Mailing Address 300 W AIRPORT D	OR .	County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-3511	Region 1	Facility Number	3016
ST LUKE'S CARE CENTER, INC				
1220 EAST FAIRVIEW AVE		Telephone (417) 358-9084	Alzheimer's Unit	N
CARTHAGE	MO 64836-3122	Level of Care ALF**	Bed Capacity	4
Mailing Address 1220 EAST FAIRV		County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-3122	Region 1	Facility Number	0760
ST LUKE'S NURSING AND REHA	BILITATION			
1220 EAST FAIRVIEW AVE		Telephone (417) 358-9084	Alzheimer's Unit	Ye
CARTHAGE	MO 64836-3122	Level of Care SNF	Bed Capacity	9
Mailing Address 1220 EAST FAIRV		County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-3122	Region 1 Medicare/Medicaid	Facility Number	0760
SUNNY HILLS RESIDENTIAL CA	RE FACILITY			-
17562 IMPERIAL RD	110 - 1100 - 15	Telephone (417) 358-6122	Alzheimer's Unit	N
CARTHAGE	MO 64836-8753	Level of Care RCF	Bed Capacity	1
Mailing Address 17562 IMPERIAL I		County JASPER	DMH Licensed	N
CARTHAGE	MO 64836-8753	Region 1	Facility Number	1335
	CARU	UTHERSVILLE		
SOUTHGATE LIVING CENTER				

MO 63830-1261

MO 63830-1261

Telephone

Region 2

Level of Care

County PEMISCOT

(573) 333-5150

Medicare/Medicaid

SNF

Alzheimer's Unit

Bed Capacity

DMH Licensed

Facility Number

No

94

No

01081

500 TRUMAN BLVD

CARUTHERSVILLE

CARUTHERSVILLE

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

Wednesday, June 4, 2025 Page 17 of 137

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

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

CAS	SSVILLE		
CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE			
1300 COUNTY FARM RD	Telephone (417) 847-3386	Alzheimer's Unit	No
CASSVILLE MO 65625-1726	Level of Care SNF	Bed Capacity	60
Mailing Address 1300 COUNTY FARM RD	County BARRY	DMH Licensed	No
CASSVILLE MO 65625-1726	Region 1 Medicare/Medicaid	Facility Number	01097
CEDAR RIDGE CARE CENTER, LLC			
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	County BARRY	DMH Licensed	Yes
CASSVILLE MO 65625-0633	Region 1	Facility Number	15295
ROARING RIVER HEALTH AND REHABILITATION			
812 OLD EXETER RD	Telephone (417) 847-2184	Alzheimer's Unit	Yes
CASSVILLE MO 65625-1704	Level of Care SNF	Bed Capacity	90
Mailing Address 812 OLD EXETER RD	County BARRY	DMH Licensed	No
CASSVILLE MO 65625-1704	Region 1 Medicare/Medicaid	Facility Number	10644
CED	OAR HILL		
CED	AK IIILL		
ARBOR VIEW NURSING AND REHABILITATION			
6400 THE CEDARS COURT	Telephone (636) 274-1777	Alzheimer's Unit	NO
CEDAR HILL MO 63016-2220	Level of Care SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS CT	County JEFFERSON	DMH Licensed	No
CEDAR HILL MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number	12647
CI	ENTER		
CI WESTVIEW NURSING HOME	ENTER		
	ENTER Telephone (573) 267-3920	Alzheimer's Unit	No
WESTVIEW NURSING HOME		Alzheimer's Unit Bed Capacity	No 60
WESTVIEW NURSING HOME 301 WEST DUNLOP ST	Telephone (573) 267-3920		
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF	Bed Capacity	60
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF County RALLS	Bed Capacity DMH Licensed	60 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed	60 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 15634
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 15634
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 6540-1178	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 15634 No 12
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 15634
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid NTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 15634 No 12 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid NTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 15634 No 12 No 18286
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 15634 No 12 No 18286
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 15634 No 12 No 18286
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146 Mailing Address 750 EAST HIGHWAY 22	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 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	No 15634 No 12 No 18286 No 60 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 15634 No 12 No 18286
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146 Mailing Address 750 EAST HIGHWAY 22	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 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	No 15634 No 12 No 18286 No 60 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 HERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146 Mailing Address 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 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	No 15634 No 12 No 18286 No 60 No
WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER MO 63436-2267 Mailing Address 301 WEST DUNLOP ST CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 63436-2267 CENTER MO 65240-1178 Mailing Address 610 NORTH JEFFERSON ST CENTRALIA MO 65240-1178 MERITAGE HALL NURSING CENTER 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146 Mailing Address 750 EAST HIGHWAY 22 CENTRALIA MO 65240-1146 STUART HOUSE, LLC THE	Telephone (573) 267-3920 Level of Care SNF County RALLS Region 5 Medicare/Medicaid VTRALIA Telephone (573) 682-5913 Level of Care RCF County BOONE Region 6 Telephone (573) 682-5551 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	No 15634 No 12 No 18286 No 60 No 03069

Facility Number

10146

MO 65240-1316

CENTRALIA

Wednesday, June 4, 2025 Page 18 of 137

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

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

		CHAFFEE		
CHAFFEE NURSING CENTER	1			
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 I		County SCOTT	DMH Licensed	No
CHAFFEE	MO 63740-8219	Region 2 Medicare/Medicaid	Facility Number	13652
			•	
	C	HESTERFIELD		
BROOKING PARK				
307 SOUTH WOODS MILL RD		Telephone (314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-3418	Level of Care SNF	Bed Capacity	97
Mailing Address 307 SOUTH W	OODS MILL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7 Medicare/Medicaid	Facility Number	14661
BROOKING PARK				
307 SOUTH WOODS MILL RD		Telephone (314) 576-5545	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-3418	Level of Care ALF**	Bed Capacity	93
Mailing Address 307 SOUTH W	OODS MILL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7	Facility Number	14661
CHESTERFIELD VILLAS		(626) 522 9296		
14901 N OUTER 40 RD	MO (2017 (024	Telephone (636) 532-9296	Alzheimer's Unit	No 54
CHESTERFIELD Mailing Address 14901 N OUTE	MO 63017-6034	Level of Care ALF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	No No
CHESTERFIELD	MO 63017-6034	County SAINT LOUIS COUNTY Region 7	Facility Number	29067
CHESTERTIELD	WIO 03017-0034	region /	Facility Number	29067
DELMAR GARDENS OF CHES	STERFIELD			
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		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2026	Region 7 Medicare/Medicaid	Facility Number	02111
DELMAR GARDENS ON THE	GREEN			
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 CLAYTO	ON RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-7048	Region 7 Medicare/Medicaid	Facility Number	01515
FRIENDSHIP VILLAGE ASSIS	STED 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 VILLAG	E VIEW DRIVE	County SAINT LOUIS COUNTY	DMH Licensed	Yes
CHESTERFIELD	MO 63017-1982	Region 7	Facility Number	02715

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	W DRIVE	County SAIN	T LOUIS COUNTY	DMH Licensed	Yes
CHESTERFIELD	MO 63017-1982	Region 7		Facility Number	02715

FRIENDSHIP VILLAGE CHESTERFIELD

15250 VILLAGE VIEW DRIVE		Telephone (636) 733-0199	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-1982	Level of Care SNF	Bed Capacity	90
Mailing Address 15250 VILLAGE VIE	EW DRIVE	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1982	Region 7 Medicare/Medicaid	Facility Number	02715

Wednesday, June 4, 2025 Page 19 of 137

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

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

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

GARDEN VIEW CARE CENTER OF	CHECTEDEIEI D			
1025 CHESTERFIELD POINTE PRKW		Telephone (636) 537-3333	Alzheimer's Unit	Yes
CHESTERFIELD CHESTERFIELD	MO 63017-1957	Level of Care SNF	Bed Capacity	130
Mailing Address 1025 CHESTERFIEL		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1957	·		
CHESTERFIELD	WO 03017-1937	Region 7 Medicare/Medicaid	Facility Number	16409
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
LUMIEDE OF CHESTEDERED TU	II.			
LUMIERE OF CHESTERFIELD, TH 16255 CHESTERFIELD PARKWAY W		Telephone (636) 265-5020	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-4824	Level of Care ALF**		51
			Bed Capacity DMH Licensed	
Mailing Address 16255 CHESTERFIELD	MO 63017-4824	County SAINT LOUIS COUNTY		No
CHESTERFIELD	MO 63017-4824	Region 7	Facility Number	33614
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		Telephone (314) 434-3330	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care SNF	Bed Capacity	127
Mailing Address 13190 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number	03957
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		Telephone (314) 434-3300	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care ALF**	Bed Capacity	86
Mailing Address 13190 SOUTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number	03957
CHESTERFIELD	WO 03017-3917	Kegion /	racinty Number	03937
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 RI	D	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	No
CHESTERFIELD	MO 63017-5000	Level of Care ALF**	Bed Capacity	3
Mailing Address 1880 CLARKSON RI	O .	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number	23767
SURREY PLACE ST LUKE'S HOSPI	ITAL SKILLED MUDSING			
	ITAL SKILLED NURSING	Telephone (214) 542 2200	Alahaiman'a Unit	NO
14701 OLIVE BLVD CHESTERFIELD	MO 63017-2221	Telephone (314) 542-3300 Level of Care SNF	Alzheimer's Unit	NO 130
	1410 03017-2221		Bed Capacity DMH Licensed	No
Mailing Address 14701 OLIVE BLVD	MO 63017 2221	·		
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number	15467
WESTCHESTER HOUSE, THE				
550 WHITE RD		Telephone (314) 469-1200	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-2316	Level of Care SNF	Bed Capacity	159
Mailing Address 550 WHITE RD		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2316	Region 7 Medicare/Medicaid	Facility Number	08474

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

Wednesday, June 4, 2025 Page 20 of 137

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

CHILLICOTHE

ASHBURY HEIGHTS OF CHILLIO	СОТНЕ			
603 ST LOUIS ST		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	110	County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-2438	Region 4	Facility Number	23909
CHILLICOTHE MANOR I LLC				
1301 MONROE ST		Telephone (660) 646-5180	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1345	Level of Care RCF*	Bed Capacity	64
Mailing Address 1301 MONROE ST		County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number	04632
GRAND RIVER HEALTH CARE				
118 TRENTON RD		Telephone (660) 646-0353	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-4002	Level of Care SNF	Bed Capacity	60
Mailing Address 118 TRENTON RD		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number	16939
LEGACY LIVING				
500 LEGACY LN		Telephone (660) 646-6219	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3973	Level of Care ALF**	Bed Capacity	34
Mailing Address 500 LEGACY LN		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3973	Region 4	Facility Number	14084
LIVINGSTON MANOR CARE CEN	TER			
939 E BIRCH DR		Telephone (660) 646-5177	Alzheimer's Unit	Yes
CHILLICOTHE	MO 64601-2189	Level of Care SNF	Bed Capacity	94
Mailing Address 939 E BIRCH DR	MO (4601 2100	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-2189	Region 4 Medicare/Medicaid	Facility Number	20099
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 MORNINGSII		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4 Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSISTI	ED LIVING APARTMENTS	m 1 1 (650) 515 0170		
1702 MORNINGSIDE DR	MO (4(0) 1515	Telephone (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE Mailing Address 1702 MORNINGSH	MO 64601-1545	Level of Care ALF	Bed Capacity	31 N-
Mailing Address 1702 MORNINGSII		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number	05557
STONEBRIDGE CHILLICOTHE		Talanhar (CCO) CAC 4100	Alaboine	N.T.
2601 FAIR ST	MO 64601 2525	Telephone (660) 646-4123 Level of Care SNF	Alzheimer's Unit	No 75
CHILLICOTHE Mailing Address 2601 FAIR ST	MO 64601-3525	Level of Care SNF County LIVINGSTON	Bed Capacity DMH Licensed	75 No.
Mailing Address 2601 FAIR ST CHILLICOTHE	MO 64601-3525	Region 4 Medicare/Medicaid	Facility Number	No 03833
CHILLICOTHE	MIO UTUUI-JJ2J	region + Medicare/Medicald	Facinty Number	03833

Wednesday, June 4, 2025 Page 21 of 137

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

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

STONEBRIDGE CHILLICOTHE			
2601 FAIR ST		Telephone (660) 646-4123	Alzheimer's Unit No
CHILLICOTHE	MO 64601-3525	Level of Care ALF**	Bed Capacity 40
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number 03833
	CLAR	ENCE	
CLARENCE CARE CENTER			
111 EAST ST		Telephone (660) 699-2118	Alzheimer's Unit No
CLARENCE	MO 63437-1902	Level of Care SNF	Bed Capacity 60
Mailing Address 111 EAST ST		County SHELBY	DMH Licensed No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number 01475
		8	
	CLA	YTON	
CLARENDALE CLAYTON			
7651 CLAYTON ROAD		Telephone (314) 390-9399	Alzheimer's Unit Yes
CLAYTON	MO 63117-1419	Level of Care ALF**	Bed Capacity 98
Mailing Address 7651 CLAYTON RC	DAD	County SAINT LOUIS COUNTY	DMH Licensed No
CLAYTON	MO 63117-1419	Region 7	Facility Number 32528
	~~ **		
	CLIN	VTON	
ADAIR VILLAGE			
1801 N GAINES DR		Telephone (660) 885-8196	Alzheimer's Unit Yes
CLINTON	MO 64735-1127	Level of Care SNF	Bed Capacity 120
Mailing Address 1801 N GAINES DR	l .	County HENRY	DMH Licensed No
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	Facility Number 08521
ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN	NS - MEMORY CARE BY AMERICAE	RE, THE Telephone (660) 885-2272	Alzheimer's Unit Yes
CLINTON	MO 64735-2728	Level of Care ALF**	Bed Capacity 42
Mailing Address 1300 S MAIN	WO 04733-2726	County HENRY	DMH Licensed No
CLINTON	MO 64735-2728	Region 1	Facility Number 17054
CENTON	110 01735 2720	Region 1	ruenty runner 17054
BRISTOL MANOR OF CLINTON			
1402 EAST FRANKLIN		Telephone (660) 885-8391	Alzheimer's Unit No
CLINTON	MO 64735-1768	Level of Care RCF	Bed Capacity 12
Mailing Address 1402 EAST FRANK	LIN	County HENRY	DMH Licensed No
CLINTON	MO 64735-1768	Region 1	Facility Number 16656
CLINTON HEALTHCARE AND RE	EHABILITATION CENTER		
1009 EAST OHIO		Telephone (660) 885-5571	Alzheimer's Unit No
CLINTON	MO 64735-2455	Level of Care SNF	Bed Capacity 120
Mailing Address 1009 EAST OHIO	MO (4725 0455	County HENRY	DMH Licensed No
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number 01318
JEFFERSON GARDENS - ASSISTE	D LIVING BY AMERICARE		
509 WEST ROGERS ST		Telephone (660) 885-9770	Alzheimer's Unit No
CLINTON	MO 64735-2548	Level of Care ALF**	Bed Capacity 42
Mailing Address 509 WEST ROGERS		County HENRY	DMH Licensed No
CLINTON	MO 64735-2548	Region 1	Facility Number 20603

Wednesday, June 4, 2025 Page 22 of 137

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

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

JOY ADULT CARE CENTER 614 SOUTH MAIN CLINTON Mailing Address PO BOX 8 CLINTON	MO 64735-2620 MO 64735-0008	Telephone (660) 885-8328 Level of Care RCF* County HENRY Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 42 Yes 07268
		COLE CAMP		
ANEW SENIOR LIVING COLE CA	AMP			
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	MO (5225 0252	County BENTON	DMH Licensed	No
COLE CAMP	MO 65325-0252	Region 6	Facility Number	26313
GOOD SAMARITAN CARE CENT	ER			
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 S		County BENTON	DMH Licensed	No
COLE CAMP	MO 65325-1144	Region 6 Medicare/Medicaid	Facility Number	03039
		COLUMBIA		
BLUFF CREEK TERRACE - ASSIS	STED LIVING BY AMERICAR	Œ		
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 CREE		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3524	Region 6	Facility Number	20625
BLUFFS, THE				
3105 BLUFF CREEK DR		Telephone (573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-3529	Level of Care SNF	Bed Capacity	132
Mailing Address 3105 BLUFF CREE		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3529	Region 6 Medicare/Medicaid	Facility Number	00754
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 HIL		County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-1537	Region 6	Facility Number	29874
COLONY POINTE-ASSISTED LIV	ING BY AMERICARE			
1510 CHAPEL HILL RD		Telephone (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-5457	Level of Care ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HIL	L RD	County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-5457	Region 6	Facility Number	28191
COLUMBIA MANOR HEALTH &	REHABILITATION			
2012 E NIFONG BLVD		Telephone (573) 449-1246	Alzheimer's Unit	No
COLUMBIA	MO 65201-3874	Level of Care SNF	Bed Capacity	52
Mailing Address 2012 E NIFONG BI		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201 2974	D	Facility Number	01715

JOY ADULT CARE CENTER

COLUMBIA

Region 6

Medicare/Medicaid

Facility Number

01715

MO 65201-3874

Wednesday, June 4, 2025 Page 23 of 137

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

^{**} Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility 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 POST ACUTE			
3535 BERRYWOOD DRIVE	Telephone (573) 397-7144	Alzheimer's Unit	No
COLUMBIA MO 65201-6584	Level of Care SNF	Bed Capacity	70
Mailing Address 3535 BERRYWOOD DRIVE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-6584	Region 6 Medicare/Medicaid	Facility Number	30959
	region o medicare/medicare	Tuesday Tuesday	30,37
HARAMBEE HOUSE, INC			
703 NORTH EIGHTH ST	Telephone (573) 443-6972	Alzheimer's Unit	No
COLUMBIA MO 65201-4516	Level of Care RCF*	Bed Capacity	15
Mailing Address 703 NORTH EIGHTH ST	County BOONE	DMH Licensed	Yes
COLUMBIA MO 65201-4516	Region 6	Facility Number	17197
LAKE GEORGE ASSISTED LIVING			
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 RICHLAND RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-9606	Region 6	Facility Number	28997
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 LANE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-7779	Region 6 Medicare/Medicaid	Facility Number	04750
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 LANE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-	Region 6	Facility Number	04750
MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE			
1990 W SOUTHAMPTON DR	Telephone (573) 381-2510	Alzheimer's Unit	Yes
COLUMBIA MO 65203-6238	Level of Care ALF**	Bed Capacity	59
Mailing Address 1990 W SOUTHAMPTON DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-6238	Region 6	Facility Number	30107
G0203 0230	Region 0	Tuellity Tulliser	30107
NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY	TIGERPLACE, THE		
3003 FALLING LEAF COURT	Telephone (573) 256-4620	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3549	Level of Care SNF	Bed Capacity	120
Mailing Address 3003 FALLING LEAF COURT	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3549	Region 6 Medicare/Medicaid	Facility Number	24341
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
SOUTH HAMPTON DI ACE			
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
GOZGNIDILI 1910 03203-7107	Acgion o Medicare/Medicald	racinty mullipel	17/77

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

Wednesday, June 4, 2025 Page 24 of 137

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

TICED DI ACE				
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 CREE		County BOONE	DMH Licensed	No.
COLUMBIA	MO 65201-3522	Region 6	Facility Number	24341
COLUMBIA	WIO 03201-3322	Region 0	Facility Number	24341
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	Region 6 Medicare/Medicaid	Facility Number	01706
WESTBURY SENIOR LIVING TH	E			
550 STONE VALLEY PARKWAY		Telephone (573) 818-7030	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-5567	Level of Care ALF**	Bed Capacity	72
Mailing Address 550 STONE VALLE		County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-5567	Region 6	Facility Number	32666
		CONCORDIA		
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
CONCORDIA	110 04020-0330	Region 5	racinty Number	24401
LUTHERAN GOOD SHEPHERD H	НОМЕ			
202 S WEST ST		Telephone (660) 463-2267	Alzheimer's Unit	NO
CONCORDIA	MO 64020-9643	Level of Care ALF**	Bed Capacity	53
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3	Facility Number	04705
I LUCITED AN ANUDGING HOME				
LUTHERAN NURSING HOME		m 1 1 (660) 160 0067		**
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
		COTTLEVILLE		
GLENFIELD MEMORY CARE				
118 OHMES ROAD		Telephone (636) 447-4440	Alzheimer's Unit	Yes
COTTLEVILLE	MO 63376-7649	Level of Care ALF**	Bed Capacity	24
Mailing Address 118 OHMES RD		County SAINT CHARLES	DMH Licensed	No
COTTLEVILLE	MO 63376-7649	Region 5	Facility Number	30372
	20 00070 7017	Augion 0	z wenney rumber	30312
		CRANE		
CRANE RESIDENTIAL CARE HO	OME			
102 EAST LILLIAN AVE.		Telephone (417) 723-5900	Alzheimer's Unit	No
CRANE	MO 65633-9103	Level of Care RCF	Bed Capacity	36
Mailing Address 102 EAST LILLIAN	N AVE.	County STONE	DMH Licensed	Yes
CDANE	3.50 65.600 0100	5. 1	T	04000

Facility Number

01898

MO 65633-9103

CRANE

Wednesday, June 4, 2025 Page 25 of 137

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

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

-	7	D	\mathbf{C}^{1}	7	F	~	0	\mathbf{C}	T	7	Ľ	
- (ĸ	H. 1	V 1	н. 1		•		•	/ /	ĸ	i

	CKLVL	COLOR		
BROOKDALE CREVE COEUR				
ONE NEW BALLAS PLACE		Telephone (314) 432-5200	Alzheimer's Unit	No
CREVE COEUR	MO 63146-8700	Level of Care ALF**	Bed Capacity	46
Mailing Address ONE NEW BALLAS	SPLACE	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63146-8700	Region 7	Facility Number	26178
		- Log-on		20170
CREVE COEUR ASSISTED LIVING	G AND MEMORY CARE			
693 DECKER LN		Telephone (314) 997-4532	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7127	Level of Care ALF**	Bed Capacity	110
Mailing Address 693 DECKER LANE	E	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-7127	Region 7	Facility Number	29440
DELMAR GARDENS OF CREVE C	OEUR			
850 COUNTRY MANOR LN		Telephone (314) 434-5900	Alzheimer's Unit	No
CREVE COEUR	MO 63141-6651	Level of Care SNF	Bed Capacity	148
Mailing Address 850 COUNTRY MA		County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-6651	Region 7 Medicare/Medicaid	Facility Number	01830
DOLAN MEMORY CARE AT CON	WAY			
12550 CONWAY RD	*****	Telephone (314) 576-3998	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-8613	Level of Care ALF**	Bed Capacity	9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-	Region 7	Facility Number	22648
STRIVE EOUIS	110 03140	Region /	Taciney Number	22040
GRANDE AT CREVE COEUR THE				
450 NORTH LINDBERGH BLVD		Telephone (314) 720-8408	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7814	Level of Care ALF**	Bed Capacity	58
Mailing Address 450 NORTH LINDB	ERGH BLVD	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-7814	Region 7	Facility Number	30479
	CUI	BA		
ADRODS AT VICTODIAN DI ACE	OF CUBA, MEMORY CARE ASSISTE	DIIVING BY AMEDICADE THE		
903 HWY DD	OF CODA, MEMORT CARE ASSISTED	Telephone (573) 885-0551	Alzheimer's Unit	Yes
CUBA	MO 65453-8089	Level of Care ALF**	Bed Capacity	32
Mailing Address 903 HWY DD	110 03 133 000)	County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6	Facility Number	27071
COBIT	110 03 133 000)	Region 0	Taciney Number	27071
CARE NETWORK OF CUBA				
5349 HIGHWAY P		Telephone (573) 885-3661	Alzheimer's Unit	No
CUBA	MO 65453-6281	Level of Care RCF*	Bed Capacity	34
Mailing Address PO BOX 647		County CRAWFORD	DMH Licensed	Yes
CUBA	MO 65453-0647	Region 6	Facility Number	17894
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	110 00 100 1012	County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number	21149
CC2/1	110 00 100 1012	Welou A Menical Chilenicala	racincy number	21147

Wednesday, June 4, 2025 Page 26 of 137

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

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

EQUILIBRIUM RANCH				
81 PILKENTON LN	Telephone	(573) 885-6443	Alzheimer's Unit	No
CUBA MO 65453-8	Level of Care	RCF	Bed Capacity	19
Mailing Address 81 PILKENTON LN	County CRA	WFORD	DMH Licensed	No
CUBA MO 65453-8	Region 6		Facility Number	15026
VICTORIAN PLACE OF CUBA, RESIDENTIAL C	ARE BY AMERICARE			
901 HIGHWAY DD	Telephone	(573) 885-0551	Alzheimer's Unit	No
CUBA MO 65453-8	Level of Care	RCF	Bed Capacity	48
Mailing Address 901 HWY DD	County CRA	WFORD	DMH Licensed	No
CUBA MO 65453-8	Region 6		Facility Number	25463
	DARDENNE PRAIRIE			
BARATHAVEN ALZHEIMER'S SPECIAL CARE	CENTER			
1030 BARATHAVEN DR	Telephone	(636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE MO 63368-8	Level of Care	ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVEN DR	County SAIN	IT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE MO 63368-8	3606 Region 5		Facility Number	26902
CAREGIVERS INN				
1297 FEISE RD	Telephone	(636) 240-7979	Alzheimer's Unit	Yes
DARDENNE PRAIRIE MO 63368-6	Level of Care	ALF**	Bed Capacity	30
Mailing Address 1297 FEISE RD	County SAIN	T CHARLES	DMH Licensed	No
DARDENNE PRAIRIE MO 63368-6	710 Region 5		Facility Number	15342
SUNTERRA SPRINGS DARDENNE PRAIRIE				
7275 STATE HIGHWAY N	Telephone	(636) 865-0200	Alzheimer's Unit	No
DARDENNE PRAIRIE MO 63368-7	Level of Care	SNF	Bed Capacity	38
Mailing Address 7275 STATE HIGHWAY N	County SAIN	T CHARLES	DMH Licensed	No
DARDENNE PRAIRIE MO 63368-7	7128 Region 5	Medicare	Facility Number	32331
	DE SOTO			
BAISCH NURSING CENTER				
3260 BAISCH DR	Telephone	(636) 586-2291	Alzheimer's Unit	No
DE SOTO MO 63020-5		RCF*	Bed Capacity	18
Mailing Address 3260 BAISCH DR	· ·	ERSON	DMH Licensed	No
DE SOTO MO 63020-5	6046 Region 2		Facility Number	00910
BAISCH NURSING CENTER				
3260 BAISCH DR	Telephone	(636) 586-2291	Alzheimer's Unit	No
DE SOTO MO 63020-5		SNF	Bed Capacity	61
Mailing Address 3260 BAISCH DR		ERSON	DMH Licensed	No
DE SOTO MO 63020-5	Region 2	Medicare/Medicaid	Facility Number	00910
HILL OBECT CARE GENTER INC				
HILLCREST CARE CENTER, INC 1108 CLARKE ST	Tolombo	(636) 586-3022	Alzhaiman'a Unit	No
DE SOTO MO 63020-2	Telephone 2706 Level of Care	(030) 380-3022 SNF	Alzheimer's Unit Bed Capacity	120
Mailing Address 1108 CLARKE ST		ERSON	DMH Licensed	No
DE SOTO MO 63020-2		Medicare/Medicaid	Facility Number	20084
DE 5010 MIO 05020-2	Kegiuii 2	wiculcal e/wieulcalu	racinty radiibei	20004

Wednesday, June 4, 2025 Page 27 of 137

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

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

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
GEOVERNINGE NEGOTIO				
STONEBRIDGE DESOTO 1550 VILLAS DR		Talanhana (626) 596 6550	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Telephone (636) 586-6559 Level of Care SNF	Bed Capacity	No 56
Mailing Address 1550 VILLAS DR	WO 03020-2380	County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 2 Medicare/Medicaid	Facility Number	13501
DESOTO	WIO 03020-2380	Region 2 Medicare/Medicaid	Pacificy Number	13301
STONEBRIDGE DESOTO				
1550 VILLAS DR		Telephone (636) 586-6559	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Level of Care ALF**	Bed Capacity	80
Mailing Address 1550 VILLAS DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 2	Facility Number	13501
		-149-01	•	
SUNNYHILL INDEPENDENCE CEN	NTER			
3343 ARMBRUSTER ROAD		Telephone (636) 586-2188	Alzheimer's Unit	No
DE SOTO	MO 63020-4506	Level of Care ALF**	Bed Capacity	32
Mailing Address 3343 ARMBRUSTER	R RD	County JEFFERSON	DMH Licensed	Yes
DE SOTO	MO 63020-4506	Region 2	Facility Number	29674
	DE	S PERES		
QUARTERS AT DES PERES, THE				
13230 MANCHESTER RD		Telephone (314) 821-2886	Alzheimer's Unit	No
DES PERES	MO 63131-1706	Level of Care SNF	Bed Capacity	147
Mailing Address 13230 MANCHESTE	ER RD	County SAINT LOUIS COUNTY	DMH Licensed	No
DES PERES	MO 63131-1706	Region 7 Medicare/Medicaid	Facility Number	26726
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 MANCHESTE		County SAINT LOUIS COUNTY	DMH Licensed	No
DES PERES	MO 63131-1734	Region 7	Facility Number	24242
	Di	ESLOGE		
NHC HEALTHCARE, DESLOGE				
801 BRIM ST		Telephone (573) 431-0223	Alzheimer's Unit	Yes
DESLOGE	MO 63601-3441	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX AA		County SAINT FRANCOIS	DMH Licensed	No
DESLOGE	MO 63601-0568	Region 2 Medicare/Medicaid	Facility Number	02143
		- medical chitestatu		02173
	D	DEXTER		
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	Γ	County STODDARD	DMH Licensed	No
DEVEND	140 (2011 1552	T 1 2		40050

Facility Number

18858

MO 63841-1773

DEXTER

Wednesday, June 4, 2025 Page 28 of 137

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

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

CROWLEY RIDGE CARE CENTER					
1204 NORTH OUTER RD		Telephone	(573) 624-5557	Alzheimer's Unit	Yes
	IO 63841-8684	Level of Care	SNF	Bed Capacity	90
Mailing Address PO BOX 668			DDARD	DMH Licensed	No
	IO 63841-0668	•	Medicare/Medicaid	Facility Number	12667
		11091011	1,100,100,10,100,100,100		
CYPRESS POINT - SKILLED NURSING	BY AMERICARE				
801 BAILIFF DR		Telephone	(573) 624-8908	Alzheimer's Unit	No
DEXTER M	IO 63841-9500	Level of Care	SNF	Bed Capacity	79
Mailing Address 801 BAILIFF DR		County STO	DDARD	DMH Licensed	No
DEXTER M	IO 63841-9500	Region 2	Medicare/Medicaid	Facility Number	08315
MEMORY LANE OF DEXTER					
415 S CATALPA STREET		Telephone	(573) 624-7491	Alzheimer's Unit	Yes
	IO 63841-2017	Level of Care	SNF	Bed Capacity	73
Mailing Address 415 S CATALPA STREE			DDARD	DMH Licensed	No
	IO 63841-2017	•	Medicare/Medicaid	Facility Number	02156
222	35011 2017	Region 2	Wicarcar o Micarcara	Tuesting Transpor	02130
RIDGEVIEW ASSISTED LIVING CENT	ER				
13134 STATE HIGHWAY 25		Telephone	(573) 624-4433	Alzheimer's Unit	No
	IO 63841-9740	Level of Care	ALF**	Bed Capacity	26
Mailing Address 13134 STATE HIGHWAY		County STO		DMH Licensed	No
	IO 63841-9740	Region 2	DDARD	Facility Number	10128
DEATER	03041-9740	Region 2		racinty Number	10126
	DIXO	N			
DIVON MIDGING & DEHAD					
DIXON NURSING & REHAB			(572) 750 2125		NO
403 EAST 10TH ST	10. (5.150.6040	Telephone	(573) 759-2135	Alzheimer's Unit	NO
	IO 65459-6049	Level of Care	SNF	Bed Capacity	60 N
Mailing Address 403 EAST 10TH ST	10. (5.150.6040	County PUL		DMH Licensed	No
DIXON M	O 65459-6049	Region 6	Medicare/Medicaid	Facility Number	15510
	DOE R	IIN			
		OI V			
CRAWFORD RANCH BOARDING HOM	IE, LLC				
2200 VARVERA RD		Telephone	(573) 756-4656	Alzheimer's Unit	No
DOE RUN M	O 63637-3121	Level of Care	RCF*	Bed Capacity	32
Mailing Address 2200 VARVERA RD		County SAIN	NT FRANCOIS	DMH Licensed	Yes
DOE RUN M	O 63637-3121	Region 2		Facility Number	13193
PINE VALLEY RCF					
3381 1st STREET		Telephone	(573) 760-8601	Alzheimer's Unit	No
DOE RUN M		T 1 60	RCF	Bed Capacity	12
	O 63637-3155	Level of Care	KCI	вей Сараспу	
Mailing Address 3381 1st STREET	IO 63637-3155	County SAIN		DMH Licensed	Yes
	10 63637-3155 10 63637-3155				Yes 08379
		County SAIN		DMH Licensed	
		County SAIN Region 2		DMH Licensed	
	IO 63637-3155	County SAIN Region 2		DMH Licensed	
DOE RUN M	IO 63637-3155	County SAIN Region 2		DMH Licensed	
COLONIAL HOME, THE 102 SUMMIT ST	IO 63637-3155	County SAIN Region 2	VT FRANCOIS	DMH Licensed Facility Number	08379
COLONIAL HOME, THE 102 SUMMIT ST	O 63637-3155 DONIPI	County SAIN Region 2 HAN Telephone Level of Care	VT FRANCOIS (573) 996-4283 ALF**	DMH Licensed Facility Number Alzheimer's Unit	08379 No
COLONIAL HOME, THE 102 SUMMIT ST DONIPHAN Mailing Address 102 SUMMIT ST	O 63637-3155 DONIPI	County SAIN Region 2 HAN Telephone	VT FRANCOIS (573) 996-4283 ALF**	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	08379 No 31

Wednesday, June 4, 2025 Page 29 of 137

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

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

CURRENT RIVER NURSING CEN	ITER, 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 GRA		County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
WALNUT STREET ASSISTED LIV	VING			
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
	E	AST PRAIRIE		
ASPIRE SENIOR LIVING EAST P	RAIRIE			
186 MILLAR RD	KAIKIE	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	1.10 03013 1100	County MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE	MO 63845-0299	Region 2 Medicare/Medicaid	Facility Number	12083
		EDINA		
		EDINA		
BLESSING CENTER, THE		m 1 1 (660) 207 2202		
302 NORTH MAIN	140 (2525 1252	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
KNOX COUNTY NURSING HOMI	E 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 HIG	HWAY 6	County KNOX	DMH Licensed	No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number	04173
	EL DO	ORADO SPRINGS		
COMMUNITY SPRINGS HEALTH				
400 EAST HOSPITAL RD	ICARE PACIEIT I	Telephone (417) 876-2531	Alzheimer's Unit	Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care SNF	Bed Capacity	120
Mailing Address 400 EAST HOSPIT		County CEDAR	DMH Licensed	No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number	01740
EL DORADO SPRINGS RESIDEN	TIAL CARE	m		
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 JACK		County CEDAR	DMH Licensed	Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number	12621
		ELDON		
BRISTOL MANOR OF ELDON				
1201 EAST NORTH ST		Telephone (573) 392-1200	Alzheimer's Unit	No
ELDON	MO 65026-2651	Level of Care RCF	Bed Capacity	12
Mailing Address 1201 EAST NORTH	H ST	County MILLER	DMH Licensed	No
ELDON	MO 65026-2651	Region 6	Facility Number	17701

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

Wednesday, June 4, 2025 Page 30 of 137

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

ELDON NURSING & REHAB				
1001 E NORTH ST		Telephone (573) 392-3164	Alzheimer's Unit	Yes
ELDON	MO 65026-2634	Level of Care SNF	Bed Capacity	90
Mailing Address 1001 E NORTH ST		County MILLER	DMH Licensed	No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number	06139
			•	
LEE HOUSE SENIOR LIVING LLC	•			
105 NORTH MILL ST	,	Telephone (572) 202 5559	Alahaiman'a Unit	No
	MO (502) 1720	Telephone (573) 392-5558	Alzheimer's Unit	No 52
ELDON 105 NORTHNALL	MO 65026-1728	Level of Care RCF	Bed Capacity	53
Mailing Address 105 NORTH MILL S		County MILLER	DMH Licensed	No
ELDON	MO 65026-1728	Region 6	Facility Number	13089
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 STR	EET	County MILLER	DMH Licensed	No
ELDON	MO 65026-4740	Region 6	Facility Number	30865
	TI I D	CTON		
	ELLIN	GION		
BRENT B TINNIN MANOR				
220 EUEL POLK DR		Telephone (573) 663-2545	Alzheimer's Unit	No
ELLINGTON	MO 63638-7967	Level of Care SNF	Bed Capacity	60
Mailing Address 220 EUEL POLK DR	8	County REYNOLDS	DMH Licensed	No
ELLINGTON	MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number	08027
	ELLIS	VILLE		
A LITTLE BY LYTHING CA PIDENC	ELLIS	VILLE		
AUTUMN VIEW GARDENS				V
16219 AUTUMN VIEW TERRACE DI	₹	Telephone (636) 458-5225	Alzheimer's Unit	Yes
16219 AUTUMN VIEW TERRACE DE ELLISVILLE	R MO 63011-4743	Telephone (636) 458-5225 Level of Care ALF**	Bed Capacity	150
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VI	R MO 63011-4743 EW TERRACE DR	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	150 No
16219 AUTUMN VIEW TERRACE DE ELLISVILLE	R MO 63011-4743	Telephone (636) 458-5225 Level of Care ALF**	Bed Capacity	150
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	150 No
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEW TELLISVILLE ELLISVILLE REHABILITATION A	R MO 63011-4743 EW TERRACE DR MO 63011-4743	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	150 No 20751
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEW TELLISVILLE ELLISVILLE REHABILITATION AR 322 OLD STATE ROAD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	150 No 20751 Yes
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	150 No 20751 Yes 210
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEW TELLISVILLE ELLISVILLE REHABILITATION AR 322 OLD STATE ROAD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	150 No 20751 Yes
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	150 No 20751 Yes 210
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEW TELLISVILLE ELLISVILLE REHABILITATION AS 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROAD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	150 No 20751 Yes 210 No
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEW TELLISVILLE ELLISVILLE REHABILITATION AS 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROAD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	150 No 20751 Yes 210 No
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	150 No 20751 Yes 210 No
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEULISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROELLISVILLE FOUNTAINS OF WEST COUNTY A	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 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	150 No 20751 Yes 210 No 15226
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIEULISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD	MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	150 No 20751 Yes 210 No 15226
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE	MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	150 No 20751 Yes 210 No 15226
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RE ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240 D MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 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	150 No 20751 Yes 210 No 15226
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RD ELLISVILLE WESTVIEW AT ELLISVILLE ASSI	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240 D MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 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	150 No 20751 Yes 210 No 15226 Yes 80 No 29435
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RD ELLISVILLE WESTVIEW AT ELLISVILLE ASSI 27 REINKE RD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240 D MO 63011-2240 MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 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	150 No 20751 Yes 210 No 15226 Yes 80 No 29435
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RE ELLISVILLE WESTVIEW AT ELLISVILLE ASSI 27 REINKE RD ELLISVILLE	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240 D MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 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	150 No 20751 Yes 210 No 15226 Yes 80 No 29435
16219 AUTUMN VIEW TERRACE DE ELLISVILLE Mailing Address 16219 AUTUMN VIE ELLISVILLE ELLISVILLE REHABILITATION A 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROE ELLISVILLE FOUNTAINS OF WEST COUNTY A 15822 CLAYTON RD ELLISVILLE Mailing Address 15822 CLAYTON RD ELLISVILLE WESTVIEW AT ELLISVILLE ASSI 27 REINKE RD	R MO 63011-4743 EW TERRACE DR MO 63011-4743 AND NURSING MO 63021-5917 DAD MO 63021-5917 AL, LLC THE MO 63011-2240 D MO 63011-2240 MO 63011-2240	Telephone (636) 458-5225 Level of Care ALF** County SAINT LOUIS COUNTY Region 7 Telephone (636) 227-3431 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 220-1660 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	150 No 20751 Yes 210 No 15226 Yes 80 No 29435

Facility Number

28184

MO 63021-4734

ELLISVILLE

Wednesday, June 4, 2025 Page 31 of 137

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

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

		ELSBERRY		
BRISTOL MANOR OF ELSBERR	v	22022		
1402 RIVERVIEW DR	AI	Telephone (573) 898-5955	Alzheimer's Unit	No
ELSBERRY	MO 63343-1612	Level of Care RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-1612	Region 5	Facility Number	20015
			•	
ELSBERRY MISSOURI HEALTH	I CARE CENTER			
1827 HIGHWAY B		Telephone (573) 898-2880	Alzheimer's Unit	No
ELSBERRY	MO 63343-3126	Level of Care SNF	Bed Capacity	56
Mailing Address 1827 HWY B		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number	02336
ELSBERRY MISSOURI HEALTH	I CARE CENTER INC			
1827 HIGHWAY B		Telephone (573) 898-2880	Alzheimer's Unit	NO
ELSBERRY	MO 63343-3126	Level of Care ALF**	Bed Capacity	12
Mailing Address 1827 HIGHWAY I	В	County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5	Facility Number	02336
		EMINENCE		
		2,,2,,62		
HILLTOP HAVEN RESIDENTIAL	L CARE FACILITY	m 1 1 (572) 226 5426	A1 1	NI-
18941 CR 305A	MO 65466 0702	Telephone (573) 226-5426	Alzheimer's Unit	No 20
EMINENCE	MO 65466-9702	Level of Care RCF	Bed Capacity	20 N-
Mailing Address 18941 CR 305A EMINENCE	MO 65466-9702	County SHANNON	DMH Licensed	No 03615
EMINENCE	WO 03400-9702	Region 2	Facility Number	03013
		EUREKA		
		LUKEKA		
MARYMOUNT MANOR		LUKLKA		
313 AUGUSTINE RD		Telephone (636) 938-6770	Alzheimer's Unit	No
313 AUGUSTINE RD EUREKA	MO 63025-1935	Telephone (636) 938-6770 Level of Care RCF*	Bed Capacity	100
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600		Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	100 Yes
313 AUGUSTINE RD EUREKA	MO 63025-1935 MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF*	Bed Capacity	100
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA		Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	100 Yes
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR		Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	100 Yes 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD	MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	100 Yes 05117 Yes
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA		Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	100 Yes 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD	MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	100 Yes 05117 Yes 174
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA	MO 63025-0600 MO 63025-1935 MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	100 Yes 05117 Yes 174 No
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA	MO 63025-0600 MO 63025-1935 MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 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	100 Yes 05117 Yes 174 No 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD	MO 63025-0600 MO 63025-1935 MO 63025-0600	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	100 Yes 05117 Yes 174 No 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	100 Yes 05117 Yes 174 No 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LLE BLVD	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 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	100 Yes 05117 Yes 174 No 05117 No 106 No
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	100 Yes 05117 Yes 174 No 05117
313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LE BLVD MO 63025-2316	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 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	100 Yes 05117 Yes 174 No 05117 No 106 No
EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL EUREKA ASPIRE SENIOR LIVING EXCEI	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LE BLVD MO 63025-2316	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 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	100 Yes 05117 Yes 174 No 05117 No 106 No
EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL EUREKA ASPIRE SENIOR LIVING EXCEL 1003 MEADOWLARK LN	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LLE BLVD MO 63025-2316 EXC. LSIOR SPRINGS	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid ELSIOR SPRINGS Telephone (816) 630-3145	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	100 Yes 05117 Yes 174 No 05117 No 106 No 06430
EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL EUREKA ASPIRE SENIOR LIVING EXCEL 1003 MEADOWLARK LN EXCELSIOR SPRINGS	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LLE BLVD MO 63025-2316 EXC. LSIOR SPRINGS MO 64024-3304	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid ELSIOR SPRINGS Telephone (816) 630-3145 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	100 Yes 05117 Yes 174 No 05117 No 106 No 06430 No 108
EUREKA Mailing Address PO BOX 600 EUREKA MARYMOUNT MANOR 313 AUGUSTINE RD EUREKA Mailing Address PO BOX 600 EUREKA ST ANDREW'S AT FRANCIS PLA 400 SUMMERVILLE BLVD EUREKA Mailing Address 400 SUMMERVIL EUREKA ASPIRE SENIOR LIVING EXCEL 1003 MEADOWLARK LN	MO 63025-0600 MO 63025-1935 MO 63025-0600 ACE MO 63025-2316 LLE BLVD MO 63025-2316 EXC. LSIOR SPRINGS MO 64024-3304	Telephone (636) 938-6770 Level of Care RCF* County SAINT LOUIS COUNTY Region 7 Telephone (636) 938-6770 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (636) 938-5151 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid ELSIOR SPRINGS Telephone (816) 630-3145	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	100 Yes 05117 Yes 174 No 05117 No 106 No 06430

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

Wednesday, June 4, 2025 Page 32 of 137

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

VALLEY MANOR AND REHABILIT. 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS	MO 64024-1168 MO 64024-1168	Telephone Level of Care County CLA Region 4	(816) 637-1010 SNF Y Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 02425
	FARMIN	GTON			
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 SAIN	NT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2		Facility Number	02160
ANNA DODSON HOME					
4616 HIGHWAY D		Telephone	(573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care	RCF	Bed Capacity	17
Mailing Address 4616 HWY D			NT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2		Facility Number	02160
ASHBROOK - ASSISTED LIVING BY	Y AMERICARE				
500 ASHBROOK DR		Telephone	(573) 756-5544	Alzheimer's Unit	No
FARMINGTON	MO 63640-9235	Level of Care	ALF**	Bed Capacity	72
Mailing Address 500 ASHBROOK DR		•	NT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-9235	Region 2		Facility Number	18138
BAILEY HOUSE					
102 BAILEY ST		Telephone	(573) 218-9125	Alzheimer's Unit	No
FARMINGTON	MO 63640-1819	Level of Care	RCF	Bed Capacity	12
Mailing Address 102 BAILEY ST	110 - 1010 1010	•	NT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-1819	Region 2		Facility Number	00256
BAYLESS BOARDING HOME					
3719 SAND CREEK ROAD	MO - 20 240 TO 40	Telephone	(573) 747-0889	Alzheimer's Unit	No
FARMINGTON A 11 A 12 A 13 CREEK B	MO 63640-7349	Level of Care	RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK R	MO 63640-7349	County SAIN	NI FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 03040-7349	Region 2		Facility Number	17300
BROOKSIDE MANOR RESIDENTIA	L CARE, LLC				
2434 HIGHWAY H		Telephone	(573) 756-6434	Alzheimer's Unit	No
FARMINGTON	MO 63640-7033	Level of Care	RCF*	Bed Capacity	20
Mailing Address 2434 HIGHWAY H			NT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7033	Region 2		Facility Number	20034
CAMELOT NURSING AND REHABI	LITATION CENTER				
705 GRAND CANYON DRIVE		Telephone	(573) 756-8911	Alzheimer's Unit	NO
FARMINGTON	MO 63640-2161	Level of Care	SNF	Bed Capacity	97
Mailing Address 705 GRAND CANYO		•	NT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2161	Region 2	Medicare/Medicaid	Facility Number	00978

Wednesday, June 4, 2025 Page 33 of 137

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

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

CARRIAGE RESIDENTIAL CARE	CENTED LI C			
508 NORTH WASHINGTON ST	CENTER LLC	Telephone (573) 756-8140	Alzheimer's Unit	No
FARMINGTON	MO 63640-1756	Level of Care RCF*	Bed Capacity	20
Mailing Address PO BOX 272	110 03040 1730	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	07824
TARMINOTON	MO 03040-0073	Region 2	racinty Number	07824
CEDARHURST OF FARMINGTON	Ī			
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 VALLE	EY DRIVE	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-7331	Region 2	Facility Number	32159
COLUMBIA STREET RESIDENTIA	AL CADE CENTED LLC			
	AL CARE CENTER LLC	Tolonhono (572) 754 7491	Alabaiman'a Unit	No
208 WEST COLUMBIA ST	MO 62640 1705	Telephone (573) 756-7481	Alzheimer's Unit	No
FARMINGTON A 11 PO POY 272	MO 63640-1705	Level of Care RCF	Bed Capacity	16
Mailing Address PO BOX 272	MO (2640.0075	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	01729
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
FARMINGTON ASSISTED LIVING	CENTEDIIC			
2879 US HIGHWAY 67	CENTER LEC	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	WO 03040-3108	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-9168	Region 2	Facility Number	15140
TARMINOTON	1410 03040-9100	Kegion 2	Facility Number	13140
FARMINGTON PRESBYTERIAN M	MANOR			
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
FARMINGTON PRESBYTERIAN M	MANOR			
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	06181
EADAMACEON DECENTEDIANA	MANOR			
FARMINGTON PRESBYTERIAN N	MANUK	T-1	All-Latina to XI 14	37
500 CAYCE ST	MO (2640 2010	Telephone (573) 756-6768	Alzheimer's Unit	Yes
FARMINGTON Mailing Address 500 GAVGE ST	MO 63640-2910	Level of Care SNF	Bed Capacity	90 N-
Mailing Address 500 CAYCE ST	MO (2640 2010	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2 Medicare/Medicaid	Facility Number	06181
GREEN ACRES RESIDENTIAL CA	ARE FACILITY, LLC			
3688 SAND CREEK ROAD		Telephone (573) 756-2917	Alzheimer's Unit	No
FARMINGTON	MO 63640-7350	Level of Care RCF	Bed Capacity	12
Mailing Address 3688 SAND CREEK	C RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7350	Region 2	Facility Number	17289

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

Wednesday, June 4, 2025 Page 34 of 137

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

HARRIS RESIDENTIAL CARE CENTER 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 022	256
	Ü		
MAPLE RIDGE RESIDENTIAL CARE 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	Facility Number 198	808
MAPLEBROOK-ASSISTED LIVING BY AMERICARE			
520 MAPLE VALLEY DR	Telephone (573) 756-2777		Yes
FARMINGTON MO 63640-1981	Level of Care ALF**	Bed Capacity	61
Mailing Address 520 MAPLE VALLEY DR	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-1981	Region 2	Facility Number 286	535
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		Yes
FARMINGTON MO 63640-0510	Region 2	Facility Number 148	368
SOUTHBROOK NURSING CENTER			
	T. 1 . 1 (572) 757 (759	411	N.T
1101 HAZEL LANE FARMINGTON MO. 62640 1020	Telephone (573) 756-6658		No
FARMINGTON MO 63640-1920	Level of Care SNF		104
Mailing Address 1101 HAZEL LANE	County SAINT FRANCOIS		No
FARMINGTON MO 63640-1920	Region 2 Medicare/Medicaid	Facility Number 025	577
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3428	Level of Care SNF	Bed Capacity 1	118
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-3428	Region 2 Medicare/Medicaid	Facility Number 215	512
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3428	Level of Care RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS		Yes
FARMINGTON MO 63640-3428	Region 2	Facility Number 215	
17AMILITOTON 1910 03040-3420	Region 2	Facility Number 215	114
ST FRANCOIS MANOR			
1180 OLD JACKSON RD	Telephone (573) 760-1700		No
FARMINGTON MO 63640-3428	Level of Care RCF	Bed Capacity	11
Mailing Address 1180 OLD JACKSON RD	County SAINT FRANCOIS		Yes
FARMINGTON MO 63640-3428	Region 2	Facility Number 215	512

Wednesday, June 4, 2025 Page 35 of 137

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

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

	FAYE	TTF			
A CHARLES A MELICINES OF TAX METERS		JIIL .			
ASHBURY HEIGHTS OF FAYETTE 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		County HOWARD	DMH Licensed	No	
FAYETTE	MO 65248-9813	Region 5	Facility Number	23894	
			·		
LODGE, THE					
542 STATE ROAD DD		Telephone (660) 248-2277	Alzheimer's Unit	No	
FAYETTE	MO 65248-9658	Level of Care ALF**	Bed Capacity	60	
Mailing Address 542 STATE RD DD		County HOWARD	DMH Licensed	Yes	
FAYETTE	MO 65248-9658	Region 5	Facility Number	28815	
	FEN	TON			
DELMAR GARDENS OF MERAMEO					
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 TERRACE		County SAINT LOUIS COUNTY	DMH Licensed	No	
FENTON	MO 63026-3900	Region 7 Medicare/Medicaid	Facility Number	13468	
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	
MAPLE GROVE WELLNESS & REF	JARII ITATION				
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	
FERGUSON					
		JSON			
ARBOR HILLS NURSING AND REH 800 CHAMBERS RD	IABILITATION CENTER	Tolonhono (214) 524 1111	Alahoimon'a Unit	No	
FERGUSON	MO 63135-2133	Telephone (314) 524-1111 Level of Care SNF	Alzheimer's Unit Bed Capacity	No 150	
Mailing Address 800 CHAMBERS RD		County SAINT LOUIS COUNTY	DMH Licensed	No	
FERGUSON	MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number	01435	
		region . Medicary medicard	2 4011109 1 (41111002	01133	
OAK KNOLL SKILLED NURSING &	& REHABILITATION CENTER				
37 N CLARK AVE		Telephone (314) 521-7419	Alzheimer's Unit	No	
FERGUSON	MO 63135-2323	Level of Care SNF	Bed Capacity	72	
Mailing Address 37 N CLARK AVE		County SAINT LOUIS COUNTY	DMH Licensed	No	
FERGUSON	MO 63135-2323	Region 7 Medicare/Medicaid	Facility Number	05864	
	FEST	TUS			
COLLINS HOUSE, THE					
102 COLLINS RD		Telephone (314) 749-0986	Alzheimer's Unit	NO	
FESTUS	MO 63028-	Level of Care ALF**	Bed Capacity	8	
Mailing Address 102 COLLINS RD		County JEFFERSON	DMH Licensed	No	
FESTUS	MO 63028-	Region 2	Facility Number	33443	

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

Wednesday, June 4, 2025 Page 36 of 137

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

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

COLONIAL HOUSE OF FESTUS II 129 GRAY ST		Telephone (636) 465-0994	Alzheimer's Unit No	0
FESTUS	MO 63028-1950	Level of Care RCF	Bed Capacity 2	
Mailing Address 129 GRAY ST	1410 03020-1730	County JEFFERSON	DMH Licensed N	
FESTUS	MO 63028-1950	Region 2	Facility Number 07322	
125105	113 03020 1730	Region 2	Tuellity Humber 0732.	_
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		Telephone (636) 933-1818	Alzheimer's Unit Ye	
FESTUS	MO 63028-4125	Level of Care ALF**	Bed Capacity 6	
Mailing Address 1500 CALVARY CH		County JEFFERSON	DMH Licensed N	
FESTUS	MO 63028-4125	Region 2	Facility Number 9993	
FESTUS	WIO 03028-4123	Region 2	racinty Number 9993.	2
CDVCTAL CARC				
CRYSTAL OAKS		Tolophono (626) 022 1919	Alzheimer's Unit Ye	
1500 CALVARY CHURCH RD FESTUS	MO 63028-4125	Telephone (636) 933-1818 Level of Care SNF		
			Bed Capacity 13 DMH Licensed No.	
Mailing Address 1500 CALVARY CH		County JEFFERSON		
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	Facility Number 9993	2
EPCENC MANOR				
FESTUS MANOR		T-lh (626) 021 0066	A 1-1	
627 WESTWOOD DR S	MO (2029 20/2	Telephone (636) 931-9066	Alzheimer's Unit No	
FESTUS	MO 63028-2062	Level of Care SNF County JEFFERSON	Bed Capacity 15	
Mailing Address 627 WESTWOOD DE		*	DMH Licensed No.	
FESTUS	MO 63028-2062	Region 2	Facility Number 0254	5
FOUNTAINBLEAU NURSING CENT	ΓER			
1349 HIGHWAY 61	LEK	Telephone (636) 937-3500	Alzheimer's Unit No	0
FESTUS	MO 63028-4107	Level of Care SNF	Bed Capacity 10	
Mailing Address PO BOX 700	110 03020 4107	County JEFFERSON	DMH Licensed No.	
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number 1708	
PESTOS	MO 03028-0700	Region 2 Medicare/Medicard	racinty Number 1700	U
MAGNOLIA HOUSE				
204 GRAND AVE		Telephone (636) 933-0662	Alzheimer's Unit No	0
FESTUS	MO 63028-1842	Level of Care RCF		2
Mailing Address 204 GRAND AVE		County JEFFERSON	DMH Licensed Ye	
FESTUS	MO 63028-1842	Region 2	Facility Number 1369	
122100	00020 10.2	Region 2	130)	,
MY PLACE RESIDENTIAL CARE, I	L.C.			
23 NORTH SIXTH ST		Telephone (636) 933-1793	Alzheimer's Unit No	o
FESTUS	MO 63028-1301	Level of Care ALF	Bed Capacity 4	
Mailing Address 23 NORTH SIXTH S		County JEFFERSON	DMH Licensed Ye	
FESTUS	MO 63028-1301	Region 2	Facility Number 1063	
125105	03020 1301	region 2	Lucinity Ministra 1003	1
SUPERIOR MANOR OF FESTUS, L	LC			
12827 HIGHWAY TT	-	Telephone (636) 352-1000	Alzheimer's Unit No	o
FESTUS	MO 63028-4351	Level of Care SNF	Bed Capacity 5.	
Mailing Address 12827 HWY TT		County JEFFERSON	DMH Licensed No.	
FESTUS	MO 63028-4351	Region 2 Medicare/Medicaid	Facility Number 06820	
120100	05020 1551	Region 2 Medical Civicultalu	2 301103 1 1011301 00021	J

Wednesday, June 4, 2025 Page 37 of 137

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

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

F	7.	\sim	n	TO	α	•	7/1

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 SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-5308	Region 7 Medicare/Medicaid	Facility Number	14817
CONVERSE HOME			
17025 OLD JAMESTOWN RD	Telephone (314) 355-8041	Alzheimer's Unit	No
FLORISSANT MO 63034-1414	Level of Care RCF	Bed Capacity	12
Mailing Address 17025 OLD JAMESTOWN RD	County SAINT LOUIS COUNTY	DMH Licensed	Yes
FLORISSANT MO 63034-1414	Region 7	Facility Number	01777
CRESTWOOD HEALTH CARE CENTER, 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
FIELDS OF FLORISSANT			
1101 GARDEN PLAZA DR	Telephone (314) 470-1410	Alzheimer's Unit	Yes
FLORISSANT MO 63033-2269	Level of Care ALF**	Bed Capacity	102
Mailing Address 1101 GARDEN PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63033-2269	Region 7	Facility Number	27826
FLORISSANT VALLEY HEALTH & REHABILITATION CENTER	₹		
1200 GRAHAM RD	Telephone (314) 838-6555	Alzheimer's Unit	No
FLORISSANT MO 63031-8015	Level of Care SNF	Bed Capacity	98
Mailing Address 1200 GRAHAM RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
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
PILLARS OF NORTH COUNTY HEALTH & REHABILITATION O			
13700 OLD HALLS FERRY RD	Telephone (314) 355-0760	Alzheimer's Unit	No
FLORISSANT MO 63033-4109	Level of Care SNF	Bed Capacity	120
Mailing Address 13700 OLD HALLS FERRY RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63033-4109	Region 7 Medicare/Medicaid	Facility Number	07440
RANCHO REHAB AND HEALTHCARE CENTER			
615 RANCHO LN	Telephone (314) 839-2150	Alzheimer's Unit	No
FLORISSANT MO 63031-1717	Level of Care SNF	Bed Capacity	120
Mailing Address 615 RANCHO LN FLORISSANT MO 63031-1717	County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	DMH Licensed Facility Number	No 02585

Wednesday, June 4, 2025 Page 38 of 137

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

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

ST SOPHIA HEALTH & REHABILITATION CENT	ER		
936 CHARBONIER RD	Telephone (314) 831-4800	Alzheimer's Unit	No
FLORISSANT MO 63031-52	20 Level of Care SNF	Bed Capacity 2	40
Mailing Address 936 CHARBONIER RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-52	20 Region 7 Medicare/Medicaid	Facility Number 076	31
STONEBRIDGE FLORISSANT			
6768 NORTH HIGHWAY 67	Telephone (314) 741-9101	Alzheimer's Unit	No
FLORISSANT MO 63034-2'			20
Mailing Address 6768 NORTH HWY 67	County SAINT LOUIS COUNTY		No.
FLORISSANT MO 63034-2'	·	Facility Number 1420	
TEORESPANT INC 03034-2	42 Region / Medical e/Medicalu	racinty Number 142	00
WILLOWCREEK WELLNESS & REHABILITATION	N		
250 NEW FLORISSANT RD SOUTH	Telephone (314) 838-2211	Alzheimer's Unit	No
FLORISSANT MO 63031-6	16 Level of Care SNF	Bed Capacity 1.	58
Mailing Address 250 NEW FLORISSANT RD SOUTH	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-6	Region 7 Medicare/Medicaid	Facility Number 057	82
	FORSYTH		
	10101111		
FORSYTH CARE CENTER			
477 COY BLVD	Telephone (417) 546-6337		No
FORSYTH MO 65653-5			20
Mailing Address PO BOX 640	County TANEY		No
FORSYTH MO 65653-00	40 Region 1 Medicare/Medicaid	Facility Number 188	70
LAKESIDE MOUNTAIN MANOR			
238 HARMONY HEIGHTS	Telephone (417) 546-5595	Alzheimer's Unit	No
FORSYTH MO 65653-55		Bed Capacity	40
Mailing Address 238 HARMONY HEIGHTS	County TANEY	- ·	<i>l</i> es
FORSYTH MO 65653-55	33 Region 1	Facility Number 062	32
	FREDERICKTOWN		
CLARU DEVILLE NURSING CENTER			
105 SPRUCE ST	Telephone (573) 783-3993	Alzheimer's Unit Y	es
FREDERICKTOWN MO 63645-10	02 Level of Care SNF	Bed Capacity	90
Mailing Address 105 SPRUCE ST	County MADISON	DMH Licensed	No
FREDERICKTOWN MO 63645-10	02 Region 2 Medicare/Medicaid	Facility Number 175	27
OZARK MANOR			
1013 HIGHWAY Z	Telephone (573) 783-8338	Alzheimer's Unit	No
FREDERICKTOWN MO 63645-80	•		55
Mailing Address 1013 HIGHWAY Z	County MADISON		No
FREDERICKTOWN MO 63645-80	·		
INDUMENTAL INTO 03043-01	Region 2	Facility Number 229	+/
WAGNER RESIDENTIAL CARE, INC			
320 N CHAMBER DR	Telephone (573) 783-4511	Alzheimer's Unit	No
FREDERICKTOWN MO 63645-79	47 Level of Care RCF	Bed Capacity	40
Mailing Address 320 N CHAMBER DR	County MADISON		l'es
EDEDEDICYTOWN MO 62645 70	47 Paris 2	Facility Number 204	<i>E</i> 1

Region 2

Facility Number

28451

MO 63645-7947

FREDERICKTOWN

Wednesday, June 4, 2025 Page 39 of 137

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

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

F	7	7	<i>'</i>	Г	0	λ	į
		/ /			•	/A	V

	1 OL1	011		
ASHBURY HEIGHTS OF FULTON				
704 WEST CHESTNUT		Telephone (572) 642 2015	Alabaiman'a Unit	No
	MO 65051 1054	Telephone (573) 642-2015		
FULTON	MO 65251-1254	Level of Care RCF		12
Mailing Address 704 WEST CHESTNU	JT	County CALLAWAY		Vо
FULTON	MO 65251-1254	Region 6	Facility Number 2392	23
BRISTOL MANOR OF FULTON				
750 SIGN PAINTER ROAD		Telephone (573) 642-7557	Alzheimer's Unit	Vо
FULTON	MO 65251-2514	Level of Care RCF	Bed Capacity	12
Mailing Address 750 SIGN PAINTER I	RD	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2514	Region 6	Facility Number 185	75
			100	
CHURCHILL TERRACE - ASSISTE	D LIVING BY AMERICARE			
120 HOSPITAL DR		Telephone (573) 642-5222	Alzheimer's Unit	Vо
FULTON	MO 65251-2511	Level of Care ALF**		57
	WIO 03231-2311			
Mailing Address 120 HOSPITAL DR		County CALLAWAY		Vо
FULTON	MO 65251-2511	Region 6	Facility Number 2078	33
THE TON MANOR SARE STREET				
FULTON MANOR CARE CENTER				
520 MANOR DR		Telephone (573) 642-6834	Alzheimer's Unit	No.
FULTON	MO 65251-2429	Level of Care SNF	Bed Capacity	52
Mailing Address 520 MANOR DR		County CALLAWAY	DMH Licensed	Vо
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number 0272	25
FULTON NURSING & REHAB				
1510 BLUFF ST		Telephone (573) 642-0202	Alzheimer's Unit Y	es
FULTON	MO 65251-2345	Level of Care SNF	Bed Capacity 10	00
Mailing Address 1510 BLUFF ST		County CALLAWAY	- ·	No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number 0349	
TOZION	1.10 03231 2313	Region 6 Medicard/Medicard	Tuelley Pullber 034.	, _
KINGDOM CARE SENIOR LIVING	LLC			
811 CENTER ST		Telephone (573) 642-6646	Alzheimer's Unit	Vо
FULTON	MO 65251-1922	Level of Care ALF		41
	112 03231-1722		- ·	+1 No
Mailing Address 811 CENTER ST	MO (5251 1022	County CALLAWAY		
FULTON	MO 65251-1922	Region 6	Facility Number 1873	35
KINCDOM CADE CENTOD I IVING	HC			
KINGDOM CARE SENIOR LIVING	LLC	m 1 - 1 /570\ 240 2242	A1 1	т_
811 CENTER ST	160	Telephone (573) 642-6646		No.
FULTON	MO 65251-1922	Level of Care SNF	1 0	36
Mailing Address 811 CENTER ST		County CALLAWAY		Vо
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number 1873	35
VALLEY PARK NORTH		Telephone (572) 502 4005	Alabaimania II:4	J.
2631 FAIRWAY DR	MO (5251 2026	Telephone (573) 592-4995		No 10
FULTON	MO 65251-3936	Level of Care RCF		19
Mailing Address 2631 FAIRWAY DR		County CALLAWAY		Vo
FULTON	MO 65251-3936	Region 6	Facility Number 2998	32

Wednesday, June 4, 2025 Page 40 of 137

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

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

	GAII	NESVILLE		
GAINESVILLE NURSING 77 MEDICAL DR		Telephone (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care SNF	Bed Capacity	99 N
Mailing Address PO BOX 628 GAINESVILLE	MO 65655-0628	County OZARK Region 1 Medicare/Medicaid	DMH Licensed Facility Number	No 12868
	GA	LLATIN		
DAVIESS COUNTY NURSING AND	REHABILITATION			
1337 WEST GRAND		Telephone (660) 663-2197	Alzheimer's Unit	Yes
GALLATIN	MO 64640-8320	Level of Care SNF	Bed Capacity	97
Mailing Address 1337 WEST GRAND GALLATIN	MO 64640-8320	County DAVIESS	DMH Licensed	No
GALLATIN	WO 04040-8320	Region 4 Medicare/Medicaid	Facility Number	02032
	G	ERALD		
CORNERSTONE LIVING CENTER				
533 E CANNAN RD		Telephone (573) 764-5141	Alzheimer's Unit	NO
GERALD	MO 63037-2515	Level of Care ALF**	Bed Capacity	60
Mailing Address 533 E CANNAN RD		County FRANKLIN	DMH Licensed	No
GERALD	MO 63037-2515	Region 6	Facility Number	13926
	G	IDEON		
GIDEON CARE CENTER				
300 LUNBECK		Telephone (573) 448-3505	Alzheimer's Unit	Yes
GIDEON	MO 63848-9211	Level of Care SNF	Bed Capacity	72
Mailing Address PO BOX 197		County NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2 Medicare/Medicaid	Facility Number	15538
	GLA	DSTONE		
CARE NETWORK OF GLADSTONE				
3000 NE 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
GRAND ROYALE, THE				
2900 NE KENDALLWOOD PKWY		Telephone (816) 280-4280	Alzheimer's Unit	NO
GLADSTONE	MO 64119-1831	Level of Care ALF**	Bed Capacity	77
Mailing Address 2900 NE KENDALLV	WOOD PKWY	County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1831	Region 4	Facility Number	03086
LINDEN WOODS VILLAGE				
2901 NE 72ND STREET		Telephone (816) 268-4000	Alzheimer's Unit	No
GLADSTONE	MO 64119-7400	Level of Care ALF**	Bed Capacity	40
Mailing Address 2901 NE 72ND STRE		County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-7400	Region 4	Facility Number	30156

Wednesday, June 4, 2025 Page 41 of 137

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

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

LINDEN WOODS VILLAGE 2901 NE 72ND STREET GLADSTONE MO 64119-7400 Mailing Address 2901 NE 72ND STREET GLADSTONE MO 64119-7400	Telephone (816) 268-4000 Level of Care SNF County CLAY Region 4 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 40 DMH Licensed No Facility Number 30156
GL^{μ}	ASGOW	
GLASGOW GARDENS 100 AUDSLEY DR GLASGOW MO 65254-9537 Mailing Address 100 AUDSLEY DR GLASGOW MO 65254-9537	Telephone (660) 338-2297 Level of Care SNF County HOWARD Region 5 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 59 DMH Licensed No Facility Number 01659
GC	OWER	
GOWER CONVALESCENT CENTER, INC 323 SOUTH HIGHWAY 169 GOWER MO 64454-9116 Mailing Address PO BOX 170 GOWER MO 64454-0170	Telephone (816) 424-6483 Level of Care SNF County CLINTON Region 4 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 82 DMH Licensed No Facility Number 03107
GRAIN	N VALLEY	
BEEHIVE HOMES OF GRAIN VALLEY 101 CROSS CREEK DR GRAIN VALLEY MO 64029-9561 Mailing Address 101 CROSS CREEK DR GRAIN VALLEY MO 64029-9561	Telephone (816) 224-2700 Level of Care ALF** County JACKSON Region 3	Alzheimer's Unit No Bed Capacity 32 DMH Licensed No Facility Number 24279
ESSEX OF GRAIN VALLEY, THE 401 SOUTHWEST ROCK CREEK LN GRAIN VALLEY MO 64029-8460 Mailing Address 401 SOUTHWEST ROCK CREEK LN GRAIN VALLEY MO 64029-8460	Telephone (816) 443-3992 Level of Care RCF County JACKSON Region 3	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 24475
GR	PANBY	
GRANBY HOUSE 301 SOUTH MAIN GRANBY MO 64844-8336 Mailing Address 301 SOUTH MAIN GRANBY MO 64844-8336	Telephone (417) 472-6271 Level of Care SNF County NEWTON Region 1 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 16481
GRA	NDVIEW	
LIFE CARE CENTER OF GRANDVIEW 6301 EAST 125TH ST GRANDVIEW MO 64030-1884 Mailing Address 6301 EAST 125TH ST GRANDVIEW MO 64030-1884	Telephone (816) 765-7714 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 172 DMH Licensed No Facility Number 11929

Wednesday, June 4, 2025 Page 42 of 137

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

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

VILLAGE AT CARROLL PARK, TH	E	T. L. L. (016) 761 6020	A11.4 1. TT.4	N
5301 HARRY TRUMAN DR GRANDVIEW	MO 64020 1709	Telephone (816) 761-6838	Alzheimer's Unit	No 93
	MO 64030-1708	Level of Care ICF	Bed Capacity DMH Licensed	No
Mailing Address 5301 HARRY TRUM GRANDVIEW	MO 64030-1708	County JACKSON	Facility Number	
GRANDVIEW	MO 04030-1708	Region 3	racinty Number	03157
	GRANT	CITY		
ORILLA'S WAY				
1209 SOUTH HIGH ST		Telephone (660) 564-2204	Alzheimer's Unit	No
GRANT CITY	MO 64456-0056	Level of Care ALF**	Bed Capacity	37
Mailing Address PO BOX 56		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-0056	Region 4	Facility Number	08591
WORTH COUNTY CONVALESCEN	T CENTED			
503 E 4TH ST	1 CENTER	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	WO 04430 0303	County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number	08779
	0.150 0505	region . Medical contental	Tuesty Ivanious	00777
	GREEN	/ILLE		
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
GREENVILLE	MO 63944-0108	Region 2 Medicare/Medicaid	Facility Number	15550
	HAMIL	TON		
	IIIIIIL	ION		
HILL CREST MANOR	IIIIVIIL	1 O I V		
HILL CREST MANOR 801 SOUTH COLBY	IIIIII	Telephone (816) 583-2119	Alzheimer's Unit	No
	MO 64644-8287		Alzheimer's Unit Bed Capacity	No 90
801 SOUTH COLBY		Telephone (816) 583-2119		
801 SOUTH COLBY HAMILTON		Telephone (816) 583-2119 Level of Care SNF	Bed Capacity	90
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON	MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL	Bed Capacity DMH Licensed	90 No
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR	MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY	MO 64644-8287 MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON	MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF	Bed Capacity DMH Licensed Facility Number	90 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY	MO 64644-8287 MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 03315 No 24
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 03315 No 24 No
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 03315 No 24 No
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIL	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 03315 No 24 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 03315 No 24 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 <i>HANNI</i> JITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 03315 No 24 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 03315 No 24 No 03315 No 111 No
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 <i>HANNI</i> JITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 03315 No 24 No 03315
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 03315 No 24 No 03315 No 111 No
HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 03315 No 24 No 03315 No 111 No
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIT 328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 03315 No 24 No 03315 No 111 No 03340
801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON HILL CREST MANOR 801 SOUTH COLBY HAMILTON Mailing Address 801 SOUTH COLBY HAMILTON BELOVED HEALTH AND REHABIN 328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST	MO 64644-8287 MO 64644-8287 MO 64644-8287 MO 64644-8287 HANNI LITATION CENTER MO 63401-2361 MO 63401-2361	Telephone (816) 583-2119 Level of Care SNF County CALDWELL Region 4 Medicare/Medicaid Telephone (816) 583-2119 Level of Care RCF County CALDWELL Region 4 BAL Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid Telephone (573) 221-6500	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 03315 No 24 No 03315 No 111 No 03340

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

Wednesday, June 4, 2025 Page 43 of 137

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

GOVERNMENT AND DOMARDO AND					
COUNTRY AIRE ESTATES, LLC			(550) 221 5100		
49303 RENSSELAER LN	110	•	(573) 221-5400	Alzheimer's Unit	No
HANNIBAL	MO 63401-7356		RCF*	Bed Capacity	16
Mailing Address 49303 RENSSELAE		County RALLS		DMH Licensed	Yes
HANNIBAL	MO 63401-7356	Region 5		Facility Number	14270
HAROLD AND LOUISE HEALTHO	ARE CENTER				
135 COMMUNICATION DR		Telephone (:	(573) 221-1189	Alzheimer's Unit	No
HANNIBAL	MO 63401-3670	Level of Care R	RCF	Bed Capacity	98
Mailing Address 135 COMMUNICAT	TION DR	County MARIO	N	DMH Licensed	Yes
HANNIBAL	MO 63401-3670	Region 5		Facility Number	29639
LEVERING REGIONAL HEALTH	CARE CENTER				
1734 MARKET ST	CHRE CENTER	Telephone ((573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	•	RCF*	Bed Capacity	35
Mailing Address 1734 MARKET ST	110 03 101 1023	County MARIO		DMH Licensed	Yes
HANNIBAL	MO 63401-4025	Region 5		Facility Number	15954
THE COUNTY OF TH	110 03 101 1023	Kegion 5		Tuellity Tulliper	13734
LUTHER MANOR RETIREMENT	& NURSING CENTER				
3170 HIGHWAY 61 NORTH		Telephone ((573) 221-5533	Alzheimer's Unit	No
HANNIBAL	MO 63401-6571	Level of Care S	SNF	Bed Capacity	64
Mailing Address 3170 HIGHWAY 61		County MARIO	N	DMH Licensed	No
HANNIBAL	MO 63401-6571	Region 5 Me	edicare/Medicaid	Facility Number	04673
PLEASANT VIEW					
641 EUCLID AVE		Telephone ((573) 406-1090	Alzheimer's Unit	No
HANNIBAL	MO 63401-2959	Level of Care A	ALF**	Bed Capacity	41
Mailing Address 641 EUCLID AVE		County MARIO	N	DMH Licensed	No
HANNIBAL	MO 63401-2959	Region 5		Facility Number	25358
	HARRISO	NVILLE			
CROWN REHAB AND HEALTHCA	DE CENTED				
3001 EAST ELM	AL CENTER	Telephone ((816) 380-6525	Alzheimer's Unit	No
HARRISONVILLE	MO 64701-1196	• `	SNF	Bed Capacity	118
Mailing Address 3001 EAST ELM	MO 04701 1170	County CASS	5111	DMH Licensed	No
HARRISONVILLE	MO 64701-1196	•	edicare/Medicaid	Facility Number	21031
	3.70	region 5 ivic	culcul o Mediculu	Tuessey Transpor	21031
GOLDEN YEARS CENTER FOR RI	EHAB AND HEALTHCARE				
2001 JEFFERSON PARKWAY		Telephone ((816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Level of Care S	SNF	Bed Capacity	128
Mailing Address 2001 JEFFERSON P	ARKWAY	County CASS		DMH Licensed	No
HARRISONVILLE	MO 64701-3714	Region 3 Me	edicare/Medicaid	Facility Number	12458
MEADOW VIEW HEALTH & REH	ABILITATION				
2203 EAST MECHANIC ST		Telephone ((816) 380-2622	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-2060	-	SNF	Bed Capacity	120
Mailing Address 2203 EAST MECHA		County CASS		DMH Licensed	No
HARRISONVILLE	MO 64701-2060	•	edicare/Medicaid	Facility Number	00968
				3	

Wednesday, June 4, 2025 Page 44 of 137

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

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

	HARTVI	ILLE	
Mailing Address 649 WEST ROLLA ST	MO 65667-8221 MO 65667-8221	Telephone (417) 741-6192 Level of Care SNF County WRIGHT Region 1 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 17946
	HERCULA	NEUM	
AUTUMN RIDGE RESIDENCES		· ·	
Mailing Address 300 AUTUMN RIDGE D	MO 63048-1506 DR MO 63048-1506	Telephone (636) 931-8400 Level of Care RCF* County JEFFERSON Region 2	Alzheimer's Unit No Bed Capacity 81 DMH Licensed Yes Facility Number 15845
SCENIC NURSING AND REHABILITA	TION CENTER, LLC		
Mailing Address 1333 SCENIC DR	MO 63048-1550 MO 63048-1550	Telephone (636) 931-2995 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 189 DMH Licensed No Facility Number 09605
	HERMA	ANN	
Mailing Address PO BOX 468	MO 65041-1601 MO 65041-0468	Telephone (573) 486-3155 Level of Care ALF County GASCONADE Region 6	Alzheimer's Unit No Bed Capacity 18 DMH Licensed No Facility Number 02690
STONEBRIDGE HERMANN			
Mailing Address PO BOX 468	MO 65041-1601 MO 65041-0468	Telephone (573) 486-3155 Level of Care SNF County GASCONADE Region 6 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 118 DMH Licensed No Facility Number 02690
VICTORIAN PLACE OF HERMANN, R	RESIDENTIAL CARE BY AMERICA	RE	
2120 VILLAGE LANE HERMANN Mailing Address 2120 VILLAGE LANE	MO 65041-1600 MO 65041-1600	Telephone (573) 486-5060 Level of Care RCF County GASCONADE Region 6	Alzheimer's Unit No Bed Capacity 48 DMH Licensed No Facility Number 24982
	HERMIT	TAGE	
Mailing Address PO BOX 325	ИО 65668-9129 ИО 65668-0325	Telephone (417) 745-2111 Level of Care SNF County HICKORY Region 1 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 120 DMH Licensed No Facility Number 10240

Wednesday, June 4, 2025 Page 45 of 137

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

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

		E	
	HIGGINS	VILLE	
MEYER CARE CENTER			
1201 WEST 19TH ST		Telephone (660) 584-4224	Alzheimer's Unit No
	IO 64037-1458	Level of Care SNF	Bed Capacity 56
Mailing Address 1201 WEST 19TH ST		County LAFAYETTE	DMH Licensed No
HIGGINSVILLE M	IO 64037-1458	Region 3 Medicare/Medicaid	Facility Number 05326
MEYER CARE CENTER			
1201 WEST 19TH ST		Telephone (660) 584-4224	Alzheimer's Unit No
HIGGINSVILLE M	IO 64037-1458	Level of Care ALF**	Bed Capacity 39
Mailing Address 1201 WEST 19TH ST		County LAFAYETTE	DMH Licensed No
HIGGINSVILLE M	IO 64037-1458	Region 3	Facility Number 05326
	HOLD.	EN	
BRISTOL MANOR OF HOLDEN			
501 WEST SECOND		Telephone (816) 732-6789	Alzheimer's Unit No
HOLDEN M	IO 64040-1205	Level of Care RCF	Bed Capacity 12
Mailing Address 501 WEST SECOND		County JOHNSON	DMH Licensed No
HOLDEN M	1O 64040-1205	Region 3	Facility Number 17951
HOLDEN MANOR HEALTH & REHAB	SILITATION		
2005 SOUTH LEXINGTON		Telephone (816) 732-4138	Alzheimer's Unit No
HOLDEN M	IO 64040-1610	Level of Care SNF	Bed Capacity 52
Mailing Address 2005 SOUTH LEXINGTO	ON	County JOHNSON	DMH Licensed No
HOLDEN M	1O 64040-1610	Region 3 Medicare/Medicaid	Facility Number 08334
	HOLLIS	TER	
POINT LOOKOUT NURSING & REHAI	R		
11103 HISTORIC HIGHWAY 165	_	Telephone (417) 334-4105	Alzheimer's Unit Yes
	IO 65672-6239	Level of Care SNF	Bed Capacity 130
Mailing Address 11103 HISTORIC HIGHV		County TANEY	DMH Licensed No
	IO 65672-6239	Region 1 Medicare/Medicaid	Facility Number 12716
	HOLTS SU	<i>JMMIT</i>	
TIMBERS ASSISTED LIVING, THE			
239 KAREN DRIVE		Telephone (573) 415-0390	Alzheimer's Unit Yes
	IO 65043-2522	Level of Care ALF**	Bed Capacity 100
Mailing Address 239 KAREN DRIVE		County CALLAWAY	DMH Licensed No
	1O 65043-2522	Region 6	Facility Number 30384
VALLEY PARK RETIREMENT CENTE	ER		
355 KAREN DR		Telephone (573) 896-0208	Alzheimer's Unit No
	IO 65043-2519	Level of Care RCF	Bed Capacity 22
Mailing Address 355 KAREN DR		County CALLAWAY	DMH Licensed No
HOLTS SUMMIT M	1O 65043-2519	Region 6	Facility Number 27986

Wednesday, June 4, 2025 Page 46 of 137

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

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

		HOUSTON		
MONORON WOVER		110001014		
HOUSTON HOUSE		The Late (417) 077 2527	A11	NI-
1000 NORTH INDUSTRIAL DR HOUSTON	MO 65483-9400	Telephone (417) 967-2527 Level of Care SNF	Alzheimer's Unit Bed Capacity	No 96
Mailing Address PO BOX 199	MO 03463-9400	County TEXAS	DMH Licensed	No.
HOUSTON	MO 65483-0199	Region 2 Medicare/Medicaid	Facility Number	10626
HOUSTON	WO 03463-0199	Kegion 2 Medicare/Medicaid	Facility Number	10020
	Н	UMANSVILLE		
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
LAKESHORES RESIDENTIAL CA	DE EACH ITV			
102 SOUTH BOLIVAR RD	RE FACILITI	Telephone (417) 754-2272	Alzheimer's Unit	No
HUMANSVILLE	MO 65674-8553	Level of Care RCF*	Bed Capacity	30
Mailing Address PO BOX 221	WIO 03074-0333	County POLK	DMH Licensed	Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number	15309
HOWAINS VILLE	WO 03074-0221	Region 1	racinty Number	13309
NORTHWOOD HILLS CARE CEN	TER			
800 NORTH ARTHUR ST		Telephone (417) 754-2208	Alzheimer's Unit	Yes
HUMANSVILLE	MO 65674-8655	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 187		County POLK	DMH Licensed	No
HUMANSVILLE	MO 65674-0187	Region 1 Medicare/Medicaid	Facility Number	10607
		HUNTSVILLE		
BROOK CHERITH ASSISTED LIV	ING			
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
	IN	DEPENDENCE		
BAPTIST HOMES OF INDEPENDI				
17451 MEDICAL CENTER PARKWA		Telephone (816) 373-7795	Alzheimer's Unit	NO
INDEPENDENCE	MO 64057-1805	Level of Care RCF	Bed Capacity	20
Mailing Address 17451 MEDICAL C		County JACKSON	DMH Licensed	No.
INDEPENDENCE	MO 64057-1805	Region 3	Facility Number	03782
BAPTIST HOMES OF INDEPENDI				
17451 MEDICAL CENTER PARKWA		Telephone (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL C		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
BLUE HILLS REST HOME, INC				
2207 NORTH BLUE MILLS RD		Telephone (816) 796-3376	Alzheimer's Unit	No
INDEPENDENCE	MO 64058-2022	Level of Care ALF**	Bed Capacity	63
Mailing Address 2207 N BLUE MIL	LS RD	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64058-2022	Region 3	Facility Number	11146

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

Wednesday, June 4, 2025 Page 47 of 137

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

CARMEL HILLS WELLNESS & REHA	ABILITATION				
810 EAST WALNUT ST		Telephone	(816) 461-9600	Alzheimer's Unit	Yes
INDEPENDENCE M	MO 64050-4025	Level of Care	SNF	Bed Capacity	194
Mailing Address 810 EAST WALNUT ST			CKSON	DMH Licensed	No
	MO 64050-4025	Region 3	Medicare/Medicaid	Facility Number	23422
INDEFERDENCE .	10 04030-4023	Region 5	Wiedicai e/Wiedicaid	racinty Number	23422
INDEPENDENCE MANOR CARE CEN	TER				
1600 SOUTH KINGS HIGHWAY		Telephone	(816) 833-4777	Alzheimer's Unit	Yes
INDEPENDENCE N	MO 64055-1853	Level of Care	SNF	Bed Capacity	99
Mailing Address 1600 SOUTH KINGS HI	IGHWAY	County JAC	CKSON	DMH Licensed	No
INDEPENDENCE N	MO 64055-1853	Region 3	Medicare/Medicaid	Facility Number	03807
JACKSON CREEK MEMORY CARE					
19400 EAST 40TH ST COURT SOUTH		Telephone	(816) 478-5689	Alzheimer's Unit	Yes
	MO (4057 1540	-	` '		
	MO 64057-1548	Level of Care	ICF	Bed Capacity	70
Mailing Address 19400 EAST 40TH ST C		·	CKSON	DMH Licensed	No
INDEPENDENCE N	MO 64057-1548	Region 3		Facility Number	25894
JACKSON CREEK POST ACUTE					
3980 SOUTH JACKSON DR		Telephone	(816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE N	MO 64057-2205	Level of Care	ALF**	Bed Capacity	62
Mailing Address 3980 S JACKSON DR		County JAC	CKSON	DMH Licensed	No
INDEPENDENCE N	MO 64057-2205	Region 3		Facility Number	25709
JACKSON CREEK POST ACUTE					
3980 SOUTH JACKSON DR		Telephone	(916) 705 1422	Alzheimer's Unit	No
	MO 64057-2205	-	(816) 795-1433 SNF		
	WO 64037-2203	Level of Care		Bed Capacity	120
Mailing Address 3980 S JACKSON DR	150 - 11077 - 2207	·	CKSON	DMH Licensed	No
INDEPENDENCE N	MO 64057-2205	Region 3	Medicare/Medicaid	Facility Number	25709
MAYWOOD MANOR					
1041 WEST TRUMAN RD		Telephone	(816) 254-6789	Alzheimer's Unit	No
INDEPENDENCE M	MO 64050-3447	Level of Care	RCF*	Bed Capacity	24
Mailing Address 1041 WEST TRUMAN I	RD	County JAC	CKSON	DMH Licensed	Yes
INDEPENDENCE N	MO 64050-3447	Region 3		Facility Number	03948
MAYWOOD TERRACE LIVING CENT	rer				
10300 EAST TRUMAN RD		Telephone	(816) 836-1250	Alzheimer's Unit	Yes
	MO 64052-2258	Level of Care	` '	Bed Capacity	89
Mailing Address 10300 EAST TRUMAN			CKSON	DMH Licensed	No
	MO 64052-2258	•		Facility Number	
INDEFENDENCE	VIO 04032-2238	Region 3	Medicare/Medicaid	Facinty Number	08673
MONTEREY PARK REHABILITATIO	N & HEALTH CARE CENTER				
4600 LITTLE BLUE PARKWAY		Telephone	(816) 795-7888	Alzheimer's Unit	No
INDEPENDENCE M	MO 64057-8302	Level of Care	SNF	Bed Capacity	122
Mailing Address 4600 LITTLE BLUE PA	RKWAY	County JAC	CKSON	DMH Licensed	No
INDEPENDENCE M	MO 64057-8302	Region 3	Medicare/Medicaid	Facility Number	15987
REHABILITATION CENTER OF INDE	EPENDENCE,THE				
1800 S SWOPE DR	,	Telephone	(816) 257-2566	Alzheimer's Unit	Yes
	MO 64057-1084	Level of Care	` '	Bed Capacity	130
Mailing Address 1800 S SWOPE DR			CKSON	DMH Licensed	No
•	MO 64057-1084	Region 3	Medicare/Medicaid	Facility Number	22063
		B			

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

Wednesday, June 4, 2025 Page 48 of 137

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

ROSEWOOD REHAB AND HEALT	THCARE 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		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64050-2590	Region 3 Medicare/Medicaid	Facility Number 06604
SUNTERRA SPRINGS INDEPENDI	ENCE		
19200 E 37TH TERRACE S		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	RACE S	County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-8324	Region 3 Medicare	Facility Number 30894
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		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64050-2557	Region 3	Facility Number 06604
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
	IRON	TON	
BAPTIST HOMES OF ARCADIA V	ALLEY		
101 RIGGS-SCOTT LN	ALLE I	Telephone (573) 546-7429	Alzheimer's Unit No
IRONTON	MO 63650-4338	Level of Care ICF	Bed Capacity 49
Mailing Address PO BOX 87	110 00000 1000	County IRON	DMH Licensed No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number 00274
BAPTIST HOMES OF ARCADIA V	ALLEY		
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
GRANITE HOUSE RCF LLC			
321 SOUTH MAIN ST		Telephone (573) 546-7283	Alzheimer's Unit No
IRONTON	MO 63650-1406	Level of Care RCF	Bed Capacity 60
Mailing Address PO BOX 6		County IRON	DMH Licensed Yes
IRONTON	MO 63650-0066	Region 2	Facility Number 04628
VALLEY RESIDENTIAL CARE			
101 SOUTH KNOB ST		Telephone (573) 546-3080	Alzheimer's Unit No
IRONTON	MO 63650-1501	Level of Care RCF	Bed Capacity 12
Mailing Address 203 SOUTH WASH	INGTON ST	County IRON	DMH Licensed Yes
FARMINGTON	MO 63640-1836	Region 2	Facility Number 01901
PARMINGTON	WIO 03040-1630	region 2	ruemey rumber 01701

Wednesday, June 4, 2025 Page 49 of 137

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

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

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

	JACK	KSON		
TA CIZCON MANOD				
JACKSON MANOR		m 1 1 (572) 242 2101	A3 3 4 4 77 4	N
710 BROADRIDGE DR	MO (2755 2042	Telephone (573) 243-3101	Alzheimer's Unit	No
JACKSON THE STARRAGE	MO 63755-3042	Level of Care SNF	Bed Capacity	90
Mailing Address 710 BROADRIDGE		County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-3042	Region 2 Medicare/Medicaid	Facility Number	03438
MONTECEL LO HOUCE				
MONTICELLO HOUSE 1115 K LAND DR		T-1 (572) 242 9090	A 1-1:!- TI:4	Yes
JACKSON	MO 62755 2500	Telephone (573) 243-8989 Level of Care SNF	Alzheimer's Unit	105
	MO 63755-2588		Bed Capacity	
Mailing Address PO BOX 740	MO (2755 0740	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-0740	Region 2 Medicare/Medicaid	Facility Number	14454
MONTICELLO HOUSE				
1115 K LAND DR		Telephone (573) 243-8989	Alzheimer's Unit	No
JACKSON	MO 63755-2588	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 740	110 03733 2300	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-0740	Region 2	Facility Number	14454
TICIDOIV	110 03733 0740	Region 2	racinty runner	14434
VILLAS OF JACKSON LLC THE				
670 BROADRIDGE DRIVE		Telephone (573) 986-8210	Alzheimer's Unit	Yes
JACKSON	MO 63755-3044	Level of Care ALF**	Bed Capacity	84
Mailing Address 670 BROADRIDGE	EDRIVE	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-3044	Region 2	Facility Number	30623
	3.5 00,00 00.1	region 2	Tuesney Tunner	30023
	JEFFERS	ON CITY		
ARBORS AT WESTBROOK TERR	RACE 1-MEMORY CARE ASSISTED L	IVING BY AMERICARE, THE		
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 M	IILE DR	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region 6	Facility Number	27914
ARBORS AT WESTBROOK TERR	RACE II-MEMORY CARE ASSISTED L	IVING BY AMERICARE, THE		
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	MILE DR	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	Region 6	Facility Number	20440
ASHBURY HEIGHTS OF JEFFERS	SON CITY			
834 WEATHERED ROCK COURT		Telephone (573) 634-7402	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care RCF	Bed Capacity	12
Mailing Address 834 WEATHERED		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
PRICEOU MANOR OF WITEHOUSE	AL CUTW			
BRISTOL MANOR OF JEFFERSO	ON CITY	(570) 761 5750	A11 1 W. W	NT.
510 KENSINGTON PARK		Telephone (573) 761-5772	Alzheimer's Unit	No
	MO 65109-6247	Telephone (573) 761-5772 Level of Care RCF County COLE	Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No

Region 6

Facility Number

20116

MO 65109-6247

JEFFERSON CITY

Wednesday, June 4, 2025 Page 50 of 137

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

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

HEISINGER BLUFFS HEALTHCARE	WESTERN CAMPUS				
1306 WEST MAIN ST	WESTERN CAMP US	Telephone	(573) 635-0166	Alzheimer's Unit	No
	MO 65109-1356	Level of Care	SNF	Bed Capacity	69
Mailing Address 1306 WEST MAIN ST	110 03107-1330	County COL		DMH Licensed	No
•	MO 65109-1356	•	Medicare/Medicaid	Facility Number	07572
JETTERSON CITT	WIO 03107-1330	Kegion 0	Medicare/Medicaid	racinty Number	07372
HEISINGER BLUFFS REHAB AND H	EALTHCARE CENTER				
1002 WEST MAIN ST		Telephone	(573) 636-6288	Alzheimer's Unit	No
	MO 65109-6901	Level of Care	SNF	Bed Capacity	60
Mailing Address 1002 WEST MAIN ST		County COL		DMH Licensed	No
8	MO 65109-6901	ū	Medicare/Medicaid	Facility Number	03479
		region 5	Wiedleuf Giviedleufd		05.77
HEISINGER BLUFFS SENIOR LIVING	G				
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 COL	.E	DMH Licensed	No
0	MO 65109-6901	Region 6		Facility Number	03479
		11091011		.,	
JEFFERSON CITY MANOR CARE CH	ENTER				
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 COL	Æ	DMH Licensed	No
JEFFERSON CITY	MO 65109-2522	Region 6	Medicare/Medicaid	Facility Number	03870
				•	
JEFFERSON CITY NURSING AND RE	EHABILITATION 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 COL	Æ	DMH Licensed	No
JEFFERSON CITY	MO 65110-4118	Region 6	Medicare/Medicaid	Facility Number	01865
MAPLEWOOD, INC					
1827 CRADER DR		Telephone	(573) 635-0023	Alzheimer's Unit	No
	MO 65109-2005	Level of Care	ALF	Bed Capacity	13
Mailing Address 1827 CRADER DR		County COL	Æ	DMH Licensed	Yes
JEFFERSON CITY	MO 65109-2005	Region 6		Facility Number	16964
MARIEWOOD ING					
MAPLEWOOD, INC		m	(550) (25,000)		3.7
1827 CRADER DR	MO (5100 0005	Telephone	(573) 635-0023	Alzheimer's Unit	No
	MO 65109-2005	Level of Care	ALF**	Bed Capacity	24
Mailing Address 1827 CRADER DR		County COL	Æ	DMH Licensed	Yes
JEFFERSON CITY	MO 65109-2005	Region 6		Facility Number	16964
MELODY HOUSE					
		Tolonhono	(572) 902 7009	Alahoimon'a Unit	No
3031 SOUTH TEN MILE DR JEFFERSON CITY	MO 65109-6816	Telephone Level of Care	(573) 893-7228 RCF*	Alzheimer's Unit	No 15
				Bed Capacity	Yes
Mailing Address 2013 WILLIAM STREE		County COL	Æ	DMH Licensed	
JEFFERSON CITY	MO 65109-4771	Region 6		Facility Number	14376
PRIMROSE RETIREMENT COMMUN	NITY OF JEFFERSON CITY				
1214 FREEDOM BLVD		Telephone	(573) 634-5408	Alzheimer's Unit	No
	MO 65109-0082	Level of Care	ALF**	Bed Capacity	49
Mailing Address 1214 FREEDOM BLVI		County COL		DMH Licensed	No
•	MO 65109-0082	Region 6		Facility Number	29697
		Bioii			-/3/1

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

Wednesday, June 4, 2025 Page 51 of 137

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

RIVER CITY LIVING COMMUNIT	V		
3038 WEST TRUMAN BLVD	1	Telephone (573) 893-3404	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-0525	Level of Care SNF	Bed Capacity 87
Mailing Address 3038 WEST TRUMA		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-0525	Region 6 Medicare/Medicaid	Facility Number 04826
		region o Medicaro Medicard	
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 OAK TREE			
3108 WEST TRUMAN BLVD		Telephone (573) 893-3063	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-4918	Level of Care SNF	Bed Capacity 42
Mailing Address 3108 WEST TRUMA	N BLVD	County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-4918	Region 6 Medicare/Medicaid	Facility Number 10300
CTOMEDDIDGE OAK TIDEE			
STONEBRIDGE OAK TREE		T. 1. 1. (572) 992 2062	All to the transfer of the same
3108 WEST TRUMAN BLVD	MO (5100 4010	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		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-4918	Region 6	Facility Number 10300
STONEBRIDGE VILLA MARIE			
1030 EDMONDS ST		Telephone (573) 635-3381	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-5213	Level of Care SNF	Bed Capacity 120
Mailing Address 1030 EDMONDS ST		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-5213	Region 6 Medicare/Medicaid	Facility Number 08282
	IONEGI	nunc	
	JONESE	BUKG	
ASPIRE SENIOR LIVING JONESBU	JRG		
308 CEDAR AVE		Telephone (636) 488-5400	Alzheimer's Unit Yes
JONESBURG	MO 63351-1126	Level of Care SNF	Bed Capacity 90
Mailing Address PO BOX 218		County MONTGOMERY	DMH Licensed No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number 13265
	JOPI	ZIN	
A VICENTA CALL DE LA C			
AUTUMN PLACE RESIDENTIAL C	ARE OF JOPLIN		
2030 E ZORA ST		Telephone (417) 626-8900	Alzheimer's Unit No
JOPLIN	MO 64801-1170	Level of Care RCF*	Bed Capacity 38
Mailing Address 2030 E ZORA ST		County JASPER	DMH Licensed No
JOPLIN	MO 64801-1170	Region 1	Facility Number 20779
CHAPTERS LIVING OF JOPLIN			
201 S NORTHPARK LN		Telephone (630) 766-5800	Alzheimer's Unit Yes
JOPLIN	MO 64801-8426	Level of Care ALF**	Bed Capacity 93
Mailing Address 201 S NORTHPARK		County JASPER	DMH Licensed No
JOPLIN	MO 64801-8426	Region 1	Facility Number 14251
		<u> </u>	-

Wednesday, June 4, 2025 Page 52 of 137

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

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

COMMUNITIES OF WILDWOOD RANCH	
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 DUFFY DR	County JASPER DMH Licensed No
JOPLIN MO 64804-1569	Region 1 Medicare/Medicaid Facility Number 29077
JOI ENV	Region 1 Medical et Medicalu 1 activity Number 25077
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 JACKSON AVE	County JASPER DMH Licensed No
JOPLIN MO 64804-2524	Region 1 Medicare/Medicaid Facility Number 01373
JOPLIN HEALTH AND REHABILITATION CENTER	
2218 WEST 32ND ST	Telephone (417) 623-5264 Alzheimer's Unit NO
JOPLIN MO 64804-3514	Level of Care SNF Bed Capacity 120
Mailing Address 2218 WEST 32ND ST	County NEWTON DMH Licensed No
JOPLIN MO 64804-3514	Region 1 Medicare/Medicaid Facility Number 12583
NHC HEAT THOADE TODI IN	
NHC HEALTHCARE, JOPLIN 2700 EAST 34TH ST	Telephone (417) 781-1737 Alzheimer's Unit YES
JOPLIN MO 64804-4310	Level of Care SNF Bed Capacity 124
Mailing Address 2700 EAST 34TH ST	County NEWTON DMH Licensed No
JOPLIN MO 64803-2877	•
JOFLIN MIO 04803-2877	Region 1 Medicare/Medicaid Facility Number 04044
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
SILVER CREEK - ASSISTED LIVING BY AMERICAR	
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
WESTGATE	
3130 JOHN DUFFY DR	Telephone (417) 553-3688 Alzheimer's Unit Yes
JOPLIN MO 64804-1569	Level of Care SNF Bed Capacity 120
Mailing Address 3130 JOHN DUFFY DR	County JASPER DMH Licensed No
JOPLIN MO 64804-1569	Region 1 Medicare/Medicaid Facility Number 31754
JOILEN MO 04004-1307	Region 1 Medical e/Medicalu Pacinty Number 31/34
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
WILDWOOD SENIOR LIVING THE 3002 SOUTH JOHN DUFFY DRIVE	Telephone (417) 623-2233 Alzheimer's Unit Yes
JOPLIN MO 64804-1656	Level of Care ALF** Bed Capacity 74
Mailing Address 3002 SOUTH JOHN DUFFY DRIVE	County JASPER DMH Licensed No
JOPLIN MO 64804-1656	
101 LIIV 04604-1030	Region 1 Facility Number 31370

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

Wednesday, June 4, 2025 Page 53 of 137

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

	KAHO	OKA	
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	100 03443-1100	County CLARK	DMH Licensed No.
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number 01480
KAHOKA	WO 03443-1100	Region 5 Medicare/Medicaid	racinty (uniber 01460
	KANSAS	CITY	
ADDINGTON PLACE OF SHOAL CR	REEK		
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 TULLIS	DR	County CLAY	DMH Licensed No
KANSAS CITY	MO 64157-7890	Region 4	Facility Number 28129
AMERICAN HOUSE BURY INCOME	ODERW		
AMERICAN HOUSE BURLINGTON	CREEK	TO 1 1 (914) 527 9504	111 · 1 II · V
6311 NORTH COSBY AVENUE	MO (4151 2244	Telephone (816) 527-8504	Alzheimer's Unit Yes
KANSAS CITY	MO 64151-2344	Level of Care ALF**	Bed Capacity 110
Mailing Address 6311 NORTH COSBY		County PLATTE	DMH Licensed No
KANSAS CITY	MO 64151-2344	Region 4	Facility Number 30198
ARMOUR OAKS SENIOR LIVING CO	OMMUNITY		
8100 WORNALL RD		Telephone (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Level of Care SNF	Bed Capacity 38
Mailing Address 8100 WORNALL RD		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number 00199
ADMOUD OATE CENTOD I WING O	OMBALINITY		
ARMOUR OAKS SENIOR LIVING CO 8100 WORNALL RD	OMMUNITY	Telephone (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Telephone (816) 363-5141 Level of Care ALF	Alzheimer's Unit No Bed Capacity 4'
Mailing Address 8100 WORNALL RD	WO 04114-3000	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5806	Region 3	
KANSAS CITT	WO 04114-3800	Region 3	Facility Number 00199
ASHTON ON THE PLAZA, THE			
2 EMANUEL CLEAVER II BLVD		Telephone (816) 505-3030	Alzheimer's Unit Yes
KANSAS CITY	MO 64112-1712	Level of Care ALF**	Bed Capacity 90
Mailing Address 2 EMANUEL CLEAVI	ER II BLVD	County JACKSON	DMH Licensed No.
KANSAS CITY	MO 64112-1712	Region 3	Facility Number 31793
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 Ye
KANSAS CITY	MO 64152-0008	Region 4	Facility Number 10857
BEACON HILL RESIDENTIAL CARI	r		
2905 CAMPBELL	יים	Telephone (816) 531-6168	Alzheimer's Unit No
KANSAS CITY	MO 64109-1417	Level of Care RCF*	Bed Capacity 3'
Mailing Address 2905 CAMPBELL	0110/ 171/	County JACKSON	DMH Licensed Ye
KANSAS CITY	MO 64109-1417	Region 3	Facility Number 00329
	0.10/ 111/	region -	- ucincj 1 (uniber 0032)

Wednesday, June 4, 2025 Page 54 of 137

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

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

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

BENTON HOUSE OF STALEY HILLS			
11071 N WOODLAND AVE	Telephone (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY MO 64155-1552	Level of Care ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAND AVE	County CLAY	DMH Licensed	No
KANSAS CITY MO 64155-1552	Region 4	Facility Number	30774
MANUAL CITT 1100 (4155 1552	Region 4	racinty ramper	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 PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-1607	Region 4	Facility Number	29519
DICHOD CHENCED DI ACE INC. THE			
BISHOP SPENCER PLACE, INC, THE 4301 MADISON AVE	Tolophono (816) 021 4277	Alzheimer's Unit	No
KANSAS CITY MO 64111-3491	Telephone (816) 931-4277 Level of Care SNF		No 57
Mailing Address 4301 MADISON AVE	County JACKSON	Bed Capacity DMH Licensed	No
KANSAS CITY MO 64111-3491	Region 3 Medicare/Medicaid	Facility Number	20635
KANSAS CITT 1910 04111-3491	Region 3 Medicare/Medicaid	Facility Number	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 ALF**	Bed Capacity	40
Mailing Address 4301 MADISON AVE	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64111-3491	Region 3	Facility Number	20635
BRIDGEWOOD HEALTH CARE CENTER			
11515 TROOST	Telephone (816) 943-0101	Alzheimer's Unit	NO
KANSAS CITY MO 64131-3769	Level of Care SNF	Bed Capacity	166
Mailing Address 11515 TROOST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number	06555
Made 131 3707	Region 5 Medical e/Medicalu	racinty runner	00333
BROOKDALE WORNALL PLACE			
501 WEST 107TH ST	Telephone (816) 941-7777	Alzheimer's Unit	No
KANSAS CITY MO 64114-5919	Level of Care ALF**	Bed Capacity	68
Mailing Address 501 WEST 107TH ST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-5919	Region 3	Facility Number	29304
CARRIE DUMAS LONG TERM CARE 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 BLVD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64128-1140	Region 3	Facility Number	18550
	Region 5	Tuellity I (unifer	10330
CLARA MANOR NURSING HOME			
3621 WARWICK BLVD	Telephone (816) 756-1593	Alzheimer's Unit	No
KANSAS CITY MO 64111-1403	Level of Care SNF	Bed Capacity	90
Mailing Address 3621 WARWICK BLVD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64111-1403	Region 3 Medicaid	Facility Number	14102
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
	~		

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

Wednesday, June 4, 2025 Page 55 of 137

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

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

GARDENS AT BARRY ROAD, THE					
8300 NW BARRY RD		Telephone	(816) 584-3200	Alzheimer's Unit	Yes
	4153-1634	Level of Care	ALF**	Bed Capacity	40
Mailing Address 8300 NW BARRY RD	1133 103 1	County PLA		DMH Licensed	No
_	4153-1634	Region 4	TIL	Facility Number	23774
KANSAS CITT MIO 04	4133-1034	Region 4		Facility Number	23114
GREGORY RIDGE HEALTH CARE CENTEI	R				
7001 CLEVELAND AVE		Telephone	(816) 333-0700	Alzheimer's Unit	No
KANSAS CITY MO 64	4132-1622	Level of Care	SNF	Bed Capacity	116
Mailing Address 7001 CLEVELAND AVE		County JACI		DMH Licensed	No
_	4132-1622	•	Medicare/Medicaid	Facility Number	04109
	1102 1022	Region 5	Wiedical C/Wiedicald	Tuestey Transpor	01105
HARRIS HOUSE RESIDENTIAL CARE FAC	CILITY, THE				
3859 EAST 59TH TERRACE		Telephone	(816) 599-5230	Alzheimer's Unit	No
KANSAS CITY MO 64	4130-4410	Level of Care	RCF	Bed Capacity	7
Mailing Address 3859 EAST 59TH TERRACE		County JACI	KSON	DMH Licensed	No
•	4130-4410	Region 3		Facility Number	16225
		8		•	
HIGHLAND REHABILITATION & HEALTH	H CARE CENTER				
904 EAST 68TH ST		Telephone	(816) 333-5485	Alzheimer's Unit	NO
KANSAS CITY MO 64	4131-1305	Level of Care	SNF	Bed Capacity	162
Mailing Address 904 EAST 68TH ST		County JACI	KSON	DMH Licensed	No
KANSAS CITY MO 64	4131-1305	Region 3	Medicare/Medicaid	Facility Number	06782
		G			
HILLTOP AT BLUE RIVER, THE					
10425 CHESTNUT DR		Telephone	(816) 763-4444	Alzheimer's Unit	Yes
KANSAS CITY MO 64	4137-3201	Level of Care	SNF	Bed Capacity	160
Mailing Address 10425 CHESTNUT DR		County JACI	KSON	DMH Licensed	No
KANSAS CITY MO 64	4137-3201	Region 3	Medicare/Medicaid	Facility Number	19114
HOPE CARE CENTER					
115 EAST 83RD ST		Telephone	(816) 523-3988	Alzheimer's Unit	No
	4114-2537	Level of Care	SNF	Bed Capacity	16
Mailing Address 115 EAST 83RD ST		•	KSON	DMH Licensed	No
KANSAS CITY MO 64	4114-2537	Region 3	Medicaid	Facility Number	21370
HOUSE OF CARE CENTER					
3744 BENTON BLVD		Telephone	(816) 921-6852	Alzheimer's Unit	No
	4128-2515	Level of Care	RCF	Bed Capacity	8
Mailing Address 3744 BENTON BLVD		County JACI	KSON	DMH Licensed	Yes
KANSAS CITY MO 64	4128-7912	Region 3		Facility Number	17001
IGNITE MEDICAL RESORT CARONDELET	FIIC				
	LLC	T-1	(016) 041 1200	A 1	NI.
621 CARONDELET DR	4114 4670	Telephone	(816) 941-1300	Alzheimer's Unit	No
	4114-4670	Level of Care	SNF	Bed Capacity	162
Mailing Address 621 CARONDELET DR	444.4550	County JACI		DMH Licensed	No
KANSAS CITY MO 64	4114-4670	Region 3	Medicare/Medicaid	Facility Number	12185
IGNITE MEDICAL RESORT KANSAS CITY	LLC				
2100 NW BARRY ROAD	LLC	Telephone	(816) 521-6610	Alzheimer's Unit	No
	4154-1000	Level of Care	SNF	Bed Capacity	90
Mailing Address 2100 NW BARRY ROAD	.101 1000	County PLA		DMH Licensed	No
_	4154-1000		Medicare/Medicaid	Facility Number	31464
10 04	110 1 1000	region 4	micuicai e/iviculcalu	racinty Muniber	31404

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

Wednesday, June 4, 2025 Page 56 of 137

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

WEANINE WIGAN CONTROL			
JEANNE JUGAN CENTER	TO 1 1 1 (016) 761 4744	All I don do Tida	N.T.
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			
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
TO THE WOLLD			
JOLET HOME	m		
3920 FOREST	Telephone (816) 531-5308	Alzheimer's Unit	No
KANSAS CITY MO 64110-1220	Level of Care RCF	Bed Capacity	17
Mailing Address 3920 FOREST	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64110-1220	Region 3	Facility Number	03982
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 RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number	04152
	<u> </u>		
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 RD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64114-4359	Region 3		04152
		·	
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 TRAIL RD	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64151-1946	Region 4	Facility Number	24748
LODGE RESIDENTIAL CARE FACILITY, THE	m 1 1 (010 500 5005	A11 *	3.7
3860 EAST 60TH ST	Telephone (816) 599-5235	Alzheimer's Unit	No
KANSAS CITY MO 64130-4418	Level of Care RCF	Bed Capacity	8
Mailing Address 3860 EAST 60TH ST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64130-4418	Region 3	Facility Number	16211
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 AVENUE	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64145-1613	Region 3	Facility Number	32321
MCCDITE DI AZA AT RDIADCI IEE ACCICTED I MINIC			
MCCRITE PLAZA AT BRIARCLIFF 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 TULLISON RD	County CLAY	DMH Licensed	No
KANSAS CITY MO 64116-2639		Facility Number	29084
MANDAD CITT NIO 04110-2039	Region 4	racinty Number	47U04

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

Wednesday, June 4, 2025 Page 57 of 137

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

MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY			
1301 TULLISON ROAD	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 ROAD	County CLAY	DMH Licensed	No
KANSAS CITY MO 64116-2639	Region 4 Medicare	Facility Number	29084
MY BLESSED HOME			
305 E 63RD ST	Telephone (816) 678-8061	Alzheimer's Unit	No
KANSAS CITY MO 64113-2225	Level of Care RCF	Bed Capacity	11
Mailing Address 305 E 63RD ST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64113-2225	Region 3	Facility Number	27175
MYERS NURSING & CONVALESCENT 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 AVE	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64127-4210	Region 3 Medicaid	Facility Number	05626
NEW MARK REHAB AND HEALTHCARE CENTER			
11221 NORTH NASHUA DR	Telephone (816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY MO 64155-1159	Level of Care SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA DR	County CLAY	DMH Licensed	No
KANSAS CITY MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number	12688
		•	
NORTHLAND REHABILITATION & HEALTH CARE CENT	TER		
4301 NE PARVIN ROAD	Telephone (816) 702-8000	Alzheimer's Unit	No
KANSAS CITY MO 64117-3001	Level of Care SNF	Bed Capacity	118
Mailing Address 4301 NE PARVIN ROAD	County CLAY	DMH Licensed	No
KANSAS CITY MO 64117-3001	Region 4 Medicare/Medicaid	Facility Number	31230
OAKS THE			
OAKS, THE 5550 NOLAND ROAD	Tolonhone (816) 256 0200	Alzheimer's Unit	No
KANSAS CITY MO 64133-3685	Telephone (816) 356-0200 Level of Care RCF	Bed Capacity	No 62
Mailing Address 5550 NOLAND RD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64133-3685	Region 3	Facility Number	13440
KANSAS CITT 110 04155-3005	Region 5	racinty Number	13440
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
PARKVIEW HEALTHCARE			
128 NORTH HARDESTY	Telephone (816) 241-2020	Alzheimer's Unit	No
KANSAS CITY MO 64123-1404	Level of Care SNF	Bed Capacity	120
Mailing Address 128 NORTH HARDESTY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64123-1404	Region 3 Medicare/Medicaid	Facility Number	02928
PARKWAY HEALTH CARE CENTER			
2323 SWOPE PARKWAY	Telephone (816) 924-1122	Alzheimer's Unit	No
KANSAS CITY MO 64130-2638	Level of Care SNF	Bed Capacity	97
Mailing Address 2323 SWOPE PARKWAY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number	07092
	•	-	

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

Wednesday, June 4, 2025 Page 58 of 137

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

PRIMROSE RETIREMENT COMM	UNITY OF KANSAS CITY				
8559 NORTH LINE CREEK PARKWA		Telephone	(816) 468-8282	Alzheimer's Unit	No
KANSAS CITY	MO 64154-2100	Level of Care	ALF**	Bed Capacity	44
Mailing Address 8559 NORTH LINE O		County PLA		DMH Licensed	No
KANSAS CITY	MO 64154-2100	Region 4	III.	Facility Number	29020
KANSAS CITT	WO 04134-2100	Region 4		Pacifity Number	29020
REHAB OF KANSAS CITY SOUTH					
8033 HOLMES ROAD		Telephone	(816) 363-6222	Alzheimer's Unit	No
KANSAS CITY	MO 64131-2115	Level of Care	SNF	Bed Capacity	100
Mailing Address 8033 HOLMES ROA	D	County JAC	KSON	DMH Licensed	No
KANSAS CITY	MO 64131-2115	Region 3	Medicare/Medicaid	Facility Number	03680
DOCKIHI I MANOD ACCICTED I II	UINC				
ROCKHILL MANOR ASSISTED LIV	VING	Tolombono	(916) 021 2225	Alahaiman'a Unit	No
4235 LOCUST ST	MO (4110 1016	Telephone	(816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care	ALF	Bed Capacity	154
Mailing Address PO BOX 5930	MO (4171 0000	•	KSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3		Facility Number	06794
ROCKHILL MANOR ASSISTED LIV	VING				
4235 LOCUST ST		Telephone	(816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care	ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County JAC	KSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3		Facility Number	06794
CEACONG DEHAR AND HEAT THO	A DE CENTED				
SEASONS REHAB AND HEALTHCA	ARE CENTER		(01.6) 450 4555	A11	3.7
15600 WOODS CHAPEL RD	NO 54400 4054	Telephone	(816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care	SNF	Bed Capacity	78
Mailing Address 15600 WOODS CHA		•	KSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3	Medicare/Medicaid	Facility Number	23712
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 ST	REET	County JAC	KSON	DMH Licensed	No
KANSAS CITY	MO 64131-1311	Region 3		Facility Number	32075
CLIMANITE TIME					
SUMMIT, THE		T-11	(016) 021 1106	All-bailers to TT 14	N.T.
3660 SUMMIT	MO (4111 4622	Telephone	(816) 931-1196	Alzheimer's Unit	No
KANSAS CITY	MO 64111-4632	Level of Care	SNF	Bed Capacity	64 N
Mailing Address 3660 SUMMIT	MO (4111 4622	•	KSON	DMH Licensed	No
KANSAS CITY	MO 64111-4632	Region 3	Medicare/Medicaid	Facility Number	18330
SUMMITVIEW TERRACE ASSISTE	ED 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 BANNI	STER RD	County JAC	KSON	DMH Licensed	No
KANSAS CITY	MO 64138-4913	Region 3		Facility Number	16311
TIFFANY SPRINGS REHABILITAT	ION & HEATTH CADE CENTED				
9191 N AMBASSADOR DR	ION & HEALTH CARE CENTER	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		County PLA		DMH Licensed	No
KANSAS CITY	MO 64154-7247		Medicare/Medicaid	Facility Number	30748
KANSAS CITT	1410 UH1JH-1ZH1	Region 4	wieuicare/wieuicaid	Pacinty Number	30/48

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

Wednesday, June 4, 2025 Page 59 of 137

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

TIFFANY SPRINGS SENIOR CARE COMMUNI		917 (21 2010 Aleksimosle Unit Vo			
9101 N AMBASSADOR DRIVE	Telephone	816-621-3810 Alzheimer's Unit Yes			
KANSAS CITY MO 6415		ALF** Bed Capacity 89			
Mailing Address 9101 N AMBASSADOR DRIVE	County PLAT				
KANSAS CITY MO 6415	4-7295 Region 4	Facility Number 30748			
WEXFORD PLACE ASSISTED LIVING AND M					
6460 NORTH COSBY AVE	Telephone	(816) 743-4259 Alzheimer's Unit Yes			
KANSAS CITY MO 6415		ALF** Bed Capacity 98			
Mailing Address 6460 NORTH COSBY AVE	County PLAT				
KANSAS CITY MO 6415	1-2377 Region 4	Facility Number 28861			
	KEARNEY				
	KEARIVE I				
OAK POINTE OF KEARNEY					
200 MEADOWBROOK DR	Telephone	(816) 628-0075 Alzheimer's Unit Yes			
KEARNEY MO 6406	0-8788 Level of Care	ALF** Bed Capacity 55			
Mailing Address 200 MEADOWBROOK DR	County CLA	Y DMH Licensed No			
KEARNEY MO 6406	0-8788 Region 4	Facility Number 29803			
WESTBROOK CARE CENTER					
401 S PLATTE CLAY WAY	Telephone	(816) 628-2222 Alzheimer's Unit No			
KEARNEY MO 6406	•				
Mailing Address 401 S PLATTE CLAY WAY	County CLA				
KEARNEY MO 6406	0-7714 Region 4	Facility Number 19757			
KFNNFTT					
	KENNETT				
HAVEN THE	KENNETT				
HAVEN, THE 614 SOUTH RY-PASS		(573) 888-1201 Alzheimer's Unit No.			
614 SOUTH BY-PASS	Telephone	(573) 888-1201 Alzheimer's Unit No			
614 SOUTH BY-PASS KENNETT MO 6385	Telephone 7-3240 Level of Care	RCF* Bed Capacity 64			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS	Telephone 7-3240 Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes			
614 SOUTH BY-PASS KENNETT MO 6385	Telephone 7-3240 Level of Care County DUN	RCF* Bed Capacity 64			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385	7-3240 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU	7-3240 Telephone County DUN Region 2 RESING BY AMERICARE	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST	7-3240 Telephone County DUN Region 2 URSING BY AMERICARE Telephone	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385	7-3240 Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Telephone Level of Care	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827	7-3240 Telephone County DUN Region 2 URSING BY AMERICARE Telephone	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385	7-3240 Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN T-1568 Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827	7-3240 Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No			
614 SOUTH BY-PASS KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827	7-3240 Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385	7-3240 Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT	7-3240 Telephone Level of Care County DUN Region 2 RSING BY AMERICARE Telephone Level of Care County DUN 7-0827 Telephone	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON	7-3240 Telephone Level of Care County DUN Region 2 RSING BY AMERICARE Telephone Level of Care County DUN 7-0827 Telephone	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN DUN Telephone Level of Care County DUN	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696 KENNETT MO 6385	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No Medicare/Medicaid Facility Number 04268			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696 KENNETT MO 6385 SOUTHAVEN	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No Medicare/Medicaid Facility Number 04268 (573) 888-9213 Alzheimer's Unit No			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696 KENNETT MO 6385 SOUTHAVEN 612 SOUTH BYPASS EAST KENNETT MO 6385	Telephone Level of Care County DUN Region 2 DRSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No Medicare/Medicaid Facility Number 04268 (573) 888-9213 Alzheimer's Unit No RCF* Bed Capacity 36			
KENNETT MO 6385 Mailing Address 612 SOUTH BY-PASS KENNETT MO 6385 HERITAGE NURSING CENTER - SKILLED NU 1802 SAINT FRANCIS ST KENNETT MO 6385 Mailing Address PO BOX 827 KENNETT MO 6385 NHC HEALTHCARE, KENNETT 1120 FALCON KENNETT MO 6385 Mailing Address PO BOX 696 KENNETT MO 6385 SOUTHAVEN 612 SOUTH BYPASS EAST	Telephone Level of Care County DUN Region 2 URSING BY AMERICARE Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2 Telephone Level of Care County DUN Region 2	RCF* Bed Capacity 64 KLIN DMH Licensed Yes Facility Number 27620 (573) 888-1044 Alzheimer's Unit No SNF Bed Capacity 72 KLIN DMH Licensed No Medicare/Medicaid Facility Number 17533 (573) 888-1150 Alzheimer's Unit Yes SNF Bed Capacity 170 KLIN DMH Licensed No Medicare/Medicaid Facility Number 04268 (573) 888-9213 Alzheimer's Unit No RCF* Bed Capacity 36			

Wednesday, June 4, 2025 Page 60 of 137

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

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

1806 SAINT FRANCIS ST	LIVING BY AMERICARE	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
		KING CITY		
COUNTRYSIDE VILLAGE ASSIS	STED LIVING FACILITY LLC			
300 WEST FAIRVIEW STREET		Telephone (660) 535-2011	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care ALF**	Bed Capacity	24
Mailing Address 300 WEST FAIRV	TEW STREET	County GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region 4	Facility Number	04305
	I	KIRKSVILLE		
ARBORS AT HIGHLAND CREST	-MEMORY CARE ASSISTED LI	VING BY AMERICARE, THE		
620 GILASPY ROAD		Telephone (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region 5	Facility Number	23608
HIGHLAND CREST - ASSISTED	LIVING BY AMERICARE			
2204 S HALLIBURTON ST		Telephone (660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBUI	RTON ST	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5	Facility Number	16785
KIRKSVILLE MANOR CARE CE	ENTER			
1705 EAST LAHARPE		Telephone (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHA	ARPE	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161
PREFERRED FAMILY HEALTH	CARE, INC			
900 EAST LAHARPE	e. ,, e	Telephone (660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care RCF*	Bed Capacity	57
Mailing Address PO BOX 767		County ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	Facility Number	21851
TWIN PINES ADULT CARE CEN	TER			
1900 S JAMISON		Telephone (660) 665-2887	Alzheimer's Unit	NO
KIRKSVILLE	MO 63501-5302	Level of Care SNF	Bed Capacity	120
Mailing Address 1900 S JAMISON		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number	08218
		KIRKWOOD		
ABERDEEN HEIGHTS				
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care SNF	Bed Capacity	38
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7 Medicare/Medicaid	Facility Number	27570
		- Interior of interior		2,370

ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE

Wednesday, June 4, 2025 Page 61 of 137

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

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

A DEDDEEN WELCHTE				
ABERDEEN HEIGHTS		Talanhana (214) 000 6000	Alzheimer's Unit	Vac
505 COUCH AVE KIRKWOOD	MO 63122-5536	Telephone (314) 909-6000 Level of Care ICF		Yes 16
	MO 03122-3330		Bed Capacity DMH Licensed	
Mailing Address 505 COUCH AVE	MO 62122 5526	County SAINT LOUIS COUNTY		No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27:	570
ABERDEEN HEIGHTS				
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care ALF**	Bed Capacity	36
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27:	570
MANOR GROVE, INCORPORATE	D			
711 SOUTH KIRKWOOD RD		Telephone (314) 965-0864	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5928	Level of Care SNF	Bed Capacity	117
Mailing Address 711 SOUTH KIRKW	OOD RD	County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5928	Region 7 Medicare/Medicaid	Facility Number 06	038
MARY CULVER HOME, THE		m 1 1 (210)	.,,,	
221 WEST WASHINGTON AVE		Telephone (314) 966-6034		No
KIRKWOOD	MO 63122-3916	Level of Care ICF	Bed Capacity	28
Mailing Address 221 W WASHINGT		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-3916	Region 7	Facility Number 00:	592
ST AGNES HOME				
10341 MANCHESTER RD		Telephone (314) 965-7616	Alzheimer's Unit	No
KIRKWOOD	MO 63122-1520	Level of Care ICF		150
Mailing Address 10341 MANCHESTI		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-1520	Region 7		481
	7.4 D			
	LA BI	ELLE		
LA BELLE MANOR CARE CENTE	R			
1002 CENTRAL		Telephone (660) 213-3234	Alzheimer's Unit	Yes
LA BELLE	MO 63447-2092	Level of Care SNF	Bed Capacity	94
Mailing Address 1002 CENTRAL		County LEWIS	DMH Licensed	No
LA BELLE	MO 63447-2092	Region 5 Medicare/Medicaid	Facility Number 04	212
	LA PI	LATA		
LA PLATA NURSING HOME	Latit	M. A. A. A.		
100 OLD STAGECOACH RD		Telephone (660) 332-4315	Alzheimer's Unit	No
LA PLATA	MO 63549-1362	Level of Care SNF		52
		County MACON	Bed Capacity DMH Licensed	No
Mailing Address 100 OLD STAGECO				
LA PLATA	MO 63549-1362	Region 5 Medicare/Medicaid	Facility Number 04.	395
	LAKE SAII	NT LOUIS		
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 TECHNOLOG	Y DRIVE	County SAINT CHARLES	DMH Licensed	No
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number 30	318
		-		

Wednesday, June 4, 2025 Page 62 of 137

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

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

	LAMAF	?		
BRICTOL MANOR OF LANCE	Li III/II			
BRISTOL MANOR OF LAMAR 603 EAST 17TH ST		Telephone (417) 682-6762	Alzheimer's Unit	No
		Level of Care RCF	Bed Capacity	12
Mailing Address 603 EAST 17TH ST		County BARTON	DMH Licensed	No
o a constant of the constant o		Region 1	Facility Number	18951
LAWIAK MO 04		region 1	racinty Number	10931
MAPLE SENIOR LIVING LLC		(417) 602 6104		
3 SOUTHWEST FIRST LANE		Telephone (417) 682-6184	Alzheimer's Unit	No
		Level of Care RCF*	Bed Capacity	56
Mailing Address 3 SOUTHWEST FIRST LANE		County BARTON	DMH Licensed	No
LAMAR MO 64	1759-8313	Region 1	Facility Number	20869
TRUMAN HEALTHCARE & REHABILITATI	ION CENTER			
206 WEST FIRST ST		Telephone (417) 682-5718	Alzheimer's Unit	Yes
	1759-1291	Level of Care SNF	Bed Capacity	123
Mailing Address 206 WEST FIRST ST		County BARTON	DMH Licensed	No
LAMAR MO 64	1759-1291	Region 1 Medicare/Medicaid	Facility Number	01346
	LAURII	Ε		
ASHBURY HEIGHTS OF LAURIE				
299 HIGHWAY RA		Telephone (573) 374-0076	Alzheimer's Unit	No
		Level of Care RCF	Bed Capacity	12
Mailing Address 299 HIGHWAY RA		County MORGAN	DMH Licensed	No
		Region 6	Facility Number	23915
LAURIE CARE CENTER				
610 HWY O		Telephone (573) 374-8263	Alzheimer's Unit	Yes
		Level of Care SNF	Bed Capacity	108
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
8		Region 6 Medicare/Medicaid	Facility Number	04449
LAURIE KNOLLS 610 HIGHWAY O		Telephone (573) 374-8263	Alzheimer's Unit	No
		Level of Care RCF*	Bed Capacity	66
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
		Region 6	Facility Number	04449
	LAWCO	A.I		
	LAWSO	V V		
LAWSON MANOR & REHAB		T. 1 (042) 200		
210 WEST 8TH TERRACE		Telephone (816) 580-3269	Alzheimer's Unit	Yes
		Level of Care SNF	Bed Capacity	60
Mailing Address 210 WEST 8TH TERRACE		County RAY	DMH Licensed	No
LAWSON MO 64	1062-9357	Region 4 Medicare/Medicaid	Facility Number	07395
	LEBANC	DN .		
CEDARHURST OF LEBANON ASSISTED LIV				
842 LYNN STREET		Telephone (417) 815-0122	Alzheimer's Unit	Yes
		Level of Care ALF**	Bed Capacity	90
Mailing Address 842 LYNN STREET		County LACLEDE	DMH Licensed	No
LEBANON MO 65.	5536-3832	Region 1	Facility Number	31890

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

Wednesday, June 4, 2025 Page 63 of 137

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

COUNTRYCIDE HOME LLC			
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	110 03330-3043	County LACLEDE	DMH Licensed Yes
LEBANON	MO 65536-5843	Region 1	Facility Number 15052
BESTINOIN	110 03330 3013	Region 1	Tuemey Number 13032
ESSEX OF LEBANON, THE			
1316 DEADRA DR		Telephone (417) 532-4863	Alzheimer's Unit No
LEBANON	MO 65536-4609	Level of Care RCF	Bed Capacity 12
Mailing Address 1316 DEADRA DR		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4609	Region 1	Facility Number 24257
GENESIS HEALTHCARE CENTER	LLC		
25466 NORTH HIGHWAY 5	LEC	Telephone (417) 588-1100	Alzheimer's Unit No
LEBANON	MO 65536-6294	Level of Care RCF	Bed Capacity 80
Mailing Address PO BOX 836		County LACLEDE	DMH Licensed No
HANNIBAL	MO 63401-0836	Region 1	Facility Number 08791
LEBANON NODWY MUDGING A ST	ZII A D		
LEBANON NORTH NURSING & RI	EHAB	TO 1 1 (417) 522 0172	
596 MORTON RD	MO 65526 2649	Telephone (417) 532-9173	Alzheimer's Unit Yes
LEBANON Molling Address 506 MORTON RD	MO 65536-3648	Level of Care SNF	Bed Capacity 180 DMH Licensed No
Mailing Address 596 MORTON RD LEBANON	MO 65536-3648	County LACLEDE Region 1 Medicare/Medicaid	Facility Number 04369
LEBANON	1410 05550-5046	Region 1 Medicare/Medicaid	racinty Number 04309
LEBANON SOUTH NURSING & RE	CHAB		
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		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4244	Region 1	Facility Number 15650
LEBANON SOUTH NURSING & RE	СНАВ		
514 WEST FREMONT ROAD		Telephone (417) 532-5351	Alzheimer's Unit No
LEBANON	MO 65536-4244	Level of Care SNF	Bed Capacity 116
Mailing Address 514 WEST FREMON	VT ROAD	County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4244	Region 1 Medicare/Medicaid	Facility Number 15650
NORTHRIDGE PLACE - ASSISTED	LIVING BY AMERICARE		
1500 LYNN ST		Telephone (417) 532-9793	Alzheimer's Unit Yes
LEBANON	MO 65536-4409	Level of Care ALF**	Bed Capacity 50
Mailing Address 1500 LYNN ST		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4409	Region 1	Facility Number 20525
	LEE'S S	UMMIT	
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 74
Mailing Address 1701 S E OLDHAM	PARKWAY	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number 32762

Wednesday, June 4, 2025 Page 64 of 137

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

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

LEE'S SUMMIT

	EEE 5 501	7117111			
ADDINGTON PLACE OF LEE'S SUMMIT					
2160 SE BLUE PARKWAY		Telephone	(816) 554-0101	Alzheimer's Unit	Yes
	4063-1007	-	ALF**		88
	4003-1007	Level of Care		Bed Capacity	
Mailing Address 2160 SE BLUE PARKWAY		County JACK	SON	DMH Licensed	No
LEE'S SUMMIT MO 64	4063-1007	Region 3		Facility Number	28136
CROSS CREEK AT LEE'S SUMMIT					
3320 NE WILSHIRE DR		Telephone	(816) 607-5700	Alzheimer's Unit	Yes
	4064-2077	Level of Care	ALF**	Bed Capacity	55
Mailing Address 3320 NE WILSHIRE DR		County JACK		DMH Licensed	No
_	4064-2077	Region 3	3011	Facility Number	30996
LEES SUIVIVIII INIO 62	4004-2077	Region 5		Facility Number	30996
JEFFERSON HEALTH CARE					
615 SW OLDHAM PARKWAY		Telephone	(816) 524-3328	Alzheimer's Unit	No
LEE'S SUMMIT MO 64	4081-2602	Level of Care	SNF	Bed Capacity	120
Mailing Address 615 SW OLDHAM PKWY		County JACK	SON	DMH Licensed	No
_	4081-2602	•	Medicare/Medicaid	Facility Number	04415
JOHN KNOX VILLAGE CARE CENTER					
600 NW PRYOR ROAD		Telephone	(816) 347-2400	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64	4081-1104	Level of Care	SNF	Bed Capacity	408
Mailing Address 600 NW PRYOR RD		County JACK	SON	DMH Licensed	No
LEE'S SUMMIT MO 64	4081-1104	Region 3	Medicare/Medicaid	Facility Number	14529
A PERSONAL DE A CIE					
LEE'S SUMMIT PLACE		T. 1	(916) 525 (200	A1 1	NT-
1501 SW 3RD ST	4001 2424	Telephone	(816) 525-6300	Alzheimer's Unit	No
	4081-2424	Level of Care	SNF	Bed Capacity	60
Mailing Address 1501 SW 3RD ST		County JACK		DMH Licensed	No
LEE'S SUMMIT MO 64	4081-2424	Region 3	Medicare/Medicaid	Facility Number	12484
RAINTREE VILLAGE					
1501 S W ARBORWALK BLVD		Telephone	(816) 789-0900	Alzheimer's Unit	No
LEE'S SUMMIT MO 64	4082-4101	Level of Care	ALF**	Bed Capacity	42
Mailing Address 1501 S W ARBORWALK BLV	VD.	County JACK	SON	DMH Licensed	No
8	4082-4101	Region 3		Facility Number	33757
LLL GONNIII	1002 1101	Region 5		Tuelliej Tulliser	33737
RAINTREE VILLAGE			(0.4.5) =00 0000		
1501 S W ARBORWALK BLVD		Telephone	(816) 789-0900	Alzheimer's Unit	No
LEE'S SUMMIT MO 64	4082-4101	Level of Care	SNF	Bed Capacity	40
Mailing Address 1501 S W ARBORWALK BLV	VD	County JACK	SON	DMH Licensed	No
LEE'S SUMMIT MO 64	4082-4101	Region 3		Facility Number	33757
SILVERADO LEE'S SUMMIT					
3101 SW 3RD STREET		Telephone	(816) 321-1648	Alzheimer's Unit	Yes
	4081-4060	Level of Care	ALF**	Bed Capacity	54
Mailing Address 3101 SW 3RD STREET	.002 1000	County JACK		DMH Licensed	No
_	4081-4060	Region 3		Facility Number	31077
LLLS SUMMIT WIO 04	-1001-4000	region 2		racinty Number	310//

Wednesday, June 4, 2025 Page 65 of 137

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

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

VILLAGE ASSISTED LIVING	T-1 (914) 247 2700	A 1-1	V
1701 NW O'BRIEN RD LEE'S SUMMIT MO 64081-1559	Telephone (816) 347-2700 Level of Care ALF**	Alzheimer's Unit	Yes 50
Mailing Address 1701 NW O'BRIEN RD	County JACKSON	Bed Capacity DMH Licensed	No.
LEE'S SUMMIT MO 64081-1559	Region 3	Facility Number	29258
EEES SCIMMI 1337	Region 5	racinty ramber	27230
VILLAGE ASSISTED LIVING			
1704 NORTHWEST O'BRIEN RD	Telephone (816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64081-1559	Level of Care ALF**	Bed Capacity	172
Mailing Address 1704 NORTHWEST O'BRIEN RD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-1559	Region 3	Facility Number	16108
WILSHIRE AT LAKEWOOD REHAB CENTER			
600 NE MEADOWVIEW DR	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 MEADOWVIEW DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number	22471
	LEWISTOWN		
COUNTRY AIRE RETIREMENT CENTER			
18540 STATE HIGHWAY 16	Telephone (417) 847-3386	Alzheimer's Unit	No
LEWISTOWN MO 63452-2111	Level of Care SNF	Bed Capacity	60
Mailing Address 18540 STATE HIGHWAY 16	County LEWIS	DMH Licensed	No
LEWISTOWN MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number	16896
COUNTRY AIRE RETIREMENT CENTER			
18540 STATE HIGHWAY 16	Telephone (417) 847-3386	Alzheimer's Unit	No
LEWISTOWN MO 63452-2111	Level of Care RCF*	Bed Capacity	8
Mailing Address 18540 STATE HIGHWAY 16	County LEWIS	DMH Licensed	No
LEWISTOWN MO 63452-2111	Region 5	Facility Number	16896
	LEXINGTON		
DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE	ELAINGIGN		
BRISTOL MANOR OF LEXINGTON	(((0) 250 ((55	A1 1	NI.
2615 MAIN ST	Telephone (660) 259-6655	Alzheimer's Unit	No 12
LEXINGTON MO 64067-1974 Moliting Address 2615 MAIN ST	Level of Care RCF County LAFAYETTE	Bed Capacity DMH Licensed	12 No
Mailing Address 2615 MAIN ST LEXINGTON MO 64067-1974	•		
LEAINGTON WIO 04007-1974	Region 3	Facility Number	17543
RIVERBEND HEIGHTS HEALTH & REHABILITATION			
1221 HIGHWAY 13 SOUTH	Telephone (660) 259-4695	Alzheimer's Unit	No
LEXINGTON MO 64067-7187	Level of Care SNF	Bed Capacity	154
Mailing Address 1221 HIGHWAY 13 SOUTH	County LAFAYETTE	DMH Licensed	No
LEXINGTON MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number	04333
		·	
	LIBERTY		
AVALON VIEW HEALTH AND WELLNESS			
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 COLLEGE ST	County CLAY	DMH Licensed	No
LIBERTY MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number	01961

Wednesday, June 4, 2025 Page 66 of 137

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

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

MOCKINGBIRD MANOR RESIDENTIAL CARE 227 W FRANKLIN 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 NORTERRE 2555 NORTERRE CIRCLE LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity No Liberty MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No Liberty MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
LIBERTY MO 64068-1641 Mailing Address PO BOX 121 County CLAY DMH Licensed Yes Region 4 Facility Number 05450 NORTERRE 2555 NORTERRE CIRCLE LIBERTY MO 64068-3313 Level of Care RCF* RCF* Bed Capacity 16 Pacility Number 05450 NORTERRE County CLAY DMH Licensed Yes Region 4 Facility Number 05450 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
Mailing Address PO BOX 121 LIBERTY MO 64069-0121 Region 4 Region 4 Facility Number 05450 NORTERRE 2555 NORTERRE CIRCLE LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
NORTERRE Telephone (816) 479-4793 Alzheimer's Unit No LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
NORTERRE 2555 NORTERRE CIRCLE LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
2555 NORTERRE CIRCLE LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
LIBERTY MO 64068-3313 Level of Care SNF Bed Capacity 60 Mailing Address 2555 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
Mailing Address 2555 NORTERRE CIRCLECountyCLAYDMH LicensedNoLIBERTYMO 64086-3313Region 4 Medicare/MedicaidFacility Number31005
LIBERTY MO 64086-3313 Region 4 Medicare/Medicaid Facility Number 31005
NORTERRE
NORTERRE
2590 NODTEDDE CIDCLE Talanhana (916) 470 4702 Alahaimanla Unit Van
2580 NORTERRE CIRCLE Telephone (816) 479-4793 Alzheimer's Unit Yes LIBERTY ALZENS AL
LIBERTY MO 64068-3412 Level of Care ALF** Bed Capacity 60
Mailing Address 2580 NORTERRE CIRCLE County CLAY DMH Licensed No LIBERTY ACCORDANA Print Accordance County CLAY DMH Licensed No
LIBERTY MO 64068-3412 Region 4 Facility Number 31005
OUR LADY OF MERCY COUNTRY HOME
2160 MERCY DRIVE Telephone (816) 781-5711 Alzheimer's Unit No
LIBERTY MO 64068-7955 Level of Care ALF** Bed Capacity 44
Mailing Address2115 MATURANA DRIVECountyCLAYDMH LicensedNo
LIBERTY MO 64068-7955 Region 4 Facility Number 06153
PLEASANT VALLEY MANOR CARE 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 06020
WELLINGTON SENIOD LIVING THE
WELLINGTON SENIOR LIVING,THE 1051 KENT STREET Telephone (816) 222-0379 Alzheimer's Unit Yes
• • • • • • • • • • • • • • • • • • • •
·
LIBERTY MO 64068-2257 Region 4 Facility Number 33016
LICKING
HICKORY MANOR
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 STCountyTEXASDMH LicensedNo
LICKING MO 65542-9847 Region 2 Medicare/Medicaid Facility Number 07929
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 HIGHWAY 32 County TEXAS DMH Licensed No
LICKING MO 65542-9832 Region 2 Facility Number 24302

Wednesday, June 4, 2025 Page 67 of 137

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

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

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

	LINCO	OLN	
BRISTOL MANOR OF LINCOLN 204 SOUTH HIGHWAY 65 LINCOLN Mailing Address 204 SOUTH HIGHWA LINCOLN	MO 65338-2587 AY 65 MO 65338-2587	Telephone (660) 547-2580 Level of Care RCF County BENTON Region 6	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18092
LAKESIDE SUITES 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE DR LINCOLN	MO 65338-2007 R MO 65338-2007	Telephone (660) 547-3322 Level of Care ALF County BENTON Region 6	Alzheimer's Unit No Bed Capacity 14 DMH Licensed No Facility Number 04803
LINCOLN COMMUNITY CARE CEN 205 TIMBERLINE DR LINCOLN Mailing Address 205 TIMBERLINE DR LINCOLN	MO 65338-2007	Telephone (660) 547-3322 Level of Care SNF County BENTON Region 6 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 66 DMH Licensed No Facility Number 04803
	LIN	N	
HARBOR PLACE - LINN 24 TRENSHAW TRAIL LINN Mailing Address 24 TRENSHAW TRAIL LINN	MO 65051-2874 IL MO 65051-2874	Telephone (573) 897-2100 Level of Care RCF County OSAGE Region 6	Alzheimer's Unit NO Bed Capacity 24 DMH Licensed No Facility Number 31116
	LOCKW	VOOD	
GOOD SHEPHERD COMMUNITY C 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST LOCKWOOD		Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 69 DMH Licensed No Facility Number 03051
GOOD SHEPHERD RESIDENTIAL OF 200 WEST 12TH LOCKWOOD Mailing Address 200 WEST 12TH LOCKWOOD	MO 65682-8337 MO 65682-8337	Telephone (417) 232-4571 Level of Care RCF* County DADE Region 1	Alzheimer's Unit No Bed Capacity 20 DMH Licensed No Facility Number 03051
	LOUISI	IA NA	
LYNN'S HERITAGE HOUSE, INC 800 KELLY LN LOUISIANA Mailing Address 800 KELLY LN LOUISIANA	MO 63353-2415 MO 63353-2415	Telephone (573) 754-4020 Level of Care ALF** County PIKE Region 5	Alzheimer's Unit NO Bed Capacity 44 DMH Licensed No Facility Number 21055
MAPLE GROVE LODGE 2407 KENTUCKY ST LOUISIANA Mailing Address 2407 KENTUCKY ST LOUISIANA	MO 63353-2503 MO 63353-2503	Telephone (573) 754-5456 Level of Care SNF County PIKE Region 5 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 90 DMH Licensed No Facility Number 05002

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

Wednesday, June 4, 2025 Page 68 of 137

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

	LOW	RY CITY		
TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY Mailing Address PO BOX 415 LOWRY CITY	MO 64763-9671 MO 64763-0415	Telephone (417) 644-2248 Level of Care SNF County SAINT CLAIR Region 1 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	YES 120 No 08140
	M.	ACON		
BRISTOL MANOR OF MACON 707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND D MACON	MO 63552-1994 DR MO 63552-1994	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17865
LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON	MO 63552-2165 MO 63552-0187	Telephone (660) 385-3113 Level of Care RCF* County MACON Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 26 No 04739
LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON	MO 63552-2165 MO 63552-0187	Telephone (660) 385-3113 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 100 No 04739
MACON HEALTH CARE CENTER 29612 KELLOGG AVE MACON Mailing Address PO BOX 465 MACON	MO 63552-3702 MO 63552-0465	Telephone (660) 385-5797 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 04914
	MA	DISON		
JONES' WILDWOOD CARE CENTE 12806 HWY 151 MADISON Mailing Address PO BOX 69 MADISON	MO 65263-3114 MO 65263-0069	Telephone (660) 291-8636 Level of Care RCF County MONROE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 32 Yes 08573
	MA	LDEN		
ASPIRE SENIOR LIVING MALDEN 1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN	MO 63863-1335 MO 63863-1335	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 70 No 12465
HAMPTON HOUSE RESIDENTIAL 201 N DECATUR STREET MALDEN Mailing Address 201 N DECATUR ST MALDEN	MO 63863-2017	Telephone (573) 276-6054 Level of Care RCF* County DUNKLIN Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 22 Yes 03331

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

Wednesday, June 4, 2025 Page 69 of 137

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

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

VOYAGE HEALTHCARE OF MALD	DEN			
500 BARRETT DRIVE		Telephone (573) 276-3843	Alzheimer's Unit	No
MALDEN	MO 63863-1204	Level of Care RCF	Bed Capacity	96
Mailing Address 500 BARRETT DRIV	E	County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2	Facility Number	06656
	MANCH	ESTER		
FAMILY PARTNERS MANCHESTE	R, LLC	(214) (96 4469		37
351 FOREST SUMMIT COURT MANCHESTER	MO 63021-5509	Telephone (314) 686-4468 Level of Care ALF**	Alzheimer's Unit Bed Capacity	Yes 42
Mailing Address 351 FOREST SUMMI		County SAINT LOUIS COUNTY	DMH Licensed	No
MANCHESTER	MO 63021-5509	Region 7	Facility Number	32473
MANCHESTER	WO 03021-3309	Region /	Facility Number	32473
	MANSF	FIELD		
ROCKY RIDGE MANOR				
3111 HIGHWAY A		Telephone (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care SNF	Bed Capacity	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996
	V(1 PPV)			
	MARBLI	E HILL		
ANNIE'S HOUSE INC				
25228 BUZZARD DRIVE		Telephone (573) 238-1300	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity	40
Mailing Address 25228 BUZZARD DR		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	30984
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		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-7487	Region 2	Facility Number	11123
DIANA'S BOARDING HOME 2				
25140 BUZZARD DR		Telephone (573) 238-3344	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity	40
Mailing Address HC 64, BOX 4677		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	23940
I & I DECIDENDIAL CARE EACH I	TV II			
J & J RESIDENTIAL CARE FACILIT	1 Y 11	Telephone (573) 238-4602	Alzheimer's Unit	No
104 WESBECHER MARBLE HILL	MO 63764-0378	Telephone (573) 238-4602 Level of Care RCF*	Bed Capacity	No 12
Mailing Address PO BOX 378	110 03/04-03/0	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0378	Region 2	Facility Number	07171
INDEL IIILE	1.29 03701 0370	region 2	racinty number	0/1/1
RANCH RESIDENTIAL CARE FACI	LITY 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

Wednesday, June 4, 2025 Page 70 of 137

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

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

STONEBRIDGE MARBLE HILL 702 HIGHWAY 34 WEST MARBLE HILL Mailing Address 702 HWY 34 WEST MARBLE HILL	MO 63764-4301 MO 63764-4301	Telephone (573) 238-2614 Level of Care SNF County BOLLINGER Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 98 DMH Licensed No Facility Number 10864
	MARCE	ELINE	
BRISTOL MANOR OF MARCELINE 102 EAST HAYDEN MARCELINE Mailing Address 102 EAST HAYDEN	MO 64658-2003	Telephone (660) 376-2210 Level of Care RCF County LINN	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
MARCELINE	MO 64658-2003	Region 5	Facility Number 17764
PIONEER SKILLED NURSING CEN 1500 SOUTH KANSAS AVE MARCELINE Mailing Address 1500 S KANSAS AVE MARCELINE	MO 64658-1716	Telephone (660) 376-2001 Level of Care SNF County CHARITON Region 5 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 96 DMH Licensed No Facility Number 05900
	MARION	VILLE	
OZARKS METHODIST MANOR, TH 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE		Telephone (417) 258-2573 Level of Care SNF County LAWRENCE Region 1 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 78 DMH Licensed No Facility Number 06273
OZARKS METHODIST MANOR, TH 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE	MO 65705-9340 MO 65705-0403	Telephone (417) 258-2573 Level of Care RCF County LAWRENCE Region 1	Alzheimer's Unit No Bed Capacity 76 DMH Licensed No Facility Number 06273
	MARSH	HAI I	
		IIIL	
GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO MARSHALL	MO 65340-1510	Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5	Alzheimer's Unit No Bed Capacity 11 DMH Licensed No Facility Number 00633
GOLDEN OAKS ASSISTED LIVING 27882 HIGHWAY H MARSHALL	I LLC MO 65340-5303	Telephone (660) 886-6172 Level of Care ALF**	Alzheimer's Unit No Bed Capacity 67
Marshall Mailing Address 27882 HIGHWAY H MARSHALL	MO 65340-5303	County SALINE Region 5	DMH Licensed No Facility Number 15380
HARTLAND RESIDENTIAL CARE OF 23435 LADDER DR		Telephone (660) 886-7093	Alzheimer's Unit No
MARSHALL Mailing Address 23435 LADDER DR MARSHALL	MO 65340-4662 MO 65340-4662	Level of Care RCF County SALINE Region 5	Bed Capacity12DMH LicensedNoFacility Number15163

Wednesday, June 4, 2025 Page 71 of 137

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

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

LEGENDARY NURSING & REHABILITA	TION LLC				
809 EAST GORDON ST		Telephone	(660) 886-2247	Alzheimer's Unit	No
MARSHALL MO	65340-2811	Level of Care	SNF	Bed Capacity	92
Mailing Address 809 EAST GORDON ST		County SAL	INE	DMH Licensed	No
MARSHALL MO	65340-2811	Region 5	Medicare/Medicaid	Facility Number	04895
I WING CENTED THE					
LIVING CENTER, THE 2506 LINDEN TREE PARKWAY		Telephone	(660) 886-9676	Alzheimer's Unit	Yes
	65340-0017	Level of Care	SNF	Bed Capacity	99
Mailing Address PO BOX 370	03340-0017	County SAL		DMH Licensed	No
	65340-0370	Region 5	Medicare/Medicaid	Facility Number	21791
WINDINGE 1120	03340 0370	Kegion 5	Wedicare/Medicard	racinty ramper	21771
LYBL					
1325 SOUTH HIGHLAND COURT		Telephone	(660) 530-7081	Alzheimer's Unit	No
MARSHALL MO	65340-3058	Level of Care	RCF	Bed Capacity	11
Mailing Address 1325 SOUTH HIGHLAND	COURT	County SAL	INE	DMH Licensed	No
MARSHALL MO	65340-3058	Region 5		Facility Number	03558
WESTPORT ESTATES - ASSISTED LIVIN	IC RV AMEDICADE				
904 APACHE DR	G D1 AMERICARE	Telephone	(660) 886-5500	Alzheimer's Unit	Yes
, , , ,	65340-2900	Level of Care	ALF**	Bed Capacity	62
Mailing Address 904 APACHE DR	03340-2700	County SAL		DMH Licensed	No
· ·	65340-2900	Region 5	in (L)	Facility Number	16202
WI MOTHELE 1120	033.10.2300	Kegion 5		Tuelity Tulliber	10202
	MARSHF	TIELD			
MARSHFIELD CARE CENTER FOR REH	AB AND HEALTHCARE				
800 SOUTH WHITE OAK		Telephone	(417) 859-3701	Alzheimer's Unit	No
	65706-2231	Level of Care	SNF	Bed Capacity	74
Mailing Address 800 SOUTH WHITE OAK		County WEI	BSTER	DMH Licensed	No
•	65706-2231	Region 1	Medicare/Medicaid	Facility Number	18481
MARSHFIELD PLACE					
820 SOUTH WHITE OAK STREET					
620 SOUTH WHITE OAK STREET		Telephone	(417) 859-6133	Alzheimer's Unit	No
	65706-2231	Telephone Level of Care	(417) 859-6133 RCF*	Alzheimer's Unit Bed Capacity	No 40
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S		Level of Care County WEI	` '	Bed Capacity DMH Licensed	
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S		Level of Care	RCF*	Bed Capacity	40
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S	STREET	Level of Care County WEI	RCF*	Bed Capacity DMH Licensed	40 Yes
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO	STREET	Level of Care County WEI Region 1	RCF* 3STER	Bed Capacity DMH Licensed Facility Number	40 Yes
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST	STREET	Level of Care County WEI	RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	40 Yes 20500
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST	65706-2325	Level of Care County WEI Region 1 Telephone Level of Care	RCF* 3STER (417) 859-5144	Bed Capacity DMH Licensed Facility Number	40 Yes 20500 No
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST	65706-2325	Level of Care County WEI Region 1 Telephone Level of Care	RCF* 3STER (417) 859-5144 SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 Yes 20500 No 90
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST	65706-2325 65706-2325	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1	RCF* 3STER (417) 859-5144 SNF 3STER	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 Yes 20500 No 90 No
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST	65706-2325	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1	RCF* 3STER (417) 859-5144 SNF 3STER	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 Yes 20500 No 90 No
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST MARSHFIELD MO NHC HEALTHCARE, MARYLAND HEIG	65706-2325 65706-2325 MARYLAND 1	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1	RCF* 3STER (417) 859-5144 SNF 3STER	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	40 Yes 20500 No 90 No
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST MARSHFIELD MO NHC HEALTHCARE, MARYLAND HEIG 2920 FEE FEE RD	65706-2325 65706-2325 MARYLAND 1	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1 HEIGHTS	RCF* 3STER (417) 859-5144 SNF 3STER Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	40 Yes 20500 No 90 No 08405
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST MARSHFIELD MO NHC HEALTHCARE, MARYLAND HEIG 2920 FEE FEE RD MARYLAND HEIGHTS MO	65706-2325 65706-2325 MARYLAND 1	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1 HEIGHTS Telephone Level of Care	RCF* 3STER (417) 859-5144 SNF 3STER Medicare/Medicaid (314) 291-0121 SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	40 Yes 20500 No 90 No 08405
MARSHFIELD MO Mailing Address 820 SOUTH WHITE OAK S MARSHFIELD MO WEBCO MANOR 1687 W WASHINGTON ST MARSHFIELD MO Mailing Address 1687 W WASHINGTON ST MARSHFIELD MO NHC HEALTHCARE, MARYLAND HEIG 2920 FEE FEE RD MARYLAND HEIGHTS MO Mailing Address 2920 FEE FEE RD	65706-2325 65706-2325 MARYLAND 1	Level of Care County WEI Region 1 Telephone Level of Care County WEI Region 1 HEIGHTS Telephone Level of Care	RCF* 3STER (417) 859-5144 SNF 3STER Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	40 Yes 20500 No 90 No 08405

Wednesday, June 4, 2025 Page 72 of 137

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

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

PARKWOOD SKILLED NURSING 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 LN	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1334	Region 7 Medicare/Medicaid	Facility Number	02471
STONEBRIDGE MARYLAND HEIGHTS			
2963 DODDRIDGE AVE	Telephone (314) 291-4557	Alzheimer's Unit	No
MARYLAND HEIGHTS MO 63043-1736	Level of Care SNF	Bed Capacity	223
Mailing Address 2963 DODDRIDGE AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1736	Region 7 Medicare/Medicaid	Facility Number	00855
MAKTEAND HEIGHTS 1410 03043-1730	Region / Wiedicare/Wiedicard	racinty (vumber	00833
MARY	VILLE		
DDICTOL MANOD OF MADVAULE			
BRISTOL MANOR OF MARYVILLE	T 1 1 (CCO) 592 4121	A1 1 1 1 TT 14	NI-
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 DR	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-3619	Region 4	Facility Number	19843
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
MAK I VILLE 1910 04400-1933	Region 4 Medicare/Medicaid	racinty Number	03149
NODAWAY HEAL THEADE			
NODAWAY HEALTHCARE	T 1 1 (660) 562 2976	A1 1 1 1 TT 14	N-
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
OAK POINTE OF MARYVILLE	m		••
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 COUNTRY CLUB DR	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-1477	Region 4	Facility Number	29544
PARKDALE MANOR HEALTH & REHABILITATION	W 1 . 1	411	
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

Wednesday, June 4, 2025 Page 73 of 137

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

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

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

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 46
Mailing Address 810 EAST EDWARDS ST	County NODAWAY DMH Licensed No
MARYVILLE MO 64468-2917	Region 4 Medicare/Medicaid Facility Number 20361
VILLAGE CARE CENTER, INC	
810 EAST EDWARDS ST	Telephone (660) 562-3515 Alzheimer's Unit No
MARYVILLE MO 64468-2917	Level of Care RCF* Bed Capacity 18
Mailing Address 810 EAST EDWARDS ST	County NODAWAY DMH Licensed No
	•
MARYVILLE MO 64468-2917	Region 4 Facility Number 20361
	MATTHEWS
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 RAILROAD ST	
MATTHEWS MO 63867-9751	Region 2 Medicare/Medicaid Facility Number 07057
	MAYSVILLE
CUNCET HOME	
SUNSET HOME	TD 1 (016) 440 2150 All 1 (17) A
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
	MEXICO
ARBORS AT LAKEVIEW BEND - ASSISTED LIVING B	
1700 ASBURY CIRCLE WEST	Telephone (573) 581-8777 Alzheimer's Unit Yes
MEXICO MO 65265-1400	Level of Care ALF** Bed Capacity 39
Mailing Address 1722 HUNTINGFIELD DR	County AUDRAIN DMH Licensed No
MEXICO MO 65265-3808	Region 5 Facility Number 13544
ESSEY OF MEVICO THE	
ESSEX OF MEXICO, THE 1109 OLD FARM RD WEST	Telephone (573) 581-5223 Alzheimer's Unit No
	•
MEXICO MO 65265-3250	Level of Care RCF Bed Capacity 12
Mailing Address 1109 OLD FARM RD WEST	County AUDRAIN DMH Licensed No
MEXICO MO 65265-3250	Region 5 Facility Number 24425
KING'S DAUGHTERS HOME, THE	
620 WEST BOULEVARD ST	Telephone (573) 581-1577 Alzheimer's Unit No
MEXICO MO 65265-2199	Level of Care ICF Bed Capacity 39
Mailing Address 620 WEST BOULEVARD ST	County AUDRAIN DMH Licensed No
MEXICO MO 65265-2199	Region 5 Facility Number 04146
KING'S DAUGHTERS HOME, THE	
KING'S DAUGHTERS HOME, THE 620 WEST BOULEVARD ST	Telephone (573) 581-1577 Alzheimer's Unit No
KING'S DAUGHTERS HOME, THE	

Region 5

Facility Number

04146

MO 65265-2199

MEXICO

Wednesday, June 4, 2025 Page 74 of 137

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

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

PIN OAKS LIVING CENTER			
1525 WEST MONROE ST	Telephone (573) 581-7261	Alzheimer's Unit	No
MEXICO MO 65265-1201	Level of Care SNF	Bed Capacity	124
Mailing Address 1525 WEST MONROE ST	County AUDRAIN	DMH Licensed	No
MEXICO MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number	05804
TEAL LAKE - ASSISTED LIVING BY AMERICARE			
1722 HUNTINGFIELD DR	Telephone (573) 582-7800	Alzheimer's Unit	No
MEXICO MO 65265-3808	Level of Care ALF**	Bed Capacity	42
Mailing Address 1722 HUNTINGFIELD DR	County AUDRAIN	DMH Licensed	No
MEXICO MO 65265-3808	Region 5	Facility Number	23534
	MILAN		
MILAN HEALTH CARE CENTER			
52435 INFIRMARY RD	Telephone (660) 265-4032	Alzheimer's Unit	No
MILAN MO 63556-2874	Level of Care SNF	Bed Capacity	100
Mailing Address 52435 INFIRMARY RD	County SULLIVAN	DMH Licensed	No
MILAN MO 63556-2874	Region 5 Medicare/Medicaid	Facility Number	05418
	g	•	
STOVER'S RESIDENTIAL CARE FACILITY			
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
MILAIV 1110 03330-1222	Region 5	racinty Number	07709
TESSLAND RESIDENTIAL CARE FACILITY LLC			
	T-11 (660) 265 4201	A 1-1	No
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
MINE	RAL POINT		
	MILI OIIVI		
HILLSIDE LIVING CENTER			
10160 RESTORATION CIRCLE ROAD	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	County WASHINGTON	DMH Licensed	Yes
PARK HILLS MO 63601-0534	Region 2	Facility Number	09270
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
	-	-	
M	OBERLY		
ASPIRE SENIOR LIVING MOBERLY			
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 URBANDALE DR	County RANDOLPH	DMH Licensed	No
MOBERLY MO 65270-1966	·	Facility Number	
WODERE1 WIO 032/0-1700	Region 5 Medicare/Medicaid	racinty Number	12523

Wednesday, June 4, 2025 Page 75 of 137

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

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

COATES STREET COMFORT HOU	SE			
612 WEST COATES ST	SE.	Telephone (660) 263-6759	Alzheimer's Unit	No
MOBERLY	MO 65270-1319	Level of Care RCF	Bed Capacity	20
Mailing Address PO BOX 781	1.10 00270 131)	County RANDOLPH	DMH Licensed	Yes
MOBERLY	MO 65270-0781	Region 5	Facility Number	08220
WODERET	110 03270 0701	Kegion 5	racincy (value)	00220
MARK TWAIN ASSISTED LIVING				
901 UNION AVE		Telephone (660) 263-6515	Alzheimer's Unit	No
MOBERLY	MO 65270-2456	Level of Care ALF**	Bed Capacity	42
Mailing Address 901 UNION AVE		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-2456	Region 5	Facility Number	16369
MEADOW RIDGE SENIOR LIVING				
521 MEADOW RIDGE LANE		Telephone (660) 263-0550	Alzheimer's Unit	No
MOBERLY	MO 65270-4550	Level of Care ALF**	Bed Capacity	57
Mailing Address 521 MEADOW RIDG	E LANE	County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-4550	Region 5	Facility Number	28019
NORTH VILLAGE PARK				
		Tolonkono (((0) 200 7200	Alahaimari- II	NT_
2041 SILVA LN	MO (5270 2670	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
RAVENWOOD TERRACE - ASSISTI	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
VALLEY VIEW HEALTH & REHAE	BILITATION			
1600 EAST ROLLINS ST		Telephone (660) 263-6887	Alzheimer's Unit	No
MOBERLY	MO 65270-2478	Level of Care SNF	Bed Capacity	96
Mailing Address 1600 E ROLLINS ST		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-2478	Region 5 Medicare/Medicaid	Facility Number	13167
	MOK.	A NF		
	IN OKA	11 L		
RIVERVIEW NURSING CENTER				
10303 STATE RD C		Telephone (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730
	MON	FTT		
	MON	611		
COUNTRYSIDE CARE CENTER, LI	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

Wednesday, June 4, 2025 Page 76 of 137

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

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

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	140	County BARRY	DMH Licensed	No
MONETT	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number 04	4315
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	3.50 00,00 2512	County BARRY	DMH Licensed	Yes
MONETT	MO 65708-2312	Region 1		8227
		region -	1.	J,
OAK POINTE OF MONETT				
1011 OLD AIRPORT ROAD		Telephone (417) 235-3500	Alzheimer's Unit	Yes
MONETT	MO 65708-1375	Level of Care ALF**	Bed Capacity	55
Mailing Address 1011 OLD AIRPOR	ΓROAD	County LAWRENCE	DMH Licensed	No
MONETT	MO 65708-1375	Region 1	Facility Number 30	0206
	A.	MONROE CITY		
		IONROE CITT		
BRISTOL MANOR OF MONROE O	ITY			
1017 EAST LAWN ST	150 - 50 - 55 - 1 - 100	Telephone (573) 735-3068	Alzheimer's Unit	No
MONROE CITY	MO 63456-1433	Level of Care RCF	Bed Capacity	12
Mailing Address 1017 EAST LAWN		County MONROE	DMH Licensed	Yes
MONROE CITY	MO 63456-1433	Region 5	Facility Number 20	0045
MONROE CITY MANOR CARE CI	ENTER			
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	EAST	County MARION	DMH Licensed	No
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number 05	5473
	1401	WEGOMEDY OF		
	MON	NTGOMERY CITY		
ASHBURY HEIGHTS OF MONTG	OMERY CITY	(572) 574 2207		N
625 WEST 2ND ST	MO (22(1.17(2)	Telephone (573) 564-3386	Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care RCF	Bed Capacity	12 N-
Mailing Address 625 WEST 2ND ST	MO 62261 1762	County MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number 20	0160
	M	OSCOW MILLS		
FOUR SEASONS ASSISTED LIVIN	G			
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 02	2624
FOUR SEASONS RCF I		m 1 1 (22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
220 RAILROAD ST	MO (22/2 1/00	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	MO 63362 1600	County LINCOLN	DMH Licensed	Yes

Region 5

Facility Number

02624

MO 63362-1600

MOSCOW MILLS

Wednesday, June 4, 2025 Page 77 of 137

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

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

MOUN	D CITY		
TIFFANY HEIGHTS			
1531 NEBRASKA ST	Telephone (660) 442-3146	Alzheimer's Unit	No
MOUND CITY MO 64470-1610	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 308	County HOLT	DMH Licensed	No
MOUND CITY MO 64470-0308	Region 4 Medicare/Medicaid	Facility Number	07998
MOVING	VEDVOV		
MOUNT	VERNON		
COMMUNITY OF AUTUMN COURT 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 ST	County LAWRENCE	DMH Licensed	No
MOUNT VERNON MO 65712-1912	Region 1	Facility Number	20809
MOUNTA	IN GROVE		
AUTUMN OAKS CARING CENTER			
1310 HOVIS ST	Telephone (417) 926-5128	Alzheimer's Unit	Yes
MOUNTAIN GROVE MO 65711-1219	Level of Care SNF	Bed Capacity	120
Mailing Address 1310 HOVIS ST	County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE MO 65711-1219	Region 1 Medicare/Medicaid	Facility Number	07970
MO 03/11-121)	Region 1 Medical e/Medicald	Pacificy Number	07970
COUNTRY LIVING ASSISTED LIVING			
2820 NORTH MAIN ST	Telephone (417) 926-1955	Alzheimer's Unit	No
MOUNTAIN GROVE MO 65711-1403	Level of Care ALF	Bed Capacity	40
Mailing Address 2820 NORTH MAIN ST	County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE MO 65711-1403	Region 1	Facility Number	27548
MOUNTA	AIN VIEW		
MOUNTAIN VIEW HEALTHCARE			
1211 NORTH ASH ST	Telephone (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW MO 65548-7376	Level of Care SNF	Bed Capacity	105
Mailing Address PO BOX 879	County HOWELL	DMH Licensed	No
MOUNTAIN VIEW MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number	15542
DADE DI ACE ADADTMENTE			
PARK PLACE APARTMENTS 1211 NORTH ASH ST	Talanhana (417) 024 6919	Alzheimer's Unit	No
	Telephone (417) 934-6818		No
MOUNTAIN VIEW MO 65548-7376	Level of Care ALF	Bed Capacity	18 N-
Mailing Address PO BOX 879	County HOWELL	DMH Licensed	No
MOUNTAIN VIEW MO 65548-0879	Region 2	Facility Number	15542
MT VE	ERNON		
LAWRENCE COUNTY MANOR			
OLS CADL ALLENCE	Telephone (417) 466-2183	Alzheimer's Unit	Yes
915 CARL ALLEN ST	. /		
MT VERNON MO 65712-1612	Level of Care SNF	Bed Capacity	90
	• '	Bed Capacity DMH Licensed	90 No

Wednesday, June 4, 2025 Page 78 of 137

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

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

LAWRENCE COUNTY RESIDENTIA	AL 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 ST	Γ	County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1	Facility Number 043	349
		C		
MT VERNON NURSING				
1425 SOUTH LANDRUM		Telephone (417) 466-2260	Alzheimer's Unit	ON
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 163	304
	NEOG	110		
	NEOS.	HU		
GRAN VILLAS NEOSHO 420 LYON DR		T-l (417) 451 7071	Al-ludino del Tinda	N.o.
NEOSHO	MO 64850-9194	Telephone (417) 451-7071 Level of Care RCF		No 30
	WO 04830-9194			
Mailing Address 420 LYON DR	MO (4050 0104	County NEWTON		No
NEOSHO	MO 64850-9194	Region 1	Facility Number 201	.56
HENLEY PLACE OF NEOSHO, A SE	ENIOR RESIDENCE BY AMERICARE	!		
1105 VILLAGE RD	SIVON RESIDENCE DI INVERIORI	Telephone (417) 451-1000	Alzheimer's Unit	No
NEOSHO	MO 64850-9076	Level of Care RCF		50
Mailing Address 1105 VILLAGE RD	1110 01000 7070	County NEWTON		No
NEOSHO	MO 64850-9076	Region 1	Facility Number 201	
		riogion i	201	,,,
MEDICALODGES NEOSHO				
400 LYON DR		Telephone (417) 451-2544	Alzheimer's Unit	Yes
NEOSHO	MO 64850-9194	Level of Care SNF	Bed Capacity 1	114
Mailing Address 400 LYON DR		County NEWTON	DMH Licensed	No
NEOSHO	MO 64850-9194	Region 1 Medicare/Medicaid	Facility Number 053	383
OAK POINTE OF NEOSHO				
2601 OAK RIDGE EXTENSION	110	Telephone (417) 451-8872		Yes
NEOSHO	MO 64850-7765	Level of Care ALF**		55
Mailing Address 2601 OAK RIDGE EX		County NEWTON		No
NEOSHO	MO 64850-7765	Region 1	Facility Number 299	172
WEBWOOD ASSISTED LIVING, LL	C			
1640 WALDO HATLER DRIVE		Telephone (417) 451-2997	Alzheimer's Unit	NO
NEOSHO	MO 64850-8059	Level of Care ALF		31
Mailing Address 1640 WALDO HATLI		County NEWTON		No
NEOSHO	MO 64850-8059	Region 1	Facility Number 312	
NEODIIO	110 04030 0037	Region 1	Tacinity Number 512	.03
	NEVA	DA		
BRISTOL MANOR OF NEVADA				
401 EAST WALNUT		Telephone (417) 667-5700	Alzheimer's Unit	No
NEVADA	MO 64772-2457	Level of Care RCF		12
Mailing Address 401 EAST WALNUT		County VERNON		Yes
NEVADA	MO 64772-2457	Region 1	Facility Number 184	171
		-		

Wednesday, June 4, 2025 Page 79 of 137

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

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

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

BUNGALOWS AT NEVADA, THE			
640 EAST HIGHLAND		Telephone (417) 667-3883	Alzheimer's Unit No
NEVADA	MO 64772-1091	Level of Care RCF	Bed Capacity 37
Mailing Address 640 EAST HIGHLAN		County VERNON	DMH Licensed No
NEVADA	MO 64772-1091	Region 1	Facility Number 23732
CLADIC CADE CENTEED ONE			
CLARK CARE CENTER - ONE 1505 EAST ASHLAND ST		Telephone (417) 667 2000	Alzheimer's Unit No
NEVADA	MO 64772 4025	Telephone (417) 667-3900 Level of Care RCF*	Alzheimer's Unit No Bed Capacity 38
	MO 64772-4025	County VERNON	
Mailing Address PO BOX 246 NEVADA	MO 64772-0246	•	
NEVADA	MO 04772-0240	Region 1	Facility Number 20206
JOE CLARK RESIDENTIAL CARE	НОМЕ		
1495 EAST ASHLAND ST		Telephone (417) 667-5000	Alzheimer's Unit No
NEVADA	MO 64772-4016	Level of Care ALF**	Bed Capacity 34
Mailing Address PO BOX 246		County VERNON	DMH Licensed No
NEVADA	MO 64772-0246	Region 1	Facility Number 23419
MEDICAL ODGEG STEVEN			
MEDICALODGES NEVADA			
1210 W ASHLAND ST	MO (4552 100)	Telephone (417) 667-5064	Alzheimer's Unit No
NEVADA	MO 64772-1906	Level of Care SNF	Bed Capacity 100
Mailing Address 1210 W ASHLAND S		County VERNON	DMH Licensed No
NEVADA	MO 64772-1906	Region 1 Medicare/Medicaid	Facility Number 05717
MOORE-FEW CARE CENTER			
901 SOUTH ADAMS		Telephone (417) 448-3841	Alzheimer's Unit No
NEVADA	MO 64772-3209	Level of Care SNF	Bed Capacity 108
Mailing Address 901 SOUTH ADAMS	S	County VERNON	DMH Licensed No
NEVADA	MO 64772-3209	Region 1 Medicare/Medicaid	Facility Number 05703
NATHAN RICHARD HEALTH CAR	e cented		
700 EAST HIGHLAND AVE	E CENTER	Telephone (417) 667-8889	Alzheimer's Unit No
NEVADA	MO 64772-1025	Level of Care SNF	Bed Capacity 68
Mailing Address 700 EAST HIGHLAN		County VERNON	DMH Licensed No
8	MO 64772-1025	Region 1 Medicare/Medicaid	Facility Number 18210
TVL VIDII	110 04772 1023	Region 1 Medical e/Medicald	Tacinty Number 10210
	NEW FLC	PRENCE	
ASPIRE SENIOR LIVING NEW FLO	ORENCE		
515 PICNIC ST		Telephone (573) 415-9333	Alzheimer's Unit No
NEW FLORENCE	MO 63363-2223	Level of Care 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
ASPIRE SENIOR LIVING NEW FLO	OPENCE		
515 PICNIC ST	JREICE	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	1110 03303-2223	County MONTGOMERY	DMH Licensed No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number 05723
I LONDINGE		region o	_ ucincy _ (unified

Wednesday, June 4, 2025 Page 80 of 137

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

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

		NEW HAVEN		
A DIZONA GADE GENTEED		IDII IIII V LII		
ARIZONA CARE CENTER 101 ARIZONA ST		Telephone (573) 237-4830	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1210	Telephone (573) 237-4830 Level of Care ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST	WIO 03008-1210	County FRANKLIN	DMH Licensed	Yes
NEW HAVEN	MO 63068-1210	Region 6	Facility Number	19080
NEW HAVEN	1410 03000-1210	Region 0	racinty Number	19000
NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number	05738
NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number	05738
	Λ	VEW MADRID		
NEW MADDID LIVING CONTERD	-	21, 11, 10, 10, 10, 10, 10, 10, 10, 10, 1		
NEW MADRID LIVING CENTER 1050 DAWSON RD		T-11 (572) 749 5422	A 1-1	Yes
NEW MADRID	MO 63869-1116	Telephone (573) 748-5622 Level of Care SNF	Alzheimer's Unit Bed Capacity	112
Mailing Address 1050 DAWSON RD		County NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number	04952
NEW WIDKID	1110 03000 1110	Region 2 Wiedicare/Medicard	racinty Number	04932
		NIXA		
BRADFORD COURT - ASSISTED I	LIVING BY AMERICARE	NIXA		
BRADFORD COURT - ASSISTED I	LIVING BY AMERICARE	NIXA Telephone (417) 725-0177	Alzheimer's Unit	No
	LIVING BY AMERICARE MO 65714-9384		Alzheimer's Unit Bed Capacity	No 50
902 NORTH MAIN		Telephone (417) 725-0177		
902 NORTH MAIN NIXA		Telephone (417) 725-0177 Level of Care ALF**	Bed Capacity	50
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA	MO 65714-9384 MO 65714-9384	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN	Bed Capacity DMH Licensed	50 No
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING T	MO 65714-9384 MO 65714-9384	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number	50 No 17732
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD	MO 65714-9384 MO 65714-9384 THE	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	50 No 17732 Yes
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA	MO 65714-9384 MO 65714-9384 THE MO 65714-9902	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	50 No 17732 Yes 66
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	50 No 17732 Yes 66 No
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA	MO 65714-9384 MO 65714-9384 THE MO 65714-9902	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	50 No 17732 Yes 66
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE	MO 65714-9384 MO 65714-9384 FHE MO 65714-9902 LE ROAD MO 65714-9902	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	50 No 17732 Yes 66 No
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING T 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTL NIXA	MO 65714-9384 MO 65714-9384 FHE MO 65714-9902 LE ROAD MO 65714-9902	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	50 No 17732 Yes 66 No
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF	MO 65714-9384 MO 65714-9384 FHE MO 65714-9902 LE ROAD MO 65714-9902	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 17732 Yes 66 No 30722
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 17732 Yes 66 No 30722
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD NIXA	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	50 No 17732 Yes 66 No 30722
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGG NIXA	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419 G RD	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166 Level of Care RCF* County CHRISTIAN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	50 No 17732 Yes 66 No 30722 No 44 Yes
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGO NIXA NIXA NURSING & REHAB	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419 G RD	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166 Level of Care RCF* County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 17732 Yes 66 No 30722 No 44 Yes 14190
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGO NIXA NIXA NURSING & REHAB 1104 NORTH MAIN ST	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419 G RD MO 65714-7419	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166 Level of Care RCF* County CHRISTIAN Region 1 Telephone (417) 725-1777	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 17732 Yes 66 No 30722 No 44 Yes 14190
902 NORTH MAIN NIXA Mailing Address 902 NORTH MAIN NIXA CASTLEWOOD SENIOR LIVING TO 1538 N OLD CASTLE ROAD NIXA Mailing Address 1538 N OLD CASTLE NIXA LIFE ENHANCEMENT VILLAGE OF 732 SOUTH GREGG ROAD NIXA Mailing Address 732 SOUTH GREGO NIXA NIXA NURSING & REHAB	MO 65714-9384 MO 65714-9384 THE MO 65714-9902 LE ROAD MO 65714-9902 OF THE OZARKS INC MO 65714-7419 G RD	Telephone (417) 725-0177 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 724-8188 Level of Care ALF** County CHRISTIAN Region 1 Telephone (417) 725-5166 Level of Care RCF* County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 17732 Yes 66 No 30722 No 44 Yes 14190

Region 1

Medicare/Medicaid

Facility Number

13840

MO 65714-9316

NIXA

Wednesday, June 4, 2025 Page 81 of 137

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

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

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		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9679	Region 1	Facility Number	15935
SPECIAL FORCE FAMILY MINIST	RIES			
428 SOUTH HARRISON ST		Telephone (417) 725-7917	Alzheimer's Unit	No
NIXA	MO 65714-7809	Level of Care RCF	Bed Capacity	12
Mailing Address PO BOX 882		County CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-0882	Region 1	Facility Number	18764
	NORMA	ANDY		
AMBERWOOD ESTATES NURSING				
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 DR		County SAINT LOUIS COUNTY	DMH Licensed	No
NORMANDY	MO 63121-1407	Region 7 Medicare/Medicaid	Facility Number	01238
	O'FAL	LON		
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit	NO
O'FALLON	MO 63366-	Level of Care ALF**	Bed Capacity	10
Mailing Address 206 NORTH MAIN S	Т	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5	Facility Number	27367
	OAK GI	ROVE		
ASPIRE SENIOR LIVING OAK GRO				
2108 SW MITCHELL STREET	OVE	Telephone (816) 690-4118	Alzheimer's Unit	Yes
2108 SW MITCHELL STREET OAK GROVE		Telephone (816) 690-4118 Level of Care SNF	Bed Capacity	90
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL	MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON	Bed Capacity DMH Licensed	90 No
2108 SW MITCHELL STREET OAK GROVE	OVE	Telephone (816) 690-4118 Level of Care SNF	Bed Capacity	90
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE	MO 64075-9472 MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON	Bed Capacity DMH Licensed	90 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL	MO 64075-9472 MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON	Bed Capacity DMH Licensed	90 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE	MO 64075-9472 MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 05849
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN	MO 64075-9472 MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 05849 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE	MO 64075-9472 MO 64075-9472	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 05849 No 12
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 05849 No 12 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE	MO 64075-9472 MO 64075-9472 MO 64075-8109	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 05849 No 12 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 05849 No 12 No 16552
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODE	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 05849 No 12 No 16552
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 05849 No 12 No 16552
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODES MO 64076-1330	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	90 No 05849 No 12 No 16552 No 12 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODE	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	90 No 05849 No 12 No 16552
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST ODESSA ODESSA HEALTH CARE CENTER	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODES MO 64076-1330	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE 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	90 No 05849 No 12 No 16552 No 12 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST ODESSA	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODES MO 64076-1330	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE Region 3 Telephone (816) 230-7530	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 05849 No 12 No 16552 No 12 No
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST ODESSA ODESSA HEALTH CARE CENTER 609 GOLF ST ODESSA	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 ODES MO 64076-1330	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE Region 3 Telephone (816) 230-7530 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	90 No 05849 No 12 No 16552 No 16547
2108 SW MITCHELL STREET OAK GROVE Mailing Address 2108 S MITCHELL OAK GROVE BRISTOL MANOR OF OAK GROVE 300 NORTH AUSTIN OAK GROVE Mailing Address 300 N AUSTIN OAK GROVE BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST ODESSA ODESSA HEALTH CARE CENTER 609 GOLF ST	MO 64075-9472 MO 64075-9472 MO 64075-8109 MO 64075-8109 MO 64076-1330 MO 64076-1330	Telephone (816) 690-4118 Level of Care SNF County JACKSON Region 3 Medicare/Medicaid Telephone (816) 625-8691 Level of Care RCF County JACKSON Region 3 SSA Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE Region 3 Telephone (816) 230-7530	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 05849 No 12 No 16552 No 16547

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

Wednesday, June 4, 2025 Page 82 of 137

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

O'FALLON

		O'FALLON		
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit	No
O'FALLON	MO 63366-2299	Level of Care SNF	Bed Capacity	55
Mailing Address 206 NORTH MA	AIN ST	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number	27367
			•	
ASSISTED LIVING AT THE MI	EADOWLANDS			
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 MEADOWL	ANDS ESTATES LN	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-4591	Region 5	Facility Number	26475
DELMAR GARDENS OF O'FAI	LON			
7068 SOUTH OUTER 364	ALOIN .	Telephone (636) 240-6100	Alzheimer's Unit	Yes
O'FALLON	MO 63368-7757	Level of Care SNF	Bed Capacity	240
Mailing Address 7068 SOUTH O		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5 Medicare/Medicaid	Facility Number	24291
OTALLON	110 03300-7737	Region 5 Wieurcai e/Meurcaiu	racinty Number	24291
GARDEN VIEW CARE CENTER	R			
700 GARDEN PATH		Telephone (636) 240-2840	Alzheimer's Unit	YES
O'FALLON	MO 63366-3052	Level of Care SNF	Bed Capacity	120
Mailing Address 700 GARDEN P.	ATH	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-3052	Region 5 Medicare/Medicaid	Facility Number	13963
GARDEN VILLAS OF O'FALLO)N			
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 O	JTER 364 RD	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5	Facility Number	27793
PARK PLACE II				
2000 BOARDWALK PLACE DR		Telephone (636) 625-2900	Alzheimer's Unit	YES
O'FALLON	MO 63368-3901	Level of Care ALF**	Bed Capacity	124
Mailing Address 2000 BOARDW		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-3901	Region 5	Facility Number	29016
		S	v	
SSM HEALTH NEURO TRANSI	TIONAL CENTER			
700 S WOODLAWN AVE		Telephone (636) 339-3350	Alzheimer's Unit	No
O'FALLON	MO 63366-3026	Level of Care ALF**	Bed Capacity	12
Mailing Address 700 S WOODLA	.WN AVE	County ST CHARLES	DMH Licensed	No
O'FALLON	MO 63366-3026	Region 5	Facility Number	33784
TWIN OAKS ESTATE, INC				
707 EMGE RD		Telephone (636) 542-5200	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2118	Region 5	Facility Number	08209

Wednesday, June 4, 2025 Page 83 of 137

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

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

	OREG	ON	
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	1120 01175 7000	County HOLT	DMH Licensed No
OREGON	MO 64473-0019	Region 4 Medicare/Medicaid	Facility Number 06097
OKEGOIV	1410 04473-0017	Region 4 Medical e/Medicald	racinty Number 00097
	OSAGE B	BEACH	
ARROWHEAD SENIOR LIVING CO	OMMUNITY		
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2754	Level of Care SNF	Bed Capacity 80
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number 31536
ARROWHEAD SENIOR LIVING CO	OMMUNITY		
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit Yes
OSAGE BEACH	MO 65065-2754	Level of Care ALF**	Bed Capacity 90
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2754	Region 6	Facility Number 31536
OSAGE BEACH REHABILITATION	I AND HEAT TH CADE CENTED		
844 PASSOVER RD	CARD HEALTH CARE CERTER	Telephone (573) 348-2225	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2834	Level of Care SNF	Bed Capacity 94
Mailing Address 844 PASSOVER RD	WIO 03003-2034	County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2834	·	Facility Number 06116
OSAGE BEACH	WO 03003-2634	Region 6 Medicare/Medicaid	racinty Number 00110
OZARK REHABILITATION & HEA	LTH CARE CENTER		
1083 OZARK CARE DR		Telephone (573) 348-1711	Alzheimer's Unit No
OSAGE BEACH	MO 65065-3016	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 270		County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-0270	Region 6 Medicare/Medicaid	Facility Number 06217
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		Telephone (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	• '	
Mailing Address 872 COLLEGE BLVI		County MILLER	
OSAGE BEACH	MO 65065-8408	Region 6	Facility Number 20926
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		Telephone (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	Level of Care SNF	Bed Capacity 66
Mailing Address 872 COLLEGE BLVI)	County MILLER	DMH Licensed No
OSAGE BEACH	MO 65065-8408	Region 6 Medicare/Medicaid	Facility Number 20926
	QUEDI	AND	
	OVERL	AND	
BENTLEYS EXTENDED CARE			
3060 ASHBY ROAD		Telephone (314) 426-0433	Alzheimer's Unit No
OVERLAND	MO 63114-1342	Level of Care SNF	Bed Capacity 72
Mailing Address 3060 ASHBY RD		County SAINT LOUIS COUNTY	DMH Licensed No
OVERLAND	MO 63114-1342	Region 7 Medicare/Medicaid	Facility Number 22613

Wednesday, June 4, 2025 Page 84 of 137

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

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

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 BLVI	D	County SAINT LOUIS COUNTY	DMH Licensed Yes
OVERLAND	MO 63114-3328	Region 7	Facility Number 00709
JANE HOWELL STUPP APARTMEN	TS		
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
	OWENS	VILLE	
GASCONADE MANOR NURSING HO	OME		
1910 NURSING HOME RD	7.1.2.2	Telephone (573) 437-4101	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care SNF	Bed Capacity 79
Mailing Address PO BOX 520		County GASCONADE	DMH Licensed No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number 02804
		Medicare/Medicard	0200.
GASCONADE TERRACE RETIREME	ENT CENTED		
1930 NURSING HOME RD	ENT CENTER	Telephone (573) 437-4833	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care ALF	Bed Capacity 19
Mailing Address PO BOX 520	1410 03000 2044	County GASCONADE	DMH Licensed No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number 14143
OWENS VIELE	1110 03000 0320	Region 0	racinty runner 14143
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
			•
VICTORIAN PLACE OF OWENSVIL	LE. RESIDENTIAL CARE BY AMER	ICARE	
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
	OZAI	RK	
DADESCE HOMES OF ORA DV			
BAPTIST HOMES OF OZARK 1625 WEST GARTON RD		T-1	Al-beim out Their
OZARK	MO 65721 6627	Telephone (417) 581-2101 Level of Care ALF**	Alzheimer's Unit No Bed Capacity 30
	MO 65721-6637		
Mailing Address PO BOX 1040 OZARK	MO 65721-1040	County CHRISTIAN	DMH Licensed No Facility Number 21500
OLAKK	1VIO U3721-1U4U	Region 1	Facility Number 21509
DADTICT HOMES OF OZARV			
BAPTIST HOMES OF OZARK 1625 WEST GARTON RD		Telephone (417) 581-2101	Alzheimer's Unit No
OZARK	MO 65721-6637	Telephone (417) 581-2101 Level of Care ICF	Bed Capacity 33
Mailing Address PO BOX 1040	1710 03/21-003/	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-1040	Region 1	Facility Number 21509
	110 03/21 1070	region 1	21309

Wednesday, June 4, 2025 Page 85 of 137

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

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

CENTRIDY DINES ASSISTED LIVIN	IC.				
CENTURY PINES ASSISTED LIVIN 709 EAST MCCRACKEN RD	NG .	Telephone	(417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care	ALF**	Bed Capacity	23
Mailing Address 709 EAST MCCRAC			RISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1	CISTIAN	Facility Number	01200
OLAKK	WIO 03721-9499	Region 1		Facility Number	01200
CENTURY PINES ASSISTED LIVIN	NG				
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 MCCRAC	KEN RD	County CHF	RISTIAN	DMH Licensed	Yes
OZARK	MO 65721-9499	Region 1		Facility Number	01200
COTTACE AT CENTURY DINES. T	NIIE				
COTTAGE AT CENTURY PINES, T	HE	T-1	(417) 551 4600	A 1-1	V
707 EAST MCCRACKEN ROAD	MO 65721 0400	Telephone	(417) 551-4608	Alzheimer's Unit	Yes
OZARK	MO 65721-9499	Level of Care	ALF**	Bed Capacity	24
Mailing Address 709 EAST MCCRAC		•	RISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1		Facility Number	30579
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 CHF	RISTIAN	DMH Licensed	No
OZARK	MO 65721-7637	Region 1		Facility Number	24318
HOPEDALE COTTAGE ASSISTED	I IVING THE				
1314 W SCHOOL STREET	LIVING THE	Telephone	(417) 581-1308	Alzheimer's Unit	Yes
OZARK	MO 65721-6618	Level of Care	ALF**	Bed Capacity	14
				DMH Licensed	
Mailing Address 1314 W SCHOOL ST		·	RISTIAN		No
OZARK	MO 65721-6618	Region 1		Facility Number	30302
NORTHPARK VILLAGE - ASSISTE	CD LIVING BY AMERICARE				
4449 N STATE HIGHWAY NN		Telephone	(417) 581-3200	Alzheimer's Unit	No
OZARK	MO 65721-7221	Level of Care	ALF**	Bed Capacity	52
Mailing Address 4449 N STATE HIGH	HWAY NN	County CHF	RISTIAN	DMH Licensed	No
OZARK	MO 65721-7221	Region 1		Facility Number	20003
OAKS COTTAGE ASSISTED LIVIN	IG. 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	JE	County CHF	RISTIAN	DMH Licensed	No
OZARK	MO 65721-6210	Region 1		Facility Number	31804
OZARK NURSING & CARE CENTE	TD.				
1486 NORTH RIVERSIDE RD	LK.	Talanhana	(417) 591 7136	Alahaiman'a Unit	No
OZARK	MO 65721-7688	Telephone Level of Care	(417) 581-7126 SNF	Alzheimer's Unit Bed Capacity	No 93
				_ :	
Mailing Address 1486 NORTH RIVER		·	RISTIAN	DMH Licensed	No
OZARK	MO 65721-7688	Region 1	Medicare/Medicaid	Facility Number	06240
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		County CHF	RISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1	Medicare/Medicaid	Facility Number	01426

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

Wednesday, June 4, 2025 Page 86 of 137

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

RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL ST		Telephone (417) 581-2510	Alzheimer's Unit	No
OZARK Mailing Address PO BOX 157	MO 65721-9103	Level of Care RCF* County CHRISTIAN	Bed Capacity DMH Licensed	40 No
OZARK	MO 65721-0157	Region 1	Facility Number	01426
	PAC	CIFIC		
BRISTOL MANOR OF PACIFIC				
2049 ROSE LN	NO - 600 60 44 67	Telephone (636) 257-8020	Alzheimer's Unit	No
PACIFIC Mailing Address 2049 ROSE LN	MO 63069-1165	Level of Care RCF County FRANKLIN	Bed Capacity DMH Licensed	12 No
PACIFIC	MO 63069-1165	Region 6	Facility Number	20237
PACIFIC CARE CENTER				
105 SOUTH SIXTH ST PACIFIC	MO 63069-1328	Telephone (636) 271-4222 Level of Care ALF**	Alzheimer's Unit	No 16
Mailing Address 105 S SIXTH ST	MO 03009-1328	Level of Care ALF** County FRANKLIN	Bed Capacity DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638
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 PACIFIC	MO 63069-1328	County FRANKLIN Region 6 Medicare/Medicaid	DMH Licensed Facility Number	No 12638
THERE	1120 03007 1320	Region o incurcare/incurcare	ruemey rumber	12030
	PAL	MYRA		
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	MO (2461-1061	County MARION	DMH Licensed	No
PALMYRA	MO 63461-1961	Region 5	Facility Number	20260
MAPLE LAWN NURSING HOME				
1410 WEST LINE ST		Telephone (573) 769-2213	Alzheimer's Unit	Yes
PALMYRA	MO 63461-1831	Level of Care SNF	Bed Capacity	110
Mailing Address PO BOX 232		County MARION	DMH Licensed	No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number	09961
	PA	RIS		
MILLER RESIDENT CARE, INC				
210 ROCK RD		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
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	NO 2000 11 12	County MONROE	DMH Licensed	No
PARIS	MO 65275-1165	Region 5 Medicare/Medicaid	Facility Number	05484

Wednesday, June 4, 2025 Page 87 of 137

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

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

	PARK H	HILIS		
CONTRIBUTION AND A DOLLIG	TIME			
COUNTRY MEADOWS 1301 N ST JOE DR		Telephone (573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Telephone (573) 431-2889 Level of Care SNF	Bed Capacity	72
Mailing Address 1301 N ST JOE DR	WO 03001-1903	County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2 Medicare/Medicaid	Facility Number	14443
TAKKIILLS	1410 03001-1703	Region 2 Medical e/Medicald	racinty Number	14443
COUNTRY MEADOWS				
1301 N ST JOE DR		Telephone (573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care ALF	Bed Capacity	15
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2	Facility Number	14443
CE CENT CARRENG				
SECRET GARDENS 351 KEITH ST		Telephone (573) 518-0444	Alzheimer's Unit	No
PARK HILLS	MO 63601-2049	Level of Care RCF	Bed Capacity	10
Mailing Address PO BOX 481	WO 03001-2049	County SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number	17813
TAKK HILLS	WO 03001-0481	Region 2	Pacinty Number	1/013
WATTS STREET MANOR				
301 WATTS ST		Telephone (573) 431-4874	Alzheimer's Unit	No
PARK HILLS	MO 63601-1839	Level of Care RCF*	Bed Capacity	16
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number	06579
	PATT	ON		
HEDITA CE IIII I CACCICTED I IVINI				
HERITAGE HILLS ASSISTED LIVIN 9651 STATE HIGHWAY 72	GFACILITI	Telephone (573) 866-2003	Alzheimer's Unit	No
PATTON	MO 63662-9760	Level of Care ALF	Bed Capacity	24
Mailing Address PO BOX B	WO 03002-7700	County BOLLINGER	DMH Licensed	Yes
PATTON	MO 63662-0010	Region 2	Facility Number	18783
TATION	WO 03002-0010	Region 2	Pacinty Number	10/03
	PERRY	VILLE .		
ESTATES OF PERRYVILLE, LLC, T	нЕ			
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
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 MARY'S		County PERRY	DMH Licensed	No
•	A KID	County 1 EKK I		19872
PERRVVILLE	MO 63775-1298	Dogion ?	Fooility Number	198//
PERRYVILLE	MO 63775-1298	Region 2	Facility Number	17072
PERRYVILLE INDEPENDENCE CARE CENTER OF		Region 2	Facility Number	17072
		Region 2 Telephone (573) 547-6546	Facility Number Alzheimer's Unit	Yes
INDEPENDENCE CARE CENTER OF		Ü	·	
INDEPENDENCE CARE CENTER OF 800 SOUTH KINGSHIGHWAY	F PERRY COUNTY MO 63775-2106	Telephone (573) 547-6546	Alzheimer's Unit	Yes

Wednesday, June 4, 2025 Page 88 of 137

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

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

INDEPENDENCE COURT		
121 INDEPENDENCE DR	Telephone (573) 547-6546	Alzheimer's Unit No
PERRYVILLE MO 63775-149		Bed Capacity 75
Mailing Address 121 INDEPENDENCE DR	County PERRY	DMH Licensed No
PERRYVILLE MO 63775-149	6 Region 2	Facility Number 06393
	PIEDMONT	
CLARK'S MOUNTAIN NURSING CENTER		
2100 BARNES	Telephone (573) 223-4297	Alzheimer's Unit No
PIEDMONT MO 63957-100		Bed Capacity 91
Mailing Address 2100 BARNES	County WAYNE	DMH Licensed No
PIEDMONT MO 63957-100	8 Region 2 Medicare/Medicaid	Facility Number 01496
	PILOT GROVE	
KATY MANOR		
205 PROSPECT	Telephone (660) 834-3111	Alzheimer's Unit No
PILOT GROVE MO 65276-111		Bed Capacity 60
Mailing Address PO BOX 8	County COOPER	DMH Licensed No
PILOT GROVE MO 65276-000	8 Region 6 Medicare/Medicaid	Facility Number 14982
	PILOT KNOB	
MEADOWBROOK RESIDENTIAL CARE, INC		
806 WEST MULBERRY	Telephone (573) 546-7065	Alzheimer's Unit No
PILOT KNOB MO 63663-	Level of Care ALF**	Bed Capacity 36
Mailing Address PO BOX 510	County IRON	DMH Licensed No
PILOT KNOB MO 63663-051	O Region 2	Facility Number 20513
	PLATTE CITY	
ASPIRE SENIOR LIVING PLATTE CITY		
220 O'ROURKE DRIVE	Telephone (816) 858-5222	Alzheimer's Unit No
PLATTE CITY MO 64079-936		Bed Capacity 120
Mailing Address PO BOX 1310	County PLATTE	DMH Licensed No
PLATTE CITY MO 64079-131	0 Region 4 Medicare/Medicaid	Facility Number 12655
CARE NETWORK OF PLATTE CITY		
15 WALLINGFORD DR	Telephone (816) 858-2182	Alzheimer's Unit No
PLATTE CITY MO 64079-960	4 Level of Care RCF*	Bed Capacity 30
Mailing Address 15 WALLINGFORD DR	County PLATTE	DMH Licensed No
PLATTE CITY MO 64079-960	4 Region 4	Facility Number 13182
	PLATTSBURG	
NICK'S HEALTH CARE CENTER, LLC		
253 EAST HIGHWAY 116	Telephone (816) 539-2376	Alzheimer's Unit No
PLATTSBURG MO 64477-156	1 Level of Care SNF	Bed Capacity 70
Mailing Address 253 EAST HWY 116	County CLINTON	DMH Licensed No

Region 4

Medicare/Medicaid

Facility Number

22058

MO 64477-1561

PLATTSBURG

Wednesday, June 4, 2025 Page 89 of 137

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

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

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		County CLINTON	DMH Licensed	No
PLATTSBURG	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number	05994
	PLEASAN	NT HILL		
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
PLEASANT HILL HEALTH AND RI	FHARII ITATION CENTER			
1300 BROADWAY	ENABLITATION CENTER	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	15101
	POPLAR	BLUFF		
ASPIRE SENIOR LIVING POPLAR	BLUFF			
3001 MAY ST		Telephone (573) 686-6999	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1942	Level of Care SNF	Bed Capacity	120
Mailing Address 3001 MAY ST		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number	16013
CEDARGATE HEALTHCARE				
2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care SNF	Bed Capacity	108
Mailing Address 2350 KANELL BLVI		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number	01182
CEDARGATE HEALTHCARE				
2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care ALF	Bed Capacity	16
Mailing Address 2350 KANELL BLVI		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2	Facility Number	01182
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	00683
MENN HODE ACCIONED I MINO XX	o.			
NEW HOPE ASSISTED LIVING LLO	L	Tolonbono (572) 200 4977	Alzhaimarta II-i4	Me
328 NORTH NEW HOPE DRIVE POPLAR BLUFF	MO 63901-4819	Telephone (573) 300-4877 Level of Care ALF	Alzheimer's Unit Bed Capacity	No 15
Mailing Address 328 NORTH NEW H		County BUTLER	DMH Licensed	No
DODI AD DITTEE	MO 62001 4810	Darian 2	Easility Number	22600

OAKDIDCE OF DI ATTEDIDC

POPLAR BLUFF

Region 2

Facility Number

32690

MO 63901-4819

Wednesday, June 4, 2025 Page 90 of 137

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

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

OAKDALE CADE CENTED					
OAKDALE CARE CENTER 2702 DEBBIE LN		Telephone	(573) 686-5242	Alzheimer's Unit	No
	IO 63901-2650	Level of Care	ALF	Bed Capacity	60
Mailing Address 2702 DEBBIE LN	03701 2030	County BUTI		DMH Licensed	No
•	IO 63901-2650	Region 2		Facility Number	18157
		region -			10107
OAKDALE CARE CENTER					
2702 DEBBIE LN		Telephone	(573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF M	IO 63901-2650	Level of Care	SNF	Bed Capacity	70
Mailing Address 2702 DEBBIE LN		County BUTI	LER	DMH Licensed	No
POPLAR BLUFF M	IO 63901-2650	Region 2	Medicare/Medicaid	Facility Number	18157
OAKDALE CARE CENTER					
2702 DEBBIE LN		Telephone	(573) 686-5242	Alzheimer's Unit	No
	IO 63901-2650	Level of Care	RCF*	Bed Capacity	36
Mailing Address 2702 DEBBIE LN		County BUTI	LER	DMH Licensed	Yes
POPLAR BLUFF M	IO 63901-2650	Region 2		Facility Number	18157
OWEN ACRES RESIDENTIAL CARE F.	ACILITY				
614 COUNTY ROAD 466		Telephone	(573) 778-0497	Alzheimer's Unit	No
	IO 63901-2964	Level of Care	RCF	Bed Capacity	20
Mailing Address 614 COUNTY RD 466	270.	County BUTI		DMH Licensed	Yes
•	IO 63901-2964	Region 2		Facility Number	21093
		1109.011		•	
PORTIA'S RESIDENTIAL CARE					
307 NORTH BROADWAY		Telephone	(573) 686-3446	Alzheimer's Unit	No
POPLAR BLUFF M	IO 63901-5103	Level of Care	RCF	Bed Capacity	20
Mailing Address 307 N BROADWAY		County BUTI	LER	DMH Licensed	Yes
POPLAR BLUFF M	IO 63901-5103	Region 2		Facility Number	03002
DIVIED MICE A COLORED I WING DV	AMEDICA DE				
RIVER MIST - ASSISTED LIVING BY A	AMERICARE	T-1	(572) (9(2922	A 1-1	NI-
2050 WEST MAUD POPLAR BLUFF M	IO 63901-4000	Telephone Level of Care	(573) 686-2833 ALF**	Alzheimer's Unit Bed Capacity	No 42
Mailing Address 2050 WEST MAUD	0 03901-4000	County BUTI		DMH Licensed	No
9	IO 63901-4000	•	LEK	Facility Number	
POPLAR BLUFF M	03901-4000	Region 2		Facility Number	20291
SWIFT CREEK RESIDENTIAL CARE O	CENTER				
1673 HIGHWAY 53		Telephone	(573) 776-6051	Alzheimer's Unit	No
POPLAR BLUFF M	IO 63901-4132	Level of Care	RCF*	Bed Capacity	12
Mailing Address 1673 HIGHWAY 53		County BUTI	LER	DMH Licensed	Yes
POPLAR BLUFF M	IO 63901-4132	Region 2		Facility Number	20386
SWITZER RESIDENTIAL CARE					
3260 MYSTIC LANE	10, (2001, 207	Telephone	(573) 785-9399	Alzheimer's Unit	No
	IO 63901-3067	Level of Care	RCF*	Bed Capacity	20
Mailing Address 3260 MYSTIC LANE	IO (2001 2077	County BUTI	LEK	DMH Licensed	Yes
POPLAR BLUFF M	IO 63901-3067	Region 2		Facility Number	20739
WESTWOOD HILLS HEALTH & REHA	ABILITATION CENTER				
3100 WARRIOR LANE		Telephone	(573) 785-0851	Alzheimer's Unit	No
	IO 63901-8686	Level of Care	SNF	Bed Capacity	132
Mailing Address 3100 WARRIOR LANE		County BUTI		DMH Licensed	No
DODI AD DI LIEF	IO (2001 000)			F. 111. N. 1	00510

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

Region 2

Medicare/Medicaid

Facility Number

08512

MO 63901-8686

POPLAR BLUFF

Wednesday, June 4, 2025 Page 91 of 137

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

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

WHISPERING OAKS RCF II, LLC 203 NORTH B ST POPLAR BLUFF MO 63901-5413 Mailing Address 203 NORTH B ST POPLAR BLUFF MO 63901-5413	Telephone (573) 686-4490 Level of Care RCF* County BUTLER Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 45 Yes 16751
	PORTAGEVILLE		
PORTAGEVILLE HEALTH CARE CENTER			
290 WEST STATE HWY 162	Telephone (573) 379-2017	Alzheimer's Unit	No
PORTAGEVILLE MO 63873-9397	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 408	County NEW MADRID	DMH Licensed	No
PORTAGEVILLE MO 63873-0408	Region 2 Medicare/Medicaid	Facility Number	17119
	POTOSI		
CEODCIAN CADDENC CENTED FOR DEHAR AND HEATTE			
GEORGIAN GARDENS CENTER FOR REHAB AND HEALTI 1 GEORGIAN GARDENS DR	Telephone (573) 999-2911	Alzheimer's Unit	Yes
POTOSI MO 63664-1436	Level of Care SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARDENS DR	County WASHINGTON	DMH Licensed	No
POTOSI MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830
POTOSI MANOR			
307 SOUTH HIGHWAY 21	Telephone (573) 438-3225	Alzheimer's Unit	No
POTOSI MO 63664-9317	Level of Care SNF County WASHINGTON	Bed Capacity DMH Licensed	90 No
Mailing Address 307 SOUTH HIGHWAY 21 POTOSI MO 63664-9317	County WASHINGTON Region 2 Medicare/Medicaid	Facility Number	21648
1010d1	region 2 Medical e/Medicalu	racinty (tamber	21040
	PRINCETON		
BRISTOL MANOR OF PRINCETON			
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
PEARL'S II EDEN FOR ELDERS			
611 NORTH COLLEGE	Telephone (660) 748-4407	Alzheimer's Unit	No
PRINCETON MO 64673-1051	Level of Care SNF	Bed Capacity	60
Mailing Address 611 NORTH COLLEGE	County MERCER	DMH Licensed	No
PRINCETON MO 64673-1051	Region 4 Medicare/Medicaid	Facility Number	06453
	PUXICO		
MINGO RESIDENTIAL CARE FACILITY			
24080 STATE HWY 51	Telephone (573) 222-3086	Alzheimer's Unit	No
PUXICO MO 63960-8114	Level of Care RCF*	Bed Capacity	36
Mailing Address 24080 STATE HWY 51	County STODDARD	DMH Licensed	Yes
PUXICO MO 63960-8114	Region 2	Facility Number	24959
PUXICO NURSING & REHABILIATION CENTER			
540 NORTH HIGHWAY 51	Telephone (573) 222-3125	Alzheimer's Unit	No
PUXICO MO 63960-9117	Level of Care SNF	Bed Capacity	60
Mailing Address 540 NORTH HWY 51	County STODDARD	DMH Licensed	No
PUXICO MO 63960-9117	Region 2 Medicare/Medicaid	Facility Number	03163

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

Wednesday, June 4, 2025 Page 92 of 137

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

Q	UEEN CITY		
SCHUYLER COUNTY NURSING HOME DISTRICT			
1306 US HIGHWAY 63	Telephone (660) 766-2291	Alzheimer's Unit	No
QUEEN CITY MO 63561-2251	Level of Care SNF	Bed Capacity	60
Mailing Address 1306 US HIGHWAY 63	County SCHUYLER	DMH Licensed	No
QUEEN CITY MO 63561-2251	Region 5 Medicare/Medicaid	Facility Number	07004
QUEEN CIT I MO 05301-2251	Region 3 Medicare/Medicaid	racinty Number	07004
K	RAYMORE		
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 CASS	DMH Licensed	No
RAYMORE MO 64083-8122	Region 3	Facility Number	29896
DIVITOR MANOR OF BANKARY			
BRISTOL MANOR OF RAYMORE	m 1 1 (017) 200 (700		N
604 EAST SUNRISE DR	Telephone (816) 322-6782	Alzheimer's Unit	No
RAYMORE MO 64083-9037	Level of Care RCF	Bed Capacity	12
Mailing Address 604 EAST SUNRISE DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9037	Region 3	Facility Number	19730
FOXWOOD SPRINGS LIVING CENTER			
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 FOXWOOD DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9347	Region 3	Facility Number	02649
FOXWOOD SPRINGS LIVING CENTER			
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 FOXWOOD DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number	02649
KATMORE NO 04003-7347	Region 5 Medicare/Medicaid	Facility Number	02049
SUNRISE NURSING & MEMORY CARE			
600 EAST SUNRISE DR	Telephone (816) 322-1991	Alzheimer's Unit	Yes
RAYMORE MO 64083-9037	Level of Care SNF	Bed Capacity	152
Mailing Address 600 EAST SUNRISE DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9037	Region 3 Medicare/Medicaid	Facility Number	16170
· ·	RAYTOWN		
ALPINE BREEZE HEALTH AND WELLNESS			
6124 RAYTOWN RD	Telephone (816) 358-8222	Alzheimer's Unit	Yes
RAYTOWN MO 64133-4007	Level of Care SNF	Bed Capacity	154
Mailing Address 6124 RAYTOWN RD	County JACKSON	DMH Licensed	No
RAYTOWN MO 64133-4007	Region 3 Medicare/Medicaid	Facility Number	00768
EDGEWOOD MANOR HEALTH CARE CENTER	m 1 1 (010 050 5050	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••
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

Wednesday, June 4, 2025 Page 93 of 137

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

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

TRUSTWELL LIVING OF RAYTOWN 9110 EAST 63RD ST RAYTOWN MO 64133-4893 Mailing Address 9110 EAST 63RD ST RAYTOWN MO 64133-4893	Telephone (816) 353-3400 Alzheimer's Unit Level of Care ALF** Bed Capacity County JACKSON DMH Licensed Region 3 Facility Number	No 76 No 24227
	REEDS SPRING	
WEDGEWOOD GARDENS 17996 BUSINESS 13 REEDS SPRING MO 65737-9663 Mailing Address 17996 BUSINESS 13 REEDS SPRING MO 65737-9663	Telephone (417) 272-6666 Alzheimer's Unit Level of Care ALF** Bed Capacity County STONE DMH Licensed Region 1 Facility Number	Yes 46 No 20615
	REPUBLIC	
BRISTOL MANOR OF REPUBLIC 634 EAST HIGHWAY 174 REPUBLIC MO 65738-1124 Mailing Address 634 EAST HWY 174 REPUBLIC MO 65738-1124	Telephone (417) 732-8998 Alzheimer's Unit Level of Care RCF Bed Capacity County GREENE DMH Licensed Region 1 Facility Number	No 12 No 20841
REPUBLIC NURSING & REHAB 901 EAST HIGHWAY 174 REPUBLIC MO 65738-1155 Mailing Address 901 EAST HIGHWAY 174 REPUBLIC MO 65738-1155	Telephone (417) 732-1822 Alzheimer's Unit Level of Care SNF Bed Capacity County GREENE DMH Licensed Region 1 Medicare/Medicaid Facility Number	Yes 127 No 13684
	RICHLAND	
RICHLAND CARE CENTER, INC 400 TRI-COUNTY LANE RICHLAND MO 65556-8582 Mailing Address PO BOX 756 RICHLAND MO 65556-0756	Telephone (573) 765-3243 Alzheimer's Unit Level of Care SNF Bed Capacity County PULASKI DMH Licensed Region 6 Medicare/Medicaid Facility Number	No 86 No 08100
	RICHMOND	
OAK RIDGE ASSISTED LIVING 403 CRISPIN ST RICHMOND MO 64085-1212 Mailing Address 403 CRISPIN ST RICHMOND MO 64085-1212	Telephone (816) 776-3435 Alzheimer's Unit Level of Care ALF** Bed Capacity County RAY DMH Licensed Region 4 Facility Number	Yes 55 No 29711
SHIRKEY NURSING & REHABILITATION CENTER 804 WOLLARD BLVD RICHMOND MO 64085-2227 Mailing Address 804 WOLLARD BLVD	Telephone (816) 776-5403 Alzheimer's Unit Level of Care SNF Bed Capacity County RAY DMH Licensed	Yes 197 No

Region 4

Medicare/Medicaid

Facility Number

07289

MO 64085-2227

RICHMOND

Wednesday, June 4, 2025 Page 94 of 137

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

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

	RICHMOND	HEIGHTS	
ALLEGRO			
1055 BELLEVUE AVENUE		Telephone (314) 332-8372	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1827	Level of Care ALF**	Bed Capacity 88
Mailing Address 1055 BELLEVUE AV	ENUE	County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1827	Region 7	Facility Number 31437
FAIRMONT ON CLAYTON			
7920 CLAYTON ROAD		Telephone (314) 646-7600	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1327	Level of Care ICF	Bed Capacity 90
Mailing Address 7920 CLAYTON ROA		County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1327	Region 7	Facility Number 24149
	RIVERS	SIDE	
RIVERSIDE NURSING & REHABILI			
4700 NW CLIFFVIEW DR	THE CENTER, LIC	Telephone (816) 741-5105	Alzheimer's Unit No
RIVERSIDE	MO 64150-1237	Level of Care SNF	Bed Capacity 180
Mailing Address 4700 NW CLIFFVIEW	DR	County PLATTE	DMH Licensed No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	Facility Number 01532
		-	
WINDEMERE HEALTHCARE CENT	TER LLC		
3100 NORTH WEST VIVION RD		Telephone (816) 741-0753	Alzheimer's Unit NO
RIVERSIDE	MO 64150-9436	Level of Care RCF	Bed Capacity 65
Mailing Address 3100 NORTH WEST	VIVION RD	County PLATTE	DMH Licensed No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number 08668
	ROCK I	PORT	
PLEASANT VIEW NURSING HOME		T-1h (660) 744 6252	All-beimente Tirit
470 RAINBOW DR ROCK PORT	MO 64482-1641	Telephone (660) 744-6252 Level of Care SNF	Alzheimer's Unit No Bed Capacity 60
Mailing Address PO BOX 273	MO 04482-1041	County ATCHISON	Bed Capacity 60 DMH Licensed No
ROCK PORT	MO 64482-0273	Region 4 Medicare/Medicaid	Facility Number 06041
NOCH I ON I	110 01102 0273	Region - Wedicare/Medicard	1 ucincy 1 united 00041
	ROGERS	VILLE	
COPPER ROCK HEALTHCARE			
712 COPPER ROCK DRIVE		Telephone (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care SNF	Bed Capacity 90
Mailing Address PO BOX 560		County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
	ROLI	LA	
ARBORS AT PARKSIDE - MEMORY	CARE ASSISTED LIVING BY AMER	RICARE	
1700 EAST 10TH ST		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

Wednesday, June 4, 2025 Page 95 of 137

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

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

AURORA HEALTH AND REHABILITATION			
1200 MCCUTCHEN RD	Telephone (573) 364-2311	Alzheimer's Unit	No
ROLLA MO 65401-2615	Level of Care SNF	Bed Capacity	116
Mailing Address 1200 MCCUTCHEN RD	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2615	Region 6 Medicare/Medicaid	Facility Number	08862
	region o intentary intentary	ruemoj rumoer	00002
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 COLUMNS DR	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number	06801
OAK POINTE OF ROLLA	T. I		***
1000 EAST LIONS CLUB DRIVE	Telephone (573) 426-2186	Alzheimer's Unit	Yes
ROLLA MO 65401-4356	Level of Care ALF**	Bed Capacity	65 N
Mailing Address 1000 EAST LIONS CLUB DRIVE	County PHELPS	DMH Licensed	No
ROLLA MO 65401-4356	Region 6	Facility Number	31216
PARKSIDE-ASSISTED LIVING BY AMERICARE			
2100 PARKSIDE AVE	Telephone (573) 308-0834	Alzheimer's Unit	NO
ROLLA MO 65401-5472	Level of Care ALF**	Bed Capacity	28
Mailing Address 2100 PARKSIDE AVE	County PHELPS	DMH Licensed	No
ROLLA MO 65401-5472	Region 6	Facility Number	31191
		•	
ROLLA PRESBYTERIAN MANOR			
1200 HOMELIFE PLAZA	Telephone (573) 364-7336	Alzheimer's Unit	No
ROLLA MO 65401-2512	Level of Care SNF	Bed Capacity	30
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2512	Region 6 Medicare/Medicaid	Facility Number	18727
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
	Acgus 5		10,2,
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
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
	<u> </u>	-	

Wednesday, June 4, 2025 Page 96 of 137

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

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

	JT		

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

Wednesday, June 4, 2025 Page 97 of 137

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

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

LEWIS & CLARK GARDENS			
1221 BOONES LICK RD	Telephone (636) 946-6140	Alzheimer's Unit	No
SAINT CHARLES MO 63301-2328	Level of Care SNF	Bed Capacity	142
Mailing Address 1221 BOONES LICK RD	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63301-2328	Region 5 Medicare/Medicaid	Facility Number	01266
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 DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63304-9139	Region 5 Medicare/Medicaid	Facility Number	20704
I LITHED AN CENTOD CEDVICES AT DDEETE DADY			
LUTHERAN SENIOR SERVICES AT BREEZE PARK	T-11 (626) 020 5222	A 1-1:!- TT:4	V
600 BREEZE PARK DR	Telephone (636) 939-5223	Alzheimer's Unit	Yes
SAINT CHARLES MO 63304-9139	Level of Care ALF**	Bed Capacity	79 N-
Mailing Address 600 BREEZE PARK DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63304-9139	Region 5	Facility Number	20704
MOUNT CARMEL SENIOR LIVING - 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 CAPITOL DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number	07560
NHC HEALTHCARE, ST CHARLES			
35 SUGAR MAPLE LN	Telephone (636) 946-8887	Alzheimer's Unit	No
SAINT CHARLES MO 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
WINDSOR ESTATES OF ST CHARLES			
2150 WEST RANDOLPH ST	Telephone (636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES MO 63301-0894	Level of Care SNF	Bed Capacity	66
Mailing Address 2150 WEST RANDOLPH ST	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63301-0894	Region 5 Medicare/Medicaid	Facility Number	06316
	SAINT CLAIR		
CRAB APPLE VILLAGE SENIOR ESTATES			
214 HARTMAN PL, SUITE 100	Telephone (636) 629-6161	Alzheimer's Unit	Yes
SAINT CLAIR MO 63077-2458	Level of Care ALF**	Bed Capacity	65
Mailing Address 214 HARTMAN PL, SUITE 100	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-2458	Region 6	Facility Number	24395
ST CLAIR NURSING CENTER			
1035 PLAZA COURT NORTH	Telephone (636) 629-2100	Alzheimer's Unit	No
SAINT CLAIR MO 63077-1129	Level of Care SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NORTH	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1129	Region 6 Medicare/Medicaid	Facility Number	13744

Wednesday, June 4, 2025 Page 98 of 137

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

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

VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICA			
160 CHARLES DR SAINT CLAIR MO 63077-1936	Telephone (636) 322-0003 Level of Care ALF**	Alzheimer's Unit Bed Capacity	No 48
Mailing Address 160 CHARLES DR	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1936	Region 6	Facility Number	26005
SAINT EI	LIZABETH		
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 N
Mailing Address 649 SOUTH WALNUT ST SAINT ELIZABETH MO 65075-2440	County MILLER	DMH Licensed Facility Number	No 07523
SAINT ELIZABETH INO 03073-2440	Region 6 Medicare/Medicaid	Facility Number	07323
SAINT	JAMES		
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 2430	County PHELPS	DMH Licensed	Yes
SAINT JAMES MO 65559-8210	Region 6	Facility Number	02526
ST JAMES LIVING CENTER			
415 SIDNEY ST	Telephone (573) 265-8921	Alzheimer's Unit	Yes
SAINT JAMES MO 65559-1070	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 69	County PHELPS	DMH Licensed	No
SAINT JAMES MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number	05238
G 1 D 100	YOGERY.		
SAINT	JOSEPH		
ADVANCED CARE OF ST JOSEPH	T. 1 (0.10) 0.51 (0.00)		
3002 N 18TH ST	Telephone (816) 364-4200 Level of Care SNF	Alzheimer's Unit	No
SAINT JOSEPH MO 64505-1872 Mailing Address 3002 N 18TH ST	Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed	180 No
SAINT JOSEPH MO 64505-1872	Region 4 Medicare/Medicaid	Facility Number	08000
	Trouble of transmit	•	00000
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD	Telephone (816) 232-9874	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 CARE CENTER			
1616 WEISENBORN RD	Telephone (816) 232-9874	Alzheimer's Unit	Yes
SAINT JOSEPH MO 64507-2527			90
SAINT JOSEITI WO 04307-2327	Level of Care SNF	Bed Capacity	90
Mailing Address 1616 WEISENBORN RD		Bed Capacity DMH Licensed	No
	Level of Care SNF		
Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527	Level of Care SNF County BUCHANAN	DMH Licensed	No
Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527 CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid	DMH Licensed Facility Number	No 10346
Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527 CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER 4009 GENE FIELD RD	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 364-1526	DMH Licensed Facility Number Alzheimer's Unit	No 10346 No
Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527 CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid	DMH Licensed Facility Number	No 10346
Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527 CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER 4009 GENE FIELD RD SAINT JOSEPH MO 64506-1864	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid Telephone (816) 364-1526 Level of Care SNF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 10346 No 130

Wednesday, June 4, 2025 Page 99 of 137

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

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

CARRIAGE SQUARE REHAB AND H	EALTHCARE CENTER	T 1 1 (016) 264 15	06 411.4	N
4009 GENE FIELD RD	MO (450) 19(4	Telephone (816) 364-15 Level of Care RCF*		No
	MO 64506-1864		Bed Capacity	32 N-
Mailing Address 4009 GENE FIELD RD SAINT JOSEPH	MO 64506-1864	County BUCHANAN	DMH Licensed Facility Number	No
SAINT JOSEPH	WIO 04300-1804	Region 4	Facility Number	01061
FIELD POINTE ASSISTED LIVING B	Y AMERICARE			
5002 GENE FIELD ROAD		Telephone (816) 688-40	01 Alzheimer's Unit	Yes
SAINT JOSEPH	MO 64506-2056	Level of Care ALF**	Bed Capacity	65
Mailing Address 5002 GENE FIELD RO	AD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-2056	Region 4	Facility Number	32538
HEARTLAND II RESIDENTIAL CAR	E FACILITY, INC			
117 SOUTH 15TH ST		Telephone (816) 676-15		No
	MO 64501-2904	Level of Care RCF*	Bed Capacity	52
Mailing Address 117 SOUTH 15TH ST		County BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number	18620
HEARTLAND III RCF				
1606 SOUTH 38TH ST		Telephone (816) 689-10	84 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
LIVING COMMUNITY OF ST JOSEP	Н			
1202 HEARTLAND RD		Telephone (816) 671-85		No
	MO 64506-3200	Level of Care SNF	Bed Capacity	96
Mailing Address 1202 HEARTLAND RI		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-3200	Region 4 Medicare/Med	icaid Facility Number	24179
LIVING COMMUNITY OF ST JOSEP	Н			
1202 HEARTLAND RD		Telephone (816) 671-85	00 Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-3200	Level of Care ALF**	Bed Capacity	35
Mailing Address 1202 HEARTLAND RI		County BUCHANAN	DMH Licensed	No
	MO 64506-3200	Region 4	Facility Number	24179
MCDONALD BOARDING HOME				
438 NORTH 17TH ST		Telephone (816) 233-70		No
	MO 64501-2015	Level of Care RCF	Bed Capacity	8
Mailing Address 438 NORTH 17TH ST		County BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64501-2015	Region 4	Facility Number	05170
ST JOSEPH CHATEAU				
811 NORTH 9TH ST		Telephone (816) 722-90	93 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
•	MO 64508-1651	Region 4 Medicare/Med	icaid Facility Number	07532
CT LOCURY MANON WITH A THE CO	MADW MILETON			
ST JOSEPH MANOR HEALTH & REI	HABILITATION	m 1 1	20 411 1 1 77 1	3.7
1317 NORTH 36TH ST	MO (450(2250	Telephone (816) 676-16		No
	MO 64506-2359	Level of Care SNF	Bed Capacity	110
Mailing Address 1317 NORTH 36TH ST	MO 64506-2359	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	1410 04300-2339	Region 4 Medicare/Med	icaid Facility Number	00526

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

Wednesday, June 4, 2025 Page 100 of 137

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

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

THOMAS RESIDENTIAL CARE FACIL	LITY 3				
1415 OLIVE ST		Telephone	(816) 273-5070	Alzheimer's Unit	No
	AO 64503-2443	Level of Care	RCF	Bed Capacity	20
Mailing Address 1415 OLIVE ST		County BUC	HANAN	DMH Licensed	Yes
SAINT JOSEPH N	MO 64503-2443	Region 4		Facility Number	06076
	va.				
VINTAGE GARDENS ASSISTED LIVIN	NG	7D 1 1	(016) 270 2220	AT TO TO STORE	37
3302 NORTH WOODBINE ROAD	NO. 64505 0222	Telephone	(816) 279-3330	Alzheimer's Unit	Yes
	MO 64505-9323	Level of Care	ALF	Bed Capacity	51
Mailing Address 3302 NORTH WOODBI		County BUC	HANAN	DMH Licensed	No
SAINT JOSEPH N	AO 64505-9323	Region 4		Facility Number	22959
VINTAGE GARDENS ASSISTED LIVIN	NG				
3302 NORTH WOODBINE ROAD		Telephone	(816) 279-3330	Alzheimer's Unit	No
	AO 64505-9323	Level of Care	ALF**	Bed Capacity	44
Mailing Address 3302 N WOODBINE RO			HANAN	DMH Licensed	No
8	AO 64505-9323	Region 4		Facility Number	22959
		· ·			
	SAINT L	OUIS			
AKINS HEALTH CARE, INC					
4432 WEST BELLE PL		Telephone	(314) 652-8908	Alzheimer's Unit	No
SAINT LOUIS N	MO 63108-2617	Level of Care	RCF	Bed Capacity	20
Mailing Address 4432 WEST BELLE PL		County SAIN	T LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS N	MO 63108-2617	Region 7		Facility Number	00078
ASSISTED LIVING AT CHADLESS VII	LLACE				
ASSISTED LIVING AT CHARLESS VII 5943 TELEGRAPH RD	LLAGE	Talanhana	(214) 846 2002	Alahaiman'a Unit	No
	MO 63129-4715	Telephone Level of Care	(314) 846-2002 ALF**	Alzheimer's Unit	18
	03129-4/13		T LOUIS COUNTY	Bed Capacity DMH Licensed	No
Mailing Address 5943 TELEGRAPH RD	AO (2120 4715	·	I LOUIS COUNTY		
SAINT LOUIS N	MO 63129-4715	Region 7		Facility Number	05586
ATRIUM PLACE HEALTH AND REHA	ABILITATION				
2600 REDMAN RD		Telephone	(314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS N	MO 63136-5863	Level of Care	SNF	Bed Capacity	120
Mailing Address 2600 REDMAN RD		County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS N	MO 63136-5863	Region 7	Medicare/Medicaid	Facility Number	18697
AUTUMN VIEW GARDENS AT SCHUI	ETZ ROAD				
11210 SCHUETZ RD		Telephone	(314) 993-9888	Alzheimer's Unit	Yes
SAINT LOUIS N	AO 63146-4933	Level of Care	ALF**	Bed Capacity	110
Mailing Address 11210 SCHUETZ RD		County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS N	AO 63146-4933	Region 7		Facility Number	22909
AVALON MEMORY CARE					
5342 BUTLER HILL ROAD		Telephone	(314) 849-2985	Alzheimer's Unit	Yes
	MO 63128-4152	Level of Care	ALF**	Bed Capacity	30
Mailing Address 5342 BUTLER HILL RO			T LOUIS COUNTY	DMH Licensed	No
	MO 63128-4152	County SAIN Region 7	I LOUIS COUNTI	Facility Number	
SAUVI LOUIS	00120-4132	Region /		racinty runnber	30425

Wednesday, June 4, 2025 Page 101 of 137

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

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

BARNES-JEWISH EXTENDED CARE			
401 CORPORATE PARK DR	Telephone (314) 725-7447	Alzheimer's Unit	No
SAINT LOUIS MO 63105-4201	Level of Care SNF	Bed Capacity	120
Mailing Address 401 CORPORATE PARK DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63105-4201	·		
SAINT LOUIS MO 05103-4201	Region 7 Medicare/Medicaid	Facility Number	15878
BEAUVAIS REHAB AND HEALTHCARE CENTER			
3625 MAGNOLIA AVE	Telephone (314) 771-2990	Alzheimer's Unit	Yes
SAINT LOUIS MO 63110-4048	Level of Care SNF	Bed Capacity	184
Mailing Address 3625 MAGNOLIA AVE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63110-4048	Region 7 Medicare/Medicaid	Facility Number	09528
BENEDICT JOSEPH LABRE CENTER	T. I	AT THE STATE OF	N
3863 CLEVELAND	Telephone (314) 664-3927	Alzheimer's Unit	No
SAINT LOUIS MO 63110-4009	Level of Care RCF	Bed Capacity	15
Mailing Address 3863 CLEVELAND	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63110-4009	Region 7	Facility Number	21163
BERNARD CARE CENTER			
4335 WEST PINE BLVD	Telephone (314) 371-0200	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2205	Level of Care SNF	Bed Capacity	141
Mailing Address 4335 WEST PINE BLVD	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63108-2205	Region 7 Medicare/Medicaid	Facility Number	00436
	region · Frederica Activities		00.50
BETHESDA DILWORTH			
9645 BIG BEND BLVD	Telephone (314) 968-5460	Alzheimer's Unit	Yes
SAINT LOUIS MO 63122-6521	Level of Care SNF	Bed Capacity	400
Mailing Address 9645 BIG BEND BLVD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63122-6521	Region 7 Medicare/Medicaid	Facility Number	00508
DETRIECDA HAWEHODNE DI ACE			
BETHESDA HAWTHORNE PLACE	Tolonhono (214) 042 5750	Alahaiman'a Unit	Vac
1111 SOUTH BERRY ROAD SAINT LOUIS MO 63122-6598	Telephone (314) 942-5750 Level of Care ALF**	Alzheimer's Unit Bed Capacity	Yes
			66 No
Mailing Address 1111 SOUTH BERRY ROAD	•	DMH Licensed	No
SAINT LOUIS MO 63122-6598	Region 7	Facility Number	30509
BETHESDA SOUTHGATE			
5943 TELEGRAPH RD	Telephone (314) 846-2000	Alzheimer's Unit	Yes
SAINT LOUIS MO 63129-4715	Level of Care SNF	Bed Capacity	192
Mailing Address 5943 TELEGRAPH RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63129-4715	Region 7 Medicare/Medicaid	Facility Number	05586
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
BLUEBIRD WELLNESS AND REHABILITATION			
9350 GREEN PARK ROAD	Telephone (314) 845-0900	Alzheimer's Unit	YES
SAINT LOUIS MO 63123-7211	Level of Care SNF	Bed Capacity	188
Mailing Address 9350 GREEN PARK ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63123-7211	Region 7 Medicare/Medicaid	Facility Number	17565
	modern of medical		1,505

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

Wednesday, June 4, 2025 Page 102 of 137

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

BRENTMOOR RETIREMENT COMMUNITY		
8600 DELMAR BLVD	Telephone (314) 995-3811 Alzheimer's Unit	No
SAINT LOUIS MO 63124-1973	Level of Care ALF** Bed Capacity	36
Mailing Address 8600 DELMAR BLVD	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63124-1973	Region 7 Facility Number	19968
SAINT LOUIS 1910 03124-1973	Region / Pacinty Number	19906
CARE NETWORK AT LINDELL		
4336 LINDELL BLVD	Telephone (314) 652-4828 Alzheimer's Unit	No
SAINT LOUIS MO 63108-2702	Level of Care RCF* Bed Capacity	20
Mailing Address PO BOX 525	County SAINT LOUIS CITY DMH Licensed	Yes
CUBA MO 65453-	Region 7 Facility Number	10470
CARE NETWORK AT WATERMAN	The state of the s	3.7
5143 WATERMAN BLVD	Telephone (314) 367-5620 Alzheimer's Unit	No
SAINT LOUIS MO 63108-1103	Level of Care RCF* Bed Capacity	40
Mailing Address 5143 WATERMAN BLVD	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63108-1103	Region 7 Facility Number	02785
CARE NETWORK OF SOUTH COUNTY		
1204 TELEGRAPH RD	Telephone (314) 631-2003 Alzheimer's Unit	No
SAINT LOUIS MO 63125-2528	Level of Care RCF* Bed Capacity	38
Mailing Address 1204 TELEGRAPH RD	County SAINT LOUIS COUNTY DMH Licensed	Yes
SAINT LOUIS MO 63125-2528	Region 7 Facility Number	14409
CARONDELET RETIREMENT MANOR		
6811 MICHIGAN	Telephone (314) 353-9552 Alzheimer's Unit	No
SAINT LOUIS MO 63111-2834	Level of Care RCF* Bed Capacity	34
Mailing Address PO BOX 37073	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63141-1573	Region 7 Facility Number	01058
CARRIE ELLIGSON GIETNER HEALTH CARE CENTER		
5000 SOUTH BROADWAY	Telephone (314) 752-0000 Alzheimer's Unit	No
SAINT LOUIS MO 63111-2015	Level of Care SNF Bed Capacity	130
Mailing Address 5000 S BROADWAY	County SAINT LOUIS CITY DMH Licensed	No
SAINT LOUIS MO 63111-2015	Region 7 Medicare/Medicaid Facility Number	02877
5.m. (1 2015)	Region / Medicard/Medicard Lucine, Number	02077
CEDARHURST OF DES PERES		
12826 DAYLIGHT CIRCLE	Telephone (314) 916-6614 Alzheimer's Unit	Yes
SAINT LOUIS MO 63131-1890	Level of Care ALF** Bed Capacity	76
Mailing Address 12826 DAYLIGHT CIRCLE	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63131-1890	Region 7 Facility Number	30351
CEDARHURST OF TESSON HEIGHTS		
12335 WEST BEND DR	Telephone (314) 849-1366 Alzheimer's Unit	No
SAINT LOUIS MO 63128-2160	Level of Care ALF** Bed Capacity	108
Mailing Address 12335 WEST BEND DR	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63128-2160	Region 7 Facility Number	13663
CWATTEAU ANN MARY		
CHATEAU ANN MARIE 7700 MINNESOTA AVE	Telephone (314) 449-1497 Alzheimer's Unit	No
SAINT LOUIS MO 63111-3336	Level of Care ALF Bed Capacity	22
Mailing Address 7700 MINNESOTA AVE	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63111-3336	•	14711
MIO 03111-3330	Region 7 Facility Number	14/11

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

Wednesday, June 4, 2025 Page 103 of 137

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

CHEROVEE DECIDENTIAL CARE ACQUICTION LLC			
CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC 3409 MISSOURI AVE	Telephone (214) 771 9260	Alzheimer's Unit	No
	Telephone (314) 771-8360 Level of Care RCF*		No 34
		Bed Capacity DMH Licensed	
Mailing Address 3409 MISSOURI AVE	•		Yes
SAINT LOUIS MO 63118-3236	Region 7	Facility Number	14047
CHESTNUT REHAB AND NURSING			
10954 KENNERLY RD	Telephone (314) 843-4242	Alzheimer's Unit	No
SAINT LOUIS MO 63128-2018	Level of Care SNF	Bed Capacity	167
Mailing Address 10954 KENNERLY RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number	03182
CHRISTIAN EXTENDED CARE & REHABILITATION	7.1.1		
11160 VILLAGE NORTH DR	Telephone (314) 355-8010	Alzheimer's Unit	No
SAINT LOUIS MO 63136-6159	Level of Care SNF	Bed Capacity	60
Mailing Address 11160 VILLAGE NORTH DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63136-6159	Region 7 Medicare/Medicaid	Facility Number	08300
COOPER HOUSE			
4385 MARYLAND AVE	Telephone (314) 535-1919	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2703	Level of Care RCF*	Bed Capacity	36
Mailing Address 4385 MARYLAND AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2703	Region 7	Facility Number	21439
5. II. 1 63100 2703	Region ,	rumey rumber	2143)
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 DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number	02417
DEL HAVEN MANOR			
DELHAVEN MANOR 5460 DELMAR BLVD	Talanhana (214) 261 2002	Alzheimer's Unit	No
SAINT LOUIS MO 63112-3104	Telephone (314) 361-2902 Level of Care SNF		No
		Bed Capacity DMH Licensed	156 No
Mailing Address 5460 DELMAR BLVD SAINT LOUIS MO 63112-3104	•		
SAINT LOUIS MO 63112-3104	Region 7 Medicare/Medicaid	Facility Number	02089
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
DOLAN MEMORY CARE AT CALAIS			
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 FRONTIER			
11566 FRONTIER DR	Telephone (314) 993-9500	Alzheimer's Unit	Yes
SAINT LOUIS MO 63146-4873	Level of Care ALF**	Bed Capacity	20
Mailing Address 11300 DOLAN WAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-4907	Region 7	Facility Number	25162
	- o -	•	

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

Wednesday, June 4, 2025 Page 104 of 137

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

DOLAN MEMORY CARE AT MASON MANOR			
12740 MASON MANOR	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 SAINT LOUIS MO 63146-	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-	Region 7	Facility Number	19861
DOLAN MEMORY CARE AT SCHUETZ			
1706 SCHUETZ RD	Telephone (314) 989-1782	Alzheimer's Unit	Yes
SAINT LOUIS MO 63146-4931	Level of Care ALF**	Bed Capacity	10
Mailing Address 11300 DOLAN WAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-	Region 7	Facility Number	23805
DOLAN MEMORY CARE AT WATERFORD CROSSING			
11350 DOLAN WAY	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
SAINT LOUIS MO 63146-5533	Region 7	Facility Number	31366
DOUGHERTY FERRY ASSISTED LIVING & 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 FERRY RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63122-3368	Region 7	Facility Number	30034
DUNN-DUNN HOUSE LLC			
2133 JANNETTE DR	Telephone (314) 869-2431	Alzheimer's Unit	No
SAINT LOUIS MO 63136-4020	Level of Care RCF	Bed Capacity	10
Mailing Address 2133 JANNETTE DR	County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO 63136-4020	Region 7	Facility Number	14694
POTATEGO OF WINDEN A VICTORIA			
ESTATES OF HIDDEN LAKE THE	T-1 (214) 255 9922	A 1-1:!- T.I:4	NO
11728 HIDDEN LAKE DR	Telephone (314) 355-8833 Level of Care ALF**	Alzheimer's Unit	NO 20
SAINT LOUIS MO 63138-1757 Mailing Address 11728 HIDDEN LAKE DR		Bed Capacity DMH Licensed	38 No
SAINT LOUIS MO 63138-1757	County SAINT LOUIS COUNTY Region 7	Facility Number	18442
SAINT LOUIS MO 03136-1737	Kegion /	Facility Number	16442
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
ECTATEC OF HIDDEN LAWS TWO			
ESTATES OF HIDDEN LAKE THE	TO 1 1 (214) 255 9922	A1 1	NO
11728 HIDDEN LAKE DR	Telephone (314) 355-8833	Alzheimer's Unit	NO
SAINT LOUIS MO 63138-1757 Molling Address 11728 HIDDEN LAVE DR	Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	67 No
Mailing Address 11728 HIDDEN LAKE DR SAINT LOUIS MO 63138-1757	·		No 18442
SAUVI LOUIS WIO 05138-1/5/	Region 7 Medicare/Medicaid	Facility Number	18442
ESTATES OF SPANISH LAKE, THE			
610 PRIGGE ROAD	Telephone (314) 741-9393	Alzheimer's Unit	No
SAINT LOUIS MO 63138-3543	Level of Care SNF	Bed Capacity	150
Mailing Address 610 PRIGGE ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63138-3543	Region 7 Medicare/Medicaid	Facility Number	15265

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

Wednesday, June 4, 2025 Page 105 of 137

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

ESTATES OF ST LOUIS, LLC, THE				
2115 KAPPEL DR		Telephone (314) 867-7474	Alzheimer's Unit	No
	MO 63136-4115	Level of Care SNF	Bed Capacity	94
Mailing Address 2115 KAPPEL DR	110 03130 1113	County SAINT LOUIS COUNTY	DMH Licensed	No
	MO 63136-4115	Region 7 Medicare/Medicaid	Facility Number	05340
SAINT LOUIS	WIO 03130-4113	Region / Medicare/Medicaid	racinty Number	03340
FRIENDSHIP VILLAGE ASSISTED L	IVING & 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
•	MO 63127-1757	Region 7	Facility Number	02703
		S		
FRIENDSHIP VILLAGE SUNSET HIL	LS			
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 CIRCI	LE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1778	Region 7 Medicare/Medicaid	Facility Number	02703
GABLES AT BRADY CIRCLE, LLC T	ГНЕ			
11 BRADY CIRCLE		Telephone (314) 890-2230	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-1110	Level of Care ALF**	Bed Capacity	40
Mailing Address 11 BRADY CIRCLE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-1110	Region 7	Facility Number	30048
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 FERRY	Y RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number	28964
GRAND MANOR HEALTH CARE CE	NTER			
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
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	Y RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number	00411
THE CODE DELICE AND WELL THE	DE CENTEED			
HILLSIDE REHAB AND HEALTHCAI	KE CENTEK	T-1	Alline to TT 14	37
1265 MCLARAN AVE	MO (2147-1606	Telephone (314) 388-4121	Alzheimer's Unit	Yes
	MO 63147-1606	Level of Care SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63147-1606	Region 7 Medicare/Medicaid	Facility Number	04687
HOLLY HILLS RETIREMENT HOME	7.			
6421 MINNESOTA	-	Telephone (314) 351-0767	Alzheimer's Unit	No
	MO 63111-2808	Level of Care RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA	33111 2000	County SAINT LOUIS CITY	DMH Licensed	Yes
•	MO 63111-2808	Region 7	Facility Number	03678
SIMIT LOOK	33111 2000	Region /	racincy runner	03070

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

Wednesday, June 4, 2025 Page 106 of 137

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

LACLEDE COMMONS			
727 S LACLEDE STATION RD	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 STATION RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63119-4911	Region 7	Facility Number	17713
5.11.1 200.15	Region	I desired I (district	17713
I ANCROWNE VII I ACE			
LANSDOWNE VILLAGE	Telephone (314) 351-6888	Alzheimer's Unit	No
4624 LANSDOWNE AVE SAINT LOUIS MO 63116-1523	Telephone (314) 351-6888 Level of Care SNF		No 145
		Bed Capacity DMH Licensed	No
Mailing Address 4624 LANSDOWNE AVE SAINT LOUIS MO 63116-1523	•		
SAINT LOUIS MO 63116-1523	Region 7 Medicare/Medicaid	Facility Number	14557
LEGACY HEALTHCARE CENTER LLC	T-1 (214) 791 0222	A 1-1	NI-
3715 JAMIESON AVE	Telephone (314) 781-0222	Alzheimer's Unit	No
SAINT LOUIS MO 63109-1109	Level of Care RCF	Bed Capacity	111 V
Mailing Address 3715 JAMIESON AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63109-1109	Region 7	Facility Number	04650
I EMAY MURGING			
LEMAY NURSING 9353 SOUTH BROADWAY	Tolonh (214) (21 0540	Alzheimer's Unit	A T
	Telephone (314) 631-0540		No
SAINT LOUIS MO 63125-1600	Level of Care SNF	Bed Capacity	60
Mailing Address 9353 SOUTH BROADWAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63125-1600	Region 7 Medicare/Medicaid	Facility Number	01732
LIFE CARE CENTER OF ST LOUIS			
3520 CHOUTEAU AVE	T-l (214) 771 2100	A 1-1	NI-
	Telephone (314) 771-2100	Alzheimer's Unit	No 100
SAINT LOUIS MO 63103-2916	Level of Care SNF	Bed Capacity	100
Mailing Address 3520 CHOUTEAU AVE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number	19823
LIVING LIFE LONG RESIDENTIAL CARE, LLC			
5076 WATERMAN	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
5AINT LOUIS 110 05100-4400	Region /	racinty Number	03212
MATTIS POINTE - ASSISTED LIVING 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
SAINT LOUIS MO 03120-2793	Region /	racinty Number	30803
MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE			
THREE MCKNIGHT PL	Telephone (314) 997-5333	Alzheimer's Unit	No
SAINT LOUIS MO 63124-1900	Level of Care ALF**	Bed Capacity	120
Mailing Address THREE MCKNIGHT PL	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63124-1900	Region 7	Facility Number	23542
MINT 10010 1114-1700	Acgion /	racinty number	23342
MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE			
THREE MCKNIGHT PLACE	Telephone (314) 993-3333	Alzheimer's Unit	Yes
SAINT LOUIS MO 63124-1900	Level of Care SNF	Bed Capacity	55
Mailing Address THREE MCKNIGHT PLACE	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63124-1900	Region 7	Facility Number	23542
	8	•	

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

Wednesday, June 4, 2025 Page 107 of 137

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

MCVNICHT DI ACE EVTENDED CADE			
MCKNIGHT PLACE EXTENDED CARE TWO MCKNIGHT PL	Telephone (314) 993-2221	Alzheimer's Unit	No
SAINT LOUIS MO 63124-1900	Level of Care SNF	Bed Capacity	70
Mailing Address TWO MCKNIGHT PL	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63124-1900	Region 7 Medicare	Facility Number	18914
57 th 1200 to 1312 1700	region / Medicare	Tuelley Tullioer	10714
MOTHER OF GOOD COUNSEL HOME			
6825 NATURAL BRIDGE RD	Telephone (314) 383-4765	Alzheimer's Unit	No
SAINT LOUIS MO 63121-5314	Level of Care SNF	Bed Capacity	114
Mailing Address 6825 NATURAL BRIDGE RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63121-5314	Region 7	Facility Number	05568
	Ţ.		
MOTHER OF PERPETUAL HELP RESIDENCE, INC			
7609 WATSON ROAD	Telephone (314) 918-2260	Alzheimer's Unit	Yes
SAINT LOUIS MO 63119-5001	Level of Care ALF**	Bed Capacity	160
Mailing Address 7609 WATSON ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63119-5001	Region 7	Facility Number	21111
NAZARETH LIVING CENTER			
2 NAZARETH LN	Telephone (314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS MO 63129-7600	Level of Care ALF**	Bed Capacity	114
Mailing Address 2 NAZARETH LN	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63129-7600	Region 7	Facility Number	17458
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
NEWSTEAD PLACE			
19 NORTH NEWSTEAD	Telephone (314) 286-4510	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2260	Level of Care RCF*	Bed Capacity	20
Mailing Address 19 N NEWSTEAD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2260	Region 7	Facility Number	19169
NODALIA NEW YORK OF THE PROPERTY OF THE PROPER			
NORMANDY NURSING CENTER	T. 1 (24) 252 2577		
7301 SAINT CHARLES ROCK RD	Telephone (314) 862-0555	Alzheimer's Unit	No
SAINT LOUIS MO 63133-1737	Level of Care SNF	Bed Capacity	116
Mailing Address 7301 SAINT CHARLES ROCK RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63133-1737	Region 7 Medicare/Medicaid	Facility Number	01118
OAK PARK CARE CENTER			
6637 BERTHOLD AVE	Telephone (314) 781-3444	Alzheimer's Unit	No
SAINT LOUIS MO 63139-3318	Level of Care SNF	Bed Capacity	120
Mailing Address 6637 BERTHOLD AVE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63139-3318	·		
SAINT LOUIS WIO 03139-3318	Region 7 Medicare/Medicaid	Facility Number	05914
OASIS RESIDENTIAL CARE FACILITY			
3508 PRAIRIE AVE	Telephone (314) 534-3355	Alzheimer's Unit	No
SAINT LOUIS MO 63107-2214	Level of Care RCF*	Bed Capacity	20
Mailing Address 3508 PRAIRIE AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63107-2214	Region 7	Facility Number	15415
5.11.7 20015 1910 05107-2214	Acgion /	i activey i turniber	1.5+1.5

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

Wednesday, June 4, 2025 Page 108 of 137

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

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

PARC PROVENCE				
605 COEUR DE VILLE DR		Telephone (314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-6603	Level of Care SNF	Bed Capacity	140
Mailing Address 605 COEUR DE VIL	LE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7	Facility Number	24122
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		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7	Facility Number	06369
PINE GROVE MANOR				
4359 TAFT AVE		Telephone (314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care SNF	Bed Capacity	77
Mailing Address 4359 TAFT AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number	00244
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
PROVISION OF PROMISE				
4528 NORTH MARKET ST		Telephone (314) 535-5509	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-2113	Level of Care RCF	Bed Capacity	20
Mailing Address 4528 NORTH MARK	KET ST	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7	Facility Number	17937
RIVER CROSSING REHAB AND HI	EALTHCARE CENTER			
11278 SCHUETZ RD		Telephone (314) 991-4066	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4957	Level of Care SNF	Bed Capacity	120
Mailing Address 11278 SCHUETZ RD)	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-4957	Region 7 Medicare/Medicaid	Facility Number	16378
SAGE NURSING & REHAB				
3421 GASCONADE ST		Telephone (314) 832-4700	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-4201	Level of Care SNF	Bed Capacity	120
Mailing Address 3421 GASCONADE	ST	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number	21455
SHERBROOKE VILLAGE				
4005 RIPA AVE		Telephone (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7	Facility Number	15436
SHERBROOKE VILLAGE				
4005 RIPA AVE		Telephone (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care SNF	Bed Capacity	149
Mailing Address 4005 RIPA AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7 Medicare/Medicaid	Facility Number	15436

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

Wednesday, June 4, 2025 Page 109 of 137

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

CH VED CDUD				
SILVER SPUR		T-1	41-1	NT-
3300 TEXAS AVE	MO (2110 2111	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	110	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63118-3111	Region 7	Facility Number	00185
a				
SMILEY MANOR LLC		T. I		
5415 THEKLA AVE	110	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		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63112-2513	· ·	Facility Number	31147
SAINI LOUIS	WO 03112-2313	Region 7	racinty Number	31147
SPRING MANOR				
3610 PALM ST		Telephone (314) 533-3111	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2505	Level of Care ALF**	Bed Capacity	94
Mailing Address 3610 PALM ST		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63107-2505	Region 7	Facility Number	28552
SAIR (1 EOOIS	03107 2303	Region /	Tuemey Tumber	20332
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 A	AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2707	Region 7	Facility Number	07516
ST JOHNS PLACE				
3333 BROWN ROAD		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 LOUIS ALTENHEIM				
5408 SOUTH BROADWAY		Telephone (314) 353-7225	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63111-2023	Level of Care ALF**	Bed Capacity	23
Mailing Address 5408 SOUTH BROAD		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2023	•	Facility Number	07585
SAINT LOUIS	WO 03111-2023	Region 7	racinty Number	07383
ST LOUIS ALTENHEIM				
5408 SOUTH BROADWAY		Telephone (314) 353-7225	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2023	Level of Care SNF	Bed Capacity	48
Mailing Address 5408 SOUTH BROAD		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2023	Region 7 Medicaid	Facility Number	07585
ST LOUIS HILLS ASSISTED LIVING	G AND MEMORY CARE	T 1 1 (014) 217 2200	A11	*7
6543 CHIPPEWA ST	MO 62100 4100	Telephone (314) 647-6600	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63109-4100	Level of Care ALF**	Bed Capacity	181
Mailing Address 6543 CHIPPEWA ST	110 (210) (10)	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63109-4100	Region 7	Facility Number	07594

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

Wednesday, June 4, 2025 Page 110 of 137

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

CINIDICE OF WEDGEED CROVES				
SUNRISE OF WEBSTER GROVES	Telenkone	(214) 019 7200	A 1-1	V
45 EAST LOCKWOOD	Telephone	(314) 918-7300	Alzheimer's Unit	Yes
SAINT LOUIS MO 6311		ALF**	Bed Capacity	90
Mailing Address 45 EAST LOCKWOOD	·	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 6311	119-3050 Region 7		Facility Number	28242
SUPERIOR MANOR OF DOWNTOWN, LLC				
1501 CLINTON STREET	Telephone	(314) 921-2625	Alzheimer's Unit	No
SAINT LOUIS MO 6310	•		Bed Capacity	40
Mailing Address 1501 CLINTON STREET		NT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 6310	· ·		Facility Number	30136
	August .			50150
SYLVAN HOUSE				
30 SHERMAN RD	Telephone	(314) 892-2212	Alzheimer's Unit	No
SAINT LOUIS MO 6312	25-4125 Level of Care	RCF	Bed Capacity	40
Mailing Address 30 SHERMAN RD	County SA	NT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO 6312	25-4125 Region 7		Facility Number	15078
U-CITY FOREST MANOR				
1301 PARTRIDGE AVE	Telephone	(314) 862-5556	Alzheimer's Unit	No
SAINT LOUIS MO 6313	30-1944 Level of Care	SNF	Bed Capacity	120
Mailing Address 1301 PARTRIDGE AVE	County SA	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 6313	30-1944 Region 7	Medicare/Medicaid	Facility Number	15454
UNION MANOR, LLC				
2711 NORTH UNION BLVD	Telephone	(314) 383-7310	Alzheimer's Unit	No
SAINT LOUIS MO 6311	Level of Care	RCF*	Bed Capacity	50
Mailing Address 2711 NORTH UNION BLVD	County SA	NT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 6311	113-1003 Region 7		Facility Number	11002
	Ü			
WEST PINE GROUP HOME				
4232 WEST PINE BLVD	Telephone	(314) 531-9450	Alzheimer's Unit	No
SAINT LOUIS MO 6310	108-2840 Level of Care	RCF	Bed Capacity	9
Mailing Address 4232 WEST PINE BLVD	County SA	NT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 6310	08-2840 Region 7		Facility Number	05948
			·	
	SAINT MARY			
MARIAN CLIFF RESIDENTIAL CARE CENTE	ER LLC			
381 ELM ST	Telephone	(573) 543-2218	Alzheimer's Unit	No
SAINT MARY MO 6367	573-9330 Level of Care	RCF*	Bed Capacity	66
Mailing Address PO BOX 272		NTE GENEVIEVE	DMH Licensed	Yes
FARMINGTON MO 6364	540-0272 Region 2		Facility Number	05058
	5		-	
	SAINT PETERS			
BOULEVARD SENIOR LIVING OF ST PETERS	RS, THE			
500 BLUFFSTONE CIRCLE	Telephone	(636) 626-2520	Alzheimer's Unit	Yes
SAINT PETERS MO 6330	•	ALF**	Bed Capacity	74
Mailing Address 500 BLUFFSTONE CIRCLE		NT CHARLES	DMH Licensed	No
SAINT PETERS MO 6330			Facility Number	33475
	11091011		2	

Wednesday, June 4, 2025 Page 111 of 137

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

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

CHESTNUT GLENN - ASSISTED LI	VING BY AMERICARE				
121 KLONDIKE CROSSING	160	Telephone	(636) 928-4200	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-5394	Level of Care	ALF**	Bed Capacity	74
Mailing Address 121 KLONDIKE CRO		·	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-5394	Region 5		Facility Number	25446
CLARENDALE OF ST PETERS					
10 DUBRAY DRIVE		Telephone	(636)706-5100	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3558	Level of Care	ALF**	Bed Capacity	110
Mailing Address 10 DUBRAY DRIVE		County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3558	Region 5		Facility Number	32095
HAMPTON MANOR OF ST PETERS	2				
268 JUNGERMANN ROAD	•	Telephone	(636) 706-5808	Alzheimer's Unit	YES
SAINT PETERS	MO 63376-5347	Level of Care	ALF**	Bed Capacity	97
Mailing Address 268 JUNGERMANN			NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-5347	Region 5	VI CHARLES	Facility Number	33605
SARVITETERS	140 03370-3347	Region 5		racinty Number	33003
MCCLAY SENIOR CARE					
3801 MCCLAY ROAD		Telephone	(636) 244-3323	Alzheimer's Unit	No
SAINT PETERS	MO 63376-7327	Level of Care	SNF	Bed Capacity	60
Mailing Address 3801 MCCLAY ROA	D	County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-7327	Region 5	Medicare/Medicaid	Facility Number	29933
NHC PLACE, ST PETERS MEMORY	Y CARE				
5300 EXECUTIVE CENTER PARKWA		Telephone	(636) 477-6955	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3182	Level of Care	ALF**	Bed Capacity	60
Mailing Address 5300 EXECUTIVE C	ENTER PARKWAY	County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3182	Region 5		Facility Number	29889
SPENCER PLACE - ASSISTED LIVI	NC RV AMERICARE				
265 SPENCER RD	NO DI AMERICARE	Telephone	(636) 441-6662	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2430	Level of Care	ALF**	Bed Capacity	74
Mailing Address 265 SPENCER RD	110 03370 2130	County SAI		DMH Licensed	No
SAINT PETERS	MO 63376-2430	Region 5		Facility Number	13294
	0.0070 2.00	region 5		Tuesday Transpor	132).
ST PETERS POST ACUTE					
5400 EXECUTIVE CENTRE PKWY	MO	Telephone	(636) 922-7600	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2594	Level of Care	ALF**	Bed Capacity	62
Mailing Address 5400 EXECUTIVE C		·	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2594	Region 5		Facility Number	26014
ST PETERS POST ACUTE					
5400 EXECUTIVE CENTRE PKWY		Telephone	(636) 922-7600	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-2594	Level of Care	SNF	Bed Capacity	130
Mailing Address 5400 EXECUTIVE C	ENTRE PKWY	County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2594	Region 5	Medicare/Medicaid	Facility Number	26014
ST PETERS REHAB AND HEALTH	CARE CENTER				
230 SPENCER RD		Telephone	(636) 441-2750	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2425	Level of Care	SNF	Bed Capacity	96
Mailing Address 230 SPENCER RD			NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2425	Region 5	Medicare/Medicaid	Facility Number	07613
		-			

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

Wednesday, June 4, 2025 Page 112 of 137

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

SAINTE GENEVIEVE

HIDDEN ACRES ASSISTED LIVING		
19235 STATE ROUTE EE	Telephone (573) 756-8141	Alzheimer's Unit No
SAINTE GENEVIEVE MO 63670-8213	Level of Care ALF	Bed Capacity 18
Mailing Address 19235 STATE ROUTE EE	County SAINTE GENEVIEVE	DMH Licensed Yes
SAINTE GENEVIEVE MO 63670-8213	Region 2	Facility Number 19721
SAINTE GENEVIEVE 140 03070-0213	Region 2	racinty Number 19721
HIDDEN ACRES ASSISTED LIVING II LLC		
19235 STATE ROUTE EE	Telephone (573) 756-8141	Alzheimer's Unit No
SAINTE GENEVIEVE MO 63670-8213	Level of Care ALF	Bed Capacity 18
Mailing Address 19235 STATE ROUTE EE	County SAINTE GENEVIEVE	DMH Licensed Yes
SAINTE GENEVIEVE MO 63670-8213	Region 2	Facility Number 11134
		•
PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE		
805 PARKWOOD DR	Telephone (573) 883-3883	Alzheimer's Unit Yes
SAINTE GENEVIEVE MO 63670-1858	Level of Care ALF**	Bed Capacity 66
Mailing Address 805 PARKWOOD DR	County SAINTE GENEVIEVE	DMH Licensed No
SAINTE GENEVIEVE MO 63670-1858	Region 2	Facility Number 23234
	S	•
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 PARKWAY	County SAINTE GENEVIEVE	DMH Licensed No
SAINTE GENEVIEVE MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number 06729
		•
ST GENEVIEVE NURSING		
1010 STE GENEVIEVE DR	Telephone (573) 883-5725	Alzheimer's Unit No
SAINTE GENEVIEVE MO 63670-1447	Level of Care SNF	Bed Capacity 90
Mailing Address PO BOX 426	County SAINTE GENEVIEVE	DMH Licensed No
SAINTE GENEVIEVE MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number 03254
CALL	714	
SALE	UM	
SALEM CARE CENTER		
1203 NORTH JACKSON	Telephone (573) 729-6649	Alzheimer's Unit No
SALEM MO 65560-1076	Level of Care SNF	Bed Capacity 60
Mailing Address 1203 NORTH JACKSON	County DENT	DMH Licensed No
SALEM MO 65560-1076	Region 6 Medicare/Medicaid	Facility Number 02354
SALEM 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
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
	<u> </u>	•

Wednesday, June 4, 2025 Page 113 of 137

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

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

SALISBURY	
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
CHARITON PARK HEALTH CARE CENTER	
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
interior of the second	00.05
SARCOXIE	
SARCOXIE HEALTH CARE CENTER	
1505 MINER Telephone (417) 548-3434 Alzheimer's Unit	No
SARCOXIE MO 64862-9211 Level of Care SNF Bed Capacity	40
Mailing Address 1505 MINER County JASPER DMH Licensed	No
SARCOXIE MO 64862-0248 Region 1 Medicare/Medicaid Facility Number	06864
Region 1 Medical Civiculation Funds	00004
SAVANNAH	
ABUNDANT ACRES CARE AND REHAB	
13277 STATE ROUTE D Telephone (816) 324-5991 Alzheimer's Unit	NO
SAVANNAH MO 64485-9431 Level of Care SNF Bed Capacity	88
Mailing Address 13277 STATE ROUTE D County ANDREW DMH Licensed	No
SAVANNAH MO 64485-9431 Region 4 Medicare/Medicaid Facility Number	07147
·	
LAVERNA MANOR HEALTH & REHABILITATION	
904 SOUTH HALL AVE Telephone (816) 324-3185 Alzheimer's Unit	Yes
SAVANNAH MO 64485-1952 Level of Care SNF Bed Capacity	120
Mailing Address 904 SOUTH HALL AVE County ANDREW DMH Licensed	No
SAVANNAH MO 64485-1952 Region 4 Medicare/Medicaid Facility Number	04478
SCOTT CITY	
COUNTRY PLACE	
28601 US HIGHWAY 61 Telephone (573) 264-1555 Alzheimer's Unit	No
SCOTT CITY MO 63780-9143 Level of Care ALF Bed Capacity	24
Mailing Address 28601 US HIGHWAY 61 County SCOTT DMH Licensed	No
SCOTT CITY MO 63780-9143 Region 2 Facility Number	25934
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 STCountySCOTTDMH Licensed	Yes
SCOTT CITY MO 63780-1219 Region 2 Facility Number	07039

Wednesday, June 4, 2025 Page 114 of 137

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

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

S			

	SEDA	LIA		
BRISTOL MANOR OF SEDALIA				
1208 EAST 24TH ST		Telephone (660) 827-2028	Alzheimer's Unit	No
SEDALIA	MO 65301-8231	Level of Care RCF	Bed Capacity	12
Mailing Address 1208 EAST 24TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8231	Region 6	Facility Number	15808
SEDALIA	WIO 03301-8231	Kegion 0	Facility Number	13606
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	66
Mailing Address 975 MITCHELL ROA	AD	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number	30182
ECCEV DV DDICTOL THE				
ESSEX BY BRISTOL, THE 301 EAST 3RD		TO 1 1 (CCO) 920 1759	A1.1 1. TT	NI-
	MO 65201 4225	Telephone (660) 829-1758	Alzheimer's Unit	No 24
SEDALIA	MO 65301-4335	Level of Care RCF	Bed Capacity	24 N-
Mailing Address 301 EAST 3RD	MO (5201 1225	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4335	Region 6	Facility Number	23020
FAIR VIEW HEALTH CARE CENT	ER			
1714 W 16TH ST		Telephone (660) 827-1594	Alzheimer's Unit	No
SEDALIA	MO 65301-5273	Level of Care SNF	Bed Capacity	75
Mailing Address 1714 W 16TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number	02469
FOUR SEASONS LIVING CENTER				
2800 HIGHWAY TT		Telephone (660) 826-8803	Alzheimer's Unit	Yes
SEDALIA	MO 65301-1410	Level of Care SNF	Bed Capacity	239
Mailing Address 2800 HIGHWAY TT	WIO 05301 1410	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number	00836
SEDALIA	WO 05501-1410	Region 6 Medicare/Medicaid	Facility Number	00830
LOVING ARMS MEMORY CARE A	ND ASSISTED LIVING			
1300 EAST 24TH STREET		Telephone (660) 851-2266	Alzheimer's Unit	Yes
SEDALIA	MO 65301-8233	Level of Care ALF**	Bed Capacity	20
Mailing Address 2700 ARTISAN DRIV	VE	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971
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 3017 BROOKING PA		County PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-9327	Region 6	Facility Number	30112
		-	•	
PRIMROSE OF SEDALIA		Talanhana (660) 527 7054	Alabaimanta II-i4	NT_
3761 WEST 10TH ST	MO 65201 2524	Telephone (660) 527-7054	Alzheimer's Unit	No
SEDALIA Mailing Address 2761 WEST 10TH ST	MO 65301-2524	Level of Care ALF**	Bed Capacity	90 No
Mailing Address 3761 WEST 10TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2524	Region 6	Facility Number	25967

Wednesday, June 4, 2025 Page 115 of 137

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

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

REST HAVEN HEALTH CARE CENT	ΓER		
1800 SOUTH INGRAM		Telephone (660) 827-0845	Alzheimer's Unit No
SEDALIA	MO 65301-7538	Level of Care SNF	Bed Capacity 86
Mailing Address 1800 S INGRAM		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number 06582
SUNNY MEADOWS LIVING CENTER	R		
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 06527
SEDALIA	WO 03301-2729	Region 0	Facility Number 00327
SYLVIA G THOMPSON RESIDENCE	CENTER, INC		
3333 WEST TENTH ST		Telephone (660) 826-2118	Alzheimer's Unit Yes
SEDALIA	MO 65301-2113	Level of Care SNF	Bed Capacity 120
Mailing Address 3333 WEST TENTH S	T	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-2113	Region 6 Medicaid	Facility Number 17278
	SENE	SCA	
SENECA HOME PLACE	SENE	Jen -	
2400 SOUTH CHEROKEE AVE		Telephone (417) 776-8053	Alzheimer's Unit No
SENECA	MO 64865-9323	Level of Care RCF*	
Mailing Address 2400 SOUTH CHERO		County NEWTON	
SENECA	MO 64865-9323	Region 1	Facility Number 17571
SENECA NURSING			
914 CHICKESAW ST		Telephone (417) 776-8041	Alzheimer's Unit No
SENECA	MO 64865-9281	Level of Care SNF	Bed Capacity 80
Mailing Address 914 CHICKESAW ST		County NEWTON	DMH Licensed No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number 17090
	SEYMO	OUR	
	SETIMO	SOR	
GLENWOOD HEALTHCARE			
851 THOROUGHFARE		Telephone (417) 935-2992	Alzheimer's Unit Yes
SEYMOUR	MO 65746-8767	Level of Care SNF	Bed Capacity 60
Mailing Address 851 THOROUGHFAR		County WEBSTER	DMH Licensed No
SEYMOUR	MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number 16944
	SHELL	BINA	
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
OVER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SHELBINA VILLA LIFECARE		m. 1	
218 EAST SHELBINA AVE	1.0 (0.150, 1000)	Telephone (573) 588-4115	Alzheimer's Unit No
SHELBINA	MO 63468-4328	Level of Care ALF**	Bed Capacity 68
Mailing Address 218 EAST SHELBINA	AVE MO 63468 4328	County SHELBY	DMH Licensed No Facility Number 19594
CHELDINA	NALL 62/160 /2/10	Dogion 5	Engility Number 10504

Region 5

Facility Number

18584

MO 63468-4328

SHELBINA

Wednesday, June 4, 2025 Page 116 of 137

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

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

	SHREWS	SBURY	
MARY, QUEEN AND MOTHER CE	NTER		
7601 WATSON RD		Telephone (314) 961-8000	Alzheimer's Unit No
SHREWSBURY	MO 63119-5001	Level of Care SNF	Bed Capacity 230
Mailing Address 7601 WATSON RD		County SAINT LOUIS COUNTY	DMH Licensed No
SHREWSBURY	MO 63119-5001	Region 7 Medicare/Medicaid	Facility Number 05103
	SIKES	TON	
ARBORS AT WESTRIDGE PLACE	- MEMORY CARE ASSISTED LIVING	G BY AMERICARE, THE	
539 NORTH WEST ST		Telephone (573) 471-6484	Alzheimer's Unit Yes
SIKESTON	MO 63801-5443	Level of Care ALF**	Bed Capacity 28
Mailing Address 539 NORTH WEST	ST	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5443	Region 2	Facility Number 12693
CLEARVIEW NURSING CENTER			
430 SALCEDO ROAD		Telephone (573) 471 2565	Alzheimer's Unit No
SIKESTON	MO 63801-4802	Telephone (573) 471-2565 Level of Care SNF	
	MO 03801-4802		
Mailing Address PO BOX 707	MO 62901 0707	County SCOTT	
SIKESTON	MO 63801-0707	Region 2 Medicare/Medicaid	Facility Number 19913
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
DAMPHEAN NUMBER OF STREET			
DAYBREAK NURSING CENTER		m 1 1 (572) 471 7692	A
410 H ROAD	MO (2001 5250	Telephone (573) 471-7683	Alzheimer's Unit No
SIKESTON	MO 63801-5350	Level of Care SNF	Bed Capacity 70
Mailing Address 410 H ROAD	MO (2001 0420	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-0430	Region 2 Medicare/Medicaid	Facility Number 11496
DELTA SOUTH NURSING & REHA	ABILITATION		
640 COLONEL GEORGE E DAY PAR	KWAY	Telephone (573) 471-3400	Alzheimer's Unit NO
SIKESTON	MO 63801-0624	Level of Care SNF	Bed Capacity 60
Mailing Address 640 COLONEL GEO	RGE E DAY PARKWAY	County NEW MADRID	DMH Licensed No
SIKESTON	MO 63801-0624	Region 2 Medicare/Medicaid	Facility Number 30584
HINTED ACRES CARING GENTLE	D		
HUNTER ACRES CARING CENTE	ĸ	T-l (572) 471 7120	Alabatan anta Tirita
628 NORTH WEST ST	MO 63901 4739	Telephone (573) 471-7130	Alzheimer's Unit Yes
SIKESTON Mailing Address 628 NORTH WEST	MO 63801-4738	Level of Care SNF	Bed Capacity 120
Mailing Address 628 NORTH WEST SIKESTON		County SCOTT	DMH Licensed No
SINESTON	MO 63801-4738	Region 2 Medicare/Medicaid	Facility Number 07345

Telephone

Region 2

Level of Care

County SCOTT

(573) 472-2546

ALF**

Alzheimer's Unit

Bed Capacity

DMH Licensed

Facility Number

No

36

No

28804

LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

MO 63801-5105

MO 63801-5105

226 PLAZA DR

Mailing Address 226 PLAZA DR

SIKESTON

SIKESTON

Wednesday, June 4, 2025 Page 117 of 137

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

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

SIKESTON CONVALESCENT CENTER			
103 KENNEDY DR SIKESTON MO	0 63801-5126	Telephone (573) 471-6900 Level of Care SNF	Alzheimer's Unit Yes Bed Capacity 120
Mailing Address 103 KENNEDY DR	0 03801-3120	County SCOTT	Bed Capacity 120 DMH Licensed No
•	0 63801-5126	Region 2 Medicare/Medicaid	Facility Number 07331
		3	
	SILE	ΣX	
SILEX COMMUNITY CARE			
111 DUNCAN MANSION RD		Telephone (573) 384-5218	Alzheimer's Unit No
SILEX MO	0 63377-2229	Level of Care SNF	Bed Capacity 60
Mailing Address 111 DUNCAN MANSION		County LINCOLN	DMH Licensed No
SILEX MC	0 63377-2229	Region 5 Medicare/Medicaid	Facility Number 06838
SILEX RESIDENTIAL HOME, LLC			
145 DUNCAN MANSION RD		Telephone (573) 384-5213	Alzheimer's Unit No
SILEX	0 63377-2229	Level of Care RCF*	Bed Capacity 60
Mailing Address 145 DUNCAN MANSION	RD	County LINCOLN	DMH Licensed Yes
SILEX MC	0 63377-2229	Region 5	Facility Number 20982
	SLAT	ER	
BIG BEND RETREAT			
620 NORTH EMMERSON		Telephone (660) 529-2237	Alzheimer's Unit No
	0 65349-1157	Level of Care RCF*	Bed Capacity 10
Mailing Address 620 NORTH EMMERSON	ſ	County SALINE	DMH Licensed No
SLATER MC	65349-1157	Region 5	Facility Number 00546
BIG BEND RETREAT			
620 NORTH EMMERSON		Telephone (660) 529-2237	Alzheimer's Unit No
	0 65349-1157	Level of Care ICF	Bed Capacity 60
Mailing Address 620 NORTH EMMERSON	ſ	County SALINE	DMH Licensed No
SLATER MC	65349-1157	Region 5	Facility Number 00546
	SMITHV	YILLE	
BRISTOL MANOR OF SMITHVILLE			
1502 SOUTH COMMERCIAL		Telephone (816) 532-4490	Alzheimer's Unit No
) 64089-8474	Level of Care RCF	Bed Capacity 12
Mailing Address 1502 S COMMERCIAL		County CLAY	DMH Licensed No
SMITHVILLE MC	O 64089-8474	Region 4	Facility Number 17515
	SPRINGI	FIELD	
BIRCH POINTE HEALTH AND REHABI	LITATION		
3705 S JEFFERSON AVE		Telephone (417) 889-0773	Alzheimer's Unit Yes
	0 65807-5880	Level of Care SNF	Bed Capacity 120
Mailing Address 3705 S JEFFERSON AVE		County GREENE	DMH Licensed No
SPRINGFIELD MC	0 65807-5880	Region 1 Medicare/Medicaid	Facility Number 31013
BROOKHAVEN NURSING & REHAB			
3405 WEST MT VERNON		Telephone (417) 874-9600	Alzheimer's Unit No
	65802-5241	Level of Care SNF	Bed Capacity 90
Mailing Address 3405 WEST MT VERNON		County GREENE	DMH Licensed No
SPRINGFIELD MC	0 65802-5241	Region 1 Medicare/Medicaid	Facility Number 09512

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

Wednesday, June 4, 2025 Page 118 of 137

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

BUNGALOWS AT CHESTERFIELD VILLAGE, THE			
2410 WEST CHESTERFIELD BLVD	Telephone (417) 886-4000	Alzheimer's Unit N	lo
SPRINGFIELD MO 65807-8631	Level of Care RCF	Bed Capacity 9	92
Mailing Address 2410 W CHESTERFIELD BLVD	County GREENE	DMH Licensed N	lo
SPRINGFIELD MO 65807-8631	Region 1	Facility Number 2258	34
BUNGALOWS AT SPRINGFIELD EAST, THE			
3540 EAST CHEROKEE	Telephone (417) 889-2222	Alzheimer's Unit N	Ю
SPRINGFIELD MO 65809-2828	Level of Care RCF	Bed Capacity 6	57
Mailing Address 3540 EAST CHEROKEE	County GREENE	DMH Licensed N	lo
SPRINGFIELD MO 65809-2828	Region 1	Facility Number 2102	25
CEDARHURST OF SPRINGFIELD			
1146 EAST LAKEWOOD ST	Telephone (417) 885-9050	Alzheimer's Unit Ye	
SPRINGFIELD MO 65810-2614	Level of Care ALF**		66
Mailing Address 1146 E LAKEWOOD ST	County GREENE		Ю
SPRINGFIELD MO 65810-2614	Region 1	Facility Number 2829	95
EDEMONT GENTOD VALVES TWO			
FREMONT SENIOR LIVING, THE	m 1 1 (447) 004 0700	A11	
1520 EAST BATES ST	Telephone (417) 881-0500	Alzheimer's Unit Ye	
SPRINGFIELD MO 65804-8401	Level of Care ALF**		72
Mailing Address 1520 EAST BATES ST	County GREENE		lo
SPRINGFIELD MO 65804-8401	Region 1	Facility Number 2878	32
CADDENC THE			
GARDENS, THE	T. I. I. (417) 999 7699	A11	
1302 WEST SUNSET	Telephone (417) 889-7600	Alzheimer's Unit Ye	
SPRINGFIELD MO 65807-5943	Level of Care ALF**	Bed Capacity 14	
Mailing Address 1302 WEST SUNSET	County GREENE		lo
SPRINGFIELD MO 65807-5943	Region 1	Facility Number 2028	38
GLENDALE GARDENS NURSING & REHAB			
3535 EAST CHEROKEE	Telephone (417) 889-9955	Alzheimer's Unit N	Īo
SPRINGFIELD MO 65809-2829	Level of Care SNF	Bed Capacity 12	
Mailing Address 3535 EAST CHEROKEE	County GREENE		lo Io
SPRINGFIELD MO 65809-2829	•		
SFRINGITELD INO 03009-2029	Region 1 Medicare/Medicaid	Facility Number 1673	,,
GOLDEN ESTATE RESIDENTIAL CARE			
1134 WEST NORTON RD	Telephone (417) 833-4440	Alzheimer's Unit N	lo
SPRINGFIELD MO 65803-1070	Level of Care RCF*		31
Mailing Address 1134 WEST NORTON RD	County GREENE	DMH Licensed Ye	
SPRINGFIELD MO 65803-1070	Region 1	Facility Number 0298	
SI KINGI IELD 1910 03003-1070	Region 1	racinty Number 0298	94
JACOBS CARE CENTER, LLC			
932 WEST STATE	Telephone (417) 865-6140	Alzheimer's Unit N	lo
SPRINGFIELD MO 65806-2846	Level of Care RCF		12
Mailing Address 932 WEST STATE	County GREENE	DMH Licensed Ye	
SPRINGFIELD MO 65806-2846	Region 1	Facility Number 0622	
51 KH (01 ILLL) 1910 (J.) 0000-2040	region 1	racincy number 0022	.J
JAMES RIVER NURSING AND REHABILITATION			
3550 EAST BATTLEFIELD	Telephone (417) 889-9500	Alzheimer's Unit N	lo
SPRINGFIELD MO 65809-3400	Level of Care SNF	Bed Capacity 12	
Mailing Address 3550 EAST BATTLEFIELD	County GREENE		lo Io
SPRINGFIELD MO 65809-3400	Region 1 Medicare/Medicaid	Facility Number 1764	
11.0 00007 5100	ingion - micuical difficultatu	_ 30310 1704	

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

Wednesday, June 4, 2025 Page 119 of 137

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

YOU LOGICATION Y WING TOO GENERAL			
JOY ASSISTED LIVING FOR SENIORS	TE 1 1 (417) 064 0005	A1 1	N
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
LAKEWOOD - ASSISTED LIVING BY AMERICARE			
4685 ROBBERSON AVE	Telephone (417) 881-1411	Alzheimer's Unit	Yes
SPRINGFIELD MO 65810-1785	Level of Care ALF**	Bed Capacity	67
Mailing Address 4685 ROBBERSON AVE	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65810-1785	Region 1	Facility Number	23613
	-		
LODGES, THE			
2401 W GRAND ST	Telephone (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD MO 65802-4967	Level of Care RCF*	Bed Capacity	99
Mailing Address 2401 W GRAND ST	County GREENE	DMH Licensed	Yes
SPRINGFIELD MO 65802-4967	Region 1	Facility Number	09756
MACMONIA CON A DE NINDENIC AND DEWAR			
MAGNOLIA SQUARE NURSING AND REHAB 1502 WEST EDGEWOOD	Tolombers (417) 077 7545	Alaboin TT 14	N.T
	Telephone (417) 877-7545	Alzheimer's Unit	No
SPRINGFIELD MO 65807-3567	Level of Care SNF	Bed Capacity	120
Mailing Address 1502 WEST EDGEWOOD	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number	23400
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 ELFINDALE ST	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-1246	Region 1 Medicare	Facility Number	17371
MAPLES HEALTH AND REHABILITATION, THE			
610 WEST SUNSET ST	Telephone (417) 891-1700	Alzheimer's Unit	No
SPRINGFIELD MO 65807-3696	Level of Care SNF	Bed Capacity	120
Mailing Address 610 WEST SUNSET ST	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number	06441
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 RD	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65803-3633	Region 1	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 SNF	Bed Capacity	120
Mailing Address 233 EAST NORTON RD	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65803-3633	Region 1 Medicare/Medicaid	Facility Number	04907
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 AVE	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65810-1413	•	Facility Number	33342
51 KINGI IELD 1910 03010-1413	Region 1	racinty Number	33342

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

Wednesday, June 4, 2025 Page 120 of 137

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

NEIGHBORHOODS AT QUAIL CREEK, THE			
1514 WEST LARK	Telephone (417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD MO 65810-2270	Level of Care SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65810-2270	Region 1 Medicare/Medicaid	Facility Number	24701
SI KINGI IEED WIO 03610-2270	Region 1 Medicare/Medicald	Pacinty Number	24701
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
RAVENWOOD - ASSISTED LIVING BY AMERICARE	T. 1. (44T) 000 000		
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 RD	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65804-6763	Region 1	Facility Number	20791
SPRING RIDGE - ASSISTED LIVING BY AMERICARE			
2828 SOUTH MEADOWBROOK	Telephone (417) 889-7100	Alzheimer's Unit	No
SPRINGFIELD MO 65807-5925	Level of Care ALF**	Bed Capacity	44
Mailing Address 2828 SOUTH MEADOWBROOK	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-5925	Region 1	Facility Number	19713
110 0300/ 3723	Region 1	racinty runnocr	17/13
SPRING VALLEY ASSISTED LIVING			
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 FREMONT AVE	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65804-3608	Region 1	Facility Number	00144
SDDING VALLEY HEALTH & DEHADILITATION CENTED			
SPRING VALLEY HEALTH & REHABILITATION CENTER 2915 SOUTH FREMONT AVE	T-l (417) 992 4022	Alzheimer's Unit	V
	Telephone (417) 883-4022		Yes
SPRINGFIELD MO 65804-3608	Level of Care SNF	Bed Capacity	194
Mailing Address 2915 SOUTH FREMONT AVE	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65804-3608	Region 1 Medicare/Medicaid	Facility Number	00144
SPRINGFIELD REHABILITATION & HEALTH CARE CENTER			
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 CENTER			
	T 1 1 (417) 964 4545	A1 1	N
2401 W GRAND ST	Telephone (417) 864-4545	Alzheimer's Unit	No 120
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 MONTCLAIR	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number	05280
		-	

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

Wednesday, June 4, 2025 Page 121 of 137

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

SPRINGHOUSE VILLAGE		
3877 EAST FARM ROAD 132	Telephone (417) 708-3403	Alzheimer's Unit Yes
SPRINGFIELD MO 65802-6241	Level of Care ALF**	Bed Capacity 100
Mailing Address 3877 EAST FARM ROAD 132	County GREENE	DMH Licensed No
SPRINGFIELD MO 65802-6241	Region 1	Facility Number 32469
SUNTERRA SPRINGS SPRINGFIELD		
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
		·
TURNERS ROCK		
3911 EAST HIGHWAY D	Telephone (417) 459-4070	Alzheimer's Unit Yes
SPRINGFIELD MO 65809-	Level of Care ALF**	Bed Capacity 70
Mailing Address 3911 EAST HIGHWAY D	County GREENE	DMH Licensed No
SPRINGFEILD MO 65809-	Region 1	Facility Number 32441
STRINGIELES 1.10 (3300)	Region 1	1 demety (valide) 32441
VSL SPRINGFIELD ASSISTED LIVING, LLC		
1401 WEST ELFINDALE STREET	Telephone (417) 831-3828	Alzheimer's Unit No
SPRINGFIELD MO 65807-1295	Level of Care ALF	Bed Capacity 50
Mailing Address 1401 WEST ELFINDALE STREET	County GREENE	DMH Licensed No
SPRINGFIELD MO 65807-1295	Region 1	Facility Number 32492
WILSON'S CREEK NURSING & REHAB		
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 VERNON	County GREENE	DMH Licensed No
SPRINGFIELD MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number 05579
WOODLAND MANOR		
1347 EAST VALLEY WATERMILL RD	Telephone (417) 833-1220	Alzheimer's Unit No
SPRINGFIELD MO 65803-3739	Level of Care SNF	Bed Capacity 94
Mailing Address 1347 EAST VALLEY WATERMILL RD	County GREENE	DMH Licensed No
SPRINGFIELD MO 65803-3739	Region 1 Medicare/Medicaid	Facility Number 05794
STAN	BERRY	
PINE VIEW MANOR, INC		
307 NORTH PINEVIEW ST	Telephone (660) 783-2118	Alzheimer's Unit No
STANBERRY MO 64489-1509	Level of Care SNF	Bed Capacity 70
Mailing Address 307 NORTH PINEVIEW ST	County GENTRY	DMH Licensed No
STANBERRY MO 64489-1509	Region 4 Medicare/Medicaid	Facility Number 05832
PINE VIEW MANOR, INC		
307 NORTH PINEVIEW ST	Telephone (660) 783-2118	Alzheimer's Unit No
STANBERRY MO 64489-1509	Level of Care ALF**	Bed Capacity 12
Mailing Address 307 NORTH PINEVIEW ST	County GENTRY	DMH Licensed No
STANBERRY MO 64489-1509	Region 4	Facility Number 05832

Wednesday, June 4, 2025 Page 122 of 137

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

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

		STEELE	
RIVER OAKS CARE CENTER 1001 NORTH WALNUT STEELE Mailing Address 1001 N WALNUT	MO 63877-1355	Telephone (573) 695-2121 Level of Care SNF County PEMISCOT	Alzheimer's Unit No Bed Capacity 90 DMH Licensed No Facility Number 06672
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number 06672
		STEELVILLE	
STEELVILLE SENIOR LIVING 311 NORTH SPRING ST STEELVILLE Mailing Address 311 NORTH SPRING STEELVILLE	MO 65565-5089 G ST MO 65565-5089	Telephone (573) 260-8850 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid	Alzheimer's Unit YES Bed Capacity 72 DMH Licensed No Facility Number 02860
STEELVILLE SENIOR LIVING 311 NORTH SPRING ST STEELVILLE Mailing Address 311 NORTH SPRING STEELVILLE	MO 65565-5089 G ST MO 65565-5089	Telephone (573) 260-8850 Level of Care ALF County CRAWFORD Region 6	Alzheimer's Unit No Bed Capacity 21 DMH Licensed No Facility Number 02860
		STOCKTON	
LAKE STOCKTON HEALTHCARE	FACILITY		
1523 3RD ROAD STOCKTON Mailing Address PO BOX 945	MO 65785-9608	Telephone (417) 276-5126 Level of Care SNF County CEDAR	Alzheimer's Unit Yes Bed Capacity 90 DMH Licensed No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number 07680
		STOVER	
BRISTOL MANOR OF STOVER			
607 WEST 4TH ST STOVER	MO 65078-0807	Telephone (573) 377-4519 Level of Care RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address 607 WEST 4TH ST	1410 03070 0007	County MORGAN	DMH Licensed No
STOVER	MO 65078-0807	Region 6	Facility Number 18863
GOLDEN AGE LIVING CENTER 404 E THIRD ST STOVER Mailing Address DO BOY 207	MO 65078-0947	Telephone (573) 377-4521 Level of Care SNF	Alzheimer's Unit Yes Bed Capacity 61
Mailing Address PO BOX 307 STOVER	MO 65078-0307	County MORGAN Region 6 Medicare/Medicaid	DMH Licensed No Facility Number 02949
		(TENA FEORE)	
		STRAFFORD	
STRAFFORD CARE CENTER 505 WEST EVERGREEN		Telephone (417) 736-9332	Alzheimer's Unit Yes
STRAFFORD Mailing Address 505 WEST EVED CD	MO 65757-8625	Level of Care SNF	Bed Capacity 78
Mailing Address 505 WEST EVERGR STRAFFORD	MO 65757-8625	County GREENE Region 1 Medicare/Medicaid	DMH Licensed No Facility Number 21285

Wednesday, June 4, 2025 Page 123 of 137

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

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

	STURG	SEON	
STURGEON RESIDENTIAL CARE			
315 E STONE ST		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
	SULLI	VAN	
ARBORS AT DUNSFORD COURT- N	MEMORY CARE ASSISTED LIVING	BY AMERICARE	
775 DUNSFORD ROAD		Telephone (573) 468-2600	Alzheimer's Unit Yes
SULLIVAN	MO 63080-1270	Level of Care ALF**	Bed Capacity 50
Mailing Address 775 DUNSFORD RD		County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1270	Region 6	Facility Number 16094
LIFE CARE CENTER OF SULLIVA	N		
875 DUNSFORD DR		Telephone (573) 468-3128	Alzheimer's Unit No
SULLIVAN	MO 63080-1238	Level of Care SNF	Bed Capacity 120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number 07744
MERAMEC NURSING			
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
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
VICTORIAN PLACE OF SULLIVAN	N, ASSISTED LIVING BY AMERICAR	RE	
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 SPRINGF	FIELD RD	County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1358	Region 6	Facility Number 26324
	SUNSET	HILLS	
GRANDE AT LAUMEIER PARK TH	IE		
12470 ROTT ROAD		Telephone (314) 462-0222	Alzheimer's Unit Yes
SUNSET HILLS	MO 63127-1247	Level of Care ALF**	Bed Capacity 98
Mailing Address 12470 ROTT ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number 30466
	SWEET SI	PRINGS	
ROYAL OAKS CARE CENTER LLC	<u> </u>		
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
		-	

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

Wednesday, June 4, 2025 Page 124 of 137

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

	THAY	ER		
SHADY OAKS HEALTHCARE CENTER				
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 ROUTE 63		County OREGON	DMH Licensed	No
•	65791-1415	Region 2 Medicare/Medicaid	Facility Number	01364
	TIPTO	ON.		
	111 1 () IV		
ASHBURY HEIGHTS OF TIPTON				
908 SOUTH PARK		Telephone (660) 433-6496	Alzheimer's Unit	No
	65081-8408	Level of Care RCF	Bed Capacity	12
Mailing Address 908 SOUTH PARK		County MONITEAU	DMH Licensed	No
TIPTON MO	65081-8408	Region 6	Facility Number	16506
TIPTON OAK MANOR				
601 WEST MORGAN ST		Telephone (660) 433-5574	Alzheimer's Unit	Yes
	65081-8214	Level of Care SNF	Bed Capacity	66
Mailing Address 601 WEST MORGAN ST		County MONITEAU	DMH Licensed	No
TIPTON MO	65081-8214	Region 6 Medicare/Medicaid	Facility Number	08036
	TOWN AND (COUNTRY		
AMERICAN HOUSE TOWN & COUNTRY				
1020 WOODS MILL ROAD		Telephone (636) 251-4944	Alzheimer's Unit	Yes
TOWN AND COUNTRY MO	63017-0603	Level of Care ALF**	Bed Capacity	95
Mailing Address 1020 WOODS MILL ROAD		County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO	63017-0603	Region 7	Facility Number	30612
ATHENE NURSING AND REHABILITATION	ON			
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 RD		County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO	63017-8400	Region 7 Medicare/Medicaid	Facility Number	01508
DELMAR GARDENS WEST				
13550 SOUTH OUTER 40 RD		Telephone (314) 878-1330	Alzheimer's Unit	No
	63017-5812	Level of Care SNF	Bed Capacity	321
Mailing Address 13550 SOUTH OUTER 40 R		County SAINT LOUIS COUNTY	DMH Licensed	No
· ·	63017-5812	Region 7 Medicare/Medicaid	Facility Number	02120
GARDEN VILLAS				
13590 SOUTH OUTER 40 RD		Telephone (314) 434-2520	Alzheimer's Unit	No
	63017-5823	Level of Care ALF**	Bed Capacity	46
Mailing Address 13590 SOUTH OUTER 40 R		County SAINT LOUIS COUNTY	DMH Licensed	No
· ·	63017-5823	Region 7	Facility Number	28978
MARI DE VILLA RETIREMENT CENTER	, INC			
13900 CLAYTON RD	, ·-	Telephone (636) 227-5347	Alzheimer's Unit	No
	63017-8406	Level of Care SNF	Bed Capacity	224
Mailing Address 13900 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
•	63017-8406	Region 7	Facility Number	05047
		o -		

Wednesday, June 4, 2025 Page 125 of 137

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

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

	TRENTON
BRISTOL MANOR OF TRENTON	
1701 EAST 28TH ST	Telephone (660) 359-5599 Alzheimer's Unit N
TRENTON MO 64683-	• • • • • • • • • • • • • • • • • • • •
Mailing Address 1701 EAST 28TH ST	County GRUNDY DMH Licensed N
TRENTON MO 64683-	·
	•
EASTVIEW MANOR CARE CENTER	
1622 EAST 28TH ST	Telephone (660) 359-2251 Alzheimer's Unit N
TRENTON MO 64683-	1104 Level of Care SNF Bed Capacity 9
Mailing Address 1622 EAST 28TH ST	County GRUNDY DMH Licensed N
TRENTON MO 64683-	1104 Region 4 Medicare/Medicaid Facility Number 1826
	_
SUNNYVIEW NURSING HOME & APARTMENT	
1311 EAST 28TH ST	Telephone (660) 359-5647 Alzheimer's Unit N
TRENTON MO 64683-	
Mailing Address 1311 EAST 28TH ST	County GRUNDY DMH Licensed N
TRENTON MO 64683-	1103 Region 4 Medicare/Medicaid Facility Number 1850
SUNNYVIEW NURSING HOME & APARTMENT	S
1311 EAST 28TH ST	Telephone (660) 359-5647 Alzheimer's Unit N
TRENTON MO 64683-	1103 Level of Care RCF* Bed Capacity 3
Mailing Address 1311 EAST 28TH ST	County GRUNDY DMH Licensed N
TRENTON MO 64683-	1103 Region 4 Facility Number 1850
	TROY
CARE NETWORK OF TROY	
CARE NETWORK OF TROY 350 CAP AU GRIS	Telephone (636) 462-4915 Alzheimer's Unit N
350 CAP AU GRIS	Telephone (636) 462-4915 Alzheimer's Unit N
350 CAP AU GRIS TROY MO 63379-	1761 Level of Care RCF* Bed Capacity 2
350 CAP AU GRIS	1761 Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271	1761 Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB	1761 Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-	Level of Care RCF* Bed Capacity 2
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N
TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379-	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N 1520 Region 5 Medicare/Medicaid Facility Number 1575
350 CAP AU GRIS TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERICA	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Years
TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY TROY MO 63379-	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yes 2829 Level of Care ALF** Bed Capacity 6
TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY	Level of Care RCF* County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Level of Care SNF County LINCOLN DMH Licensed N Region 5 Region 5 Region 5 Region 5 Region 5 Region 5 Red Capacity 9 County LINCOLN DMH Licensed N 1520 Region 5 Redicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yes Level of Care ALF** Bed Capacity OCHE Telephone (636) 528-3136 Region 5 Region 5 Region 5 Region 5 Region 6 Region 7 Region 7 Region 8 Regi
TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY TROY MO 63379- Mailing Address 161 PROFESSIONAL PRKWY TROY MO 63379-	Level of Care RCF* County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Level of Care SNF County LINCOLN DMH Licensed N Region 5 Region 5 Region 5 Region 5 Region 5 Region 5 Red Capacity 9 County LINCOLN DMH Licensed N 1520 Region 5 Redicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yes Level of Care ALF** Bed Capacity OCHE Telephone (636) 528-3136 Region 5 Region 5 Region 5 Region 5 Region 6 Region 7 Region 7 Region 8 Regi
TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY TROY MO 63379- Mailing Address 161 PROFESSIONAL PRKWY TROY MO 63379- TROY MANOR	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Younger Service Ser
TROY MANOR 200 THOMPSON DR TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY TROY MO 63379- TROY MO 63379- TROY MANOR 200 THOMPSON DR	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yellow Seed Capacity 6 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yellow Seed Capacity 6 County LINCOLN DMH Licensed N Region 5 Facility Number 2634
TROY MANOR TROY MO 63379- Mailing Address PO BOX 271 TROY MO 63379- LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379- Mailing Address 1145 EAST CHERRY STREET TROY MO 63379- SUGAR CREEK - ASSISTED LIVING BY AMERI 161 PROFESSIONAL PARKWAY TROY MO 63379- Mailing Address 161 PROFESSIONAL PRKWY TROY MO 63379- TROY MANOR	Level of Care RCF* Bed Capacity 2 County LINCOLN DMH Licensed N Region 5 Facility Number 0812 Telephone (636) 528-5712 Alzheimer's Unit N Level of Care SNF Bed Capacity 9 County LINCOLN DMH Licensed N Region 5 Medicare/Medicaid Facility Number 1575 CARE Telephone (636) 528-3136 Alzheimer's Unit Yellow Service Serv

Region 5

Facility Number

05397

MO 63379-2308

TROY

Wednesday, June 4, 2025 Page 126 of 137

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

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

TROY MANOR			
200 THOMPSON DR		Telephone (636) 528-8446	Alzheimer's Unit Yes
TROY	MO 63379-2308	Level of Care SNF	Bed Capacity 130
Mailing Address 200 THOMPSON DR		County LINCOLN	DMH Licensed No
TROY	MO 63379-2308	Region 5 Medicare/Medicaid	Facility Number 05397
	TUSCU	MBIA	
MILLER COUNTY CARE AND REHA	ABILITATION CENTER		
1157 HIGHWAY 17		Telephone (573) 369-2318	Alzheimer's Unit Yes
TUSCUMBIA	MO 65082-2100	Level of Care SNF	Bed Capacity 86
Mailing Address 1157 HWY 17		County MILLER	DMH Licensed No
TUSCUMBIA	MO 65082-2100	Region 6 Medicare/Medicaid	Facility Number 05422
	UNIC	ON	
CANAGE AND A THE CANEED			
SUNSET HEALTH CARE CENTER		T-1	Alabata and Tie 'd
400 WEST PARK AVE	MO (2004 1140	Telephone (636) 583-2252	Alzheimer's Unit No
UNION AND WEST DARK AVI	MO 63084-1140	Level of Care SNF	Bed Capacity 120
Mailing Address 400 WEST PARK AVI UNION	MO 63084-1140	County FRANKLIN	DMH Licensed No
UNION	WO 05084-1140	Region 6 Medicare/Medicaid	Facility Number 07831
UNION NURSING			
1080 MARIE LANE		Telephone (636) 206-8585	Alzheimer's Unit No
UNION	MO 63084-1056	Level of Care SNF	Bed Capacity 60
Mailing Address 1080 MARIE LANE		County FRANKLIN	DMH Licensed No
UNION	MO 63084-1056	Region 6 Medicare/Medicaid	Facility Number 31476
VICTORIAN PLACE OF UNION, ASS	SISTED LIVING BY AMERICARE		
1320 W MAIN		Telephone (636) 584-0085	Alzheimer's Unit No
UNION	MO 63084-1084	Level of Care ALF**	Bed Capacity 48
Mailing Address 1320 W MAIN	1.0	County FRANKLIN	DMH Licensed No
UNION	MO 63084-1084	Region 6	Facility Number 24408
WILLOW BROOKE - ASSISTED LIV	ING BY AMERICARE		
#1 NORTH POTOMAC CT		Telephone (636) 583-2799	Alzheimer's Unit No
UNION	MO 63084-1113	Level of Care ALF**	Bed Capacity 50
Mailing Address 1 NORTH POTOMAC		County FRANKLIN	DMH Licensed No
UNION	MO 63084-1113	Region 6	Facility Number 13596
	Thurst a	W. F. F.	
	UNION	VILLE	
BRISTOL MANOR OF UNIONVILLE			
715 NORTH 22ND ST, HWY 5 NORTH		Telephone (660) 947-2151	Alzheimer's Unit No
UNIONVILLE	MO 63565-1142	Level of Care RCF	Bed Capacity 12
Mailing Address 715 NORTH 22ND ST		County PUTNAM	DMH Licensed No
UNIONVILLE	MO 63565-1142	Region 5	Facility Number 19153
PUTNAM COUNTY CARE CENTER			
1814 OAK ST		Telephone (660) 947-2492	Alzheimer's Unit NO
UNIONVILLE	MO 63565-1275	Level of Care SNF	Bed Capacity 60
Mailing Address 1814 OAK ST		County PUTNAM	DMH Licensed No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaid	Facility Number 06516
		<u>=</u>	•

Wednesday, June 4, 2025 Page 127 of 137

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

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

	UNIVERSIT	TY CITY	
Mailing Address 868 KINGSLAND AVENUE	63130-3181 63130-3181	Telephone (314) 955-6884 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Yes Bed Capacity 70 DMH Licensed No Facility Number 32203
Mailing Address 894 LELAND AVE	ABILITATION 63130-3239 63130-3239	Telephone (314) 726-4767 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 119 DMH Licensed No Facility Number 02100
	URBAI	VA	
Mailing Address 310 WALNUT ST	65767-9208 65767-9208	Telephone (800) 993-5141 Level of Care RCF County DALLAS Region 1	Alzheimer's Unit No Bed Capacity 20 DMH Licensed Yes Facility Number 08242
	VALLEY I	PARK	
Mailing Address 110 HIGHLAND AVE	ER 63088-1422 63088-1422	Telephone (636) 529-8300 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 135 DMH Licensed No Facility Number 01170
Mailing Address 3300 LAKE BEND DR	63088-2524 63088-2524	Telephone (636) 861-3200 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Yes Bed Capacity 100 DMH Licensed No Facility Number 22838
Mailing Address 13612 BIG BEND RD	63088-1447 63088-1447	Telephone (636) 861-0500 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 120 DMH Licensed No Facility Number 23101
	VAN BU	REN	
Mailing Address PO BOX 969	63965-9100 63965-0969	Telephone (573) 323-4282 Level of Care SNF County CARTER Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 06744
Mailing Address PO BOX 780	63965-7259 63965-0780	Telephone (573) 323-2108 Level of Care ALF** County CARTER Region 2	Alzheimer's Unit No Bed Capacity 26 DMH Licensed Yes Facility Number 29947

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

Wednesday, June 4, 2025 Page 128 of 137

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

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

Wednesday, June 4, 2025 Page 129 of 137

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

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

VIENNA POINTE RESIDENTIAL C	ARE				
112 PARKWAY DR		Telephone	(573) 422-3230	Alzheimer's Unit	No
VIENNA	MO 65582-8003	Level of Care	RCF	Bed Capacity	48
Mailing Address 112 PARKWAY DR		County MAR	RIES	DMH Licensed	No
VIENNA	MO 65582-8003	Region 6		Facility Number	23333
	WAPPA	PELLO			
FAMILY COUNSELING CENTER I	NC				
18408 WAYNE ROUTE D		Telephone	(573) 222-8676	Alzheimer's Unit	No
WAPPAPELLO	MO 63966-	Level of Care	RCF*	Bed Capacity	27
Mailing Address 18408 WAYNE ROU	JTE D	County WAY	/NE	DMH Licensed	Yes
WAPPAPELLO	MO 63966-	Region 2		Facility Number	23584
	WARDS	SVILLE			
AUBURN RIDGE LIVING CENTER					
1425 ASHBURY WAY		Telephone	(573) 634-2031	Alzheimer's Unit	No
WARDSVILLE	MO 65101-1007	Level of Care	RCF	Bed Capacity	24
Mailing Address 1425 ASHBURY WA	AY	County COL	Е	DMH Licensed	No
WARDSVILLE	MO 65101-1007	Region 6		Facility Number	31832
		O			
	WARREN	<i>NSBURG</i>			
ARRORS AT HARMONY GARDENS	S-MEMORY CARE BY AMERICARE	THE			
539 EAST YOUNG AVENUE	G-MEMORI CARE DI AMERICANE	Telephone	(660) 429-0034	Alzheimer's Unit	Yes
WARRENSBURG	MO 64093-1228	Level of Care	ALF**	Bed Capacity	24
Mailing Address 539 EAST YOUNG A			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-1228	Region 3		Facility Number	31389
	3.50	region 5		Tuesday Tuesday	31307
BRISTOL MANOR OF WARRENSB	NIRG				
603 CREACH	, cho	Telephone	(660) 747-8319	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 CREACH	110 01070 1371		NSON	DMH Licensed	No
WARRENSBURG	MO 64093-1994	Region 3		Facility Number	16599
	1.10 0.1050 155	Region 5		Tuesday Tuesday	10377
COUNTRY CLUB REHAB AND HE.	ALTHCARE CENTER				
503 REGENT DR	ALTHCARE CENTER	Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	SNF	Bed Capacity	73
Mailing Address 503 REGENT DR	110 010/3 3231		NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	•	Medicare/Medicaid	Facility Number	20892
	1.10 0.1032 0.201	Region 5	Wicarcar o Micarcara	ruemey rumber	20072
COUNTRY CLUB REHAB AND HE.	ALTHCARE CENTER				
503 REGENT DR		Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	ALF**	Bed Capacity	36
Mailing Address 503 REGENT DR			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	Region 3		Facility Number	20892
	3.50	region 5		Tuesday Tuesday	20072
HARMONY GARDENS - ASSISTED	LIVING RY AMERICARE				
503 BURKARTH ROAD	LIVING DI AMERICARE	Telephone	(660) 747-5411	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3145	Level of Care	(000) 747-3411 ALF**	Bed Capacity	44
Mailing Address 503 BURKARTH RE			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3145	Region 3	.15011	Facility Number	18615
	1.10 01075 5115	region 5		racincy number	10013

Wednesday, June 4, 2025 Page 130 of 137

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

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

TOTINGON COUNTY CARE GENTER			
JOHNSON COUNTY CARE CENTER 122 EAST MARKET ST	Tolonhone (660) 747 9101	Alzheimer's Unit	No
WARRENSBURG MO 64093-1818	Telephone (660) 747-8101 Level of Care ICF	Bed Capacity	NO 87
Mailing Address 122 EAST MARKET ST	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-1818	Region 3 Medicaid	Facility Number	05309
WARRENSBURG NIO 04075-1016	Region 3 Medicaid	racinty Number	03309
MOOREVIEW RESIDENTIAL			
130 WEST CULTON	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		
RIDGE CREST NURSING CENTER			
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 MITCHELL	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number	06640
WARRENSBURG MANOR CARE CENTER			
400 CARE CENTER DR	Telephone (660) 747-2216	Alzheimer's Unit	No
WARRENSBURG MO 64093-3100	Level of Care SNF	Bed Capacity	88
Mailing Address 400 CARE CENTER DR	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number	08383
WA	ARRENTON		
772.	IIII DI III DI II		
DDICTOL MANOD OF WARDENIEON			
BRISTOL MANOR OF WARRENTON	Talanhana (626) 456 1427	Alabaiman'a Unit	No
815 WOOLF ROAD	Telephone (636) 456-1437	Alzheimer's Unit	No
815 WOOLF ROAD WARRENTON MO 63383-6184	Level of Care RCF	Bed Capacity	12
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN	Bed Capacity DMH Licensed	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184	Level of Care RCF	Bed Capacity	12
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184	Level of Care RCF County WARREN	Bed Capacity DMH Licensed	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING	Level of Care RCF County WARREN Region 6	Bed Capacity DMH Licensed Facility Number	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184	Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 19954
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF	Bed Capacity DMH Licensed Facility Number	12 No 19954 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 19954 No 36
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 19954 No 36 No 30144
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON 700 FORREST AVE	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 19954 No 36 No 30144 Yes 71
### WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No 30144 Yes 71 No
### WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No 30144 Yes 71 No
WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040 Mailing Address 700 FORREST AVE WARRENTON MO 63383-7040 BRISTOL MANOR OF WARSAW	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144 Yes 71 No 25045
WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040 Mailing Address 700 FORREST AVE WARRENTON MO 63383-7040 BRISTOL MANOR OF WARSAW 1600 ESTATE DR	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144 Yes 71 No 25045
### WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144 Yes 71 No 25045
WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184 HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625 OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040 Mailing Address 700 FORREST AVE WARRENTON MO 63383-7040 BRISTOL MANOR OF WARSAW 1600 ESTATE DR	Level of Care RCF County WARREN Region 6 Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6 Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144 Yes 71 No 25045

Wednesday, June 4, 2025 Page 131 of 137

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

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

RIVERS EDGE CARE HOME LLC		
802 KENNEDY DRIVE	Telephone (660) 530-8414 Alzheimer's	Unit NO
WARSAW MO 65355-	Level of Care RCF Bed Capacit	y 35
Mailing Address 802 KENNEDY DRIVE	County BENTON DMH Licens	sed No
WARSAW MO 65355-	Region 6 Facility Num	nber 33521
WARSAW HEALTH AND REHABILITATION CENTER		
1609 SUNCHASE DR	Telephone (660) 438-2970 Alzheimer's	Unit Yes
WARSAW MO 65355-3059	Level of Care SNF Bed Capacit	y 90
Mailing Address 1609 SUNCHASE DR	County BENTON DMH Licens	sed No
WARSAW MO 65355-3059	Region 6 Medicare/Medicaid Facility Nur	nber 15243
	WASHINGTON	
ARBORS AT VICTORIAN PLACE OF WASHINGTON, ME	MORY CARE ASSISTED 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 Capacit	y 32
Mailing Address 2701 RABBIT TRAIL DR	County FRANKLIN DMH Licens	sed No
WASHINGTON MO 63090-6711	Region 6 Facility Nur	nber 28065
ASPEN VALLEY		
1888 EAST 9TH STREET	Telephone (696) 346-9634 Alzheimer's	Unit Yes
WASHINGTON MO 63090-3549	Level of Care ALF** Bed Capacit	y 14
Mailing Address 1888 EAST 9TH STREET	County FRANKLIN DMH Licens	sed No
WASHINGTON MO 63090-3549	Region 6 Facility Nur	nber 32779
ASPEN VALLEY FOX CREST		
2694 FOX CREST DRIVE	Telephone (636) 346-9634 Alzheimer's	Unit YES
WASHINGTON MO 63090-5694	Level of Care ALF** Bed Capacit	y 12
Mailing Address 2694 FOX CREST DRIVE	County FRANKLIN DMH Licens	sed No
WASHINGTON MO 63090-5694	Region 6 Facility Nur	nber 33537
BRISTOL MANOR OF WASHINGTON		
100 WEST 12TH ST	Telephone (636) 390-0050 Alzheimer's	Unit No
WASHINGTON MO 63090-4445	Level of Care RCF Bed Capacit	v 12
Mailing Address 100 WEST 12TH ST	County FRANKLIN DMH Licens	sed No
WASHINGTON MO 63090-4445	Region 6 Facility Nur	
	•	
GRANDVIEW HEALTHCARE CENTER		
201 GRAND AVE	Telephone (636) 239-9190 Alzheimer's	Unit No
WASHINGTON MO 63090-1209	Level of Care SNF Bed Capacit	
Mailing Address 201 GRAND AVE	County FRANKLIN DMH Licens	•
WASHINGTON MO 63090-1209	Region 6 Medicare/Medicaid Facility Nur	
	Region o Medicare/Medicard Facility Null	15045
HOMESTEAD AT HICKODY VIEW DETIDEMENT COM	HINITY THE	
HOMESTEAD AT HICKORY VIEW RETIREMENT COMM 1481 MARBACH DRIVE	Telephone (636) 239-1941 Alzheimer's	Unit No
WASHINGTON MO 63090-4636	Level of Care ALF Bed Capacit	
Mailing Address 1481 MARBACH DRIVE	County FRANKLIN DMH Licens	•
WASHINGTON MO 63090-4636	Region 6 Facility Num	
	racinty run	32343

Wednesday, June 4, 2025 Page 132 of 137

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

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

OAK POINTE OF WASHINGTON				
1650 HIGH STREET		Telephone (636) 390-3290	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-4354	Level of Care ALF**	Bed Capacity	65
Mailing Address 1650 HIGH STREET		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-4354	Region 6	Facility Number	32114
SOUTH POINTE - ASSISTED LIVIN	IG BY AMERICARE			
5125 OLD HWY 100		Telephone (636) 239-0670	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3855	Level of Care ALF**	Bed Capacity	72
Mailing Address 5125 OLD HWY 100		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3855	Region 6	Facility Number	13735
VICTORIAN PLACE OF WASHING	TON, ASSISTED LIVING BY AMER			
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 TRAII	L DR	County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6	Facility Number	27659
	WAV	YERLY		
APPLE RIDGE CARE CENTER				
100 WEST THOMAS AVE		Telephone (660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 188		County LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	Region 3 Medicare/Medicaid	Facility Number	08823
	WAYNI	ESVILLE		
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
	3.20 3.20 3.20 3.20 3.20 3.20 3.20 3.20	region a medical contentant	Tuesting Transpor	01372
	WED	_ ~		
	WED	B CITY		
		B CITY		
BRISTOL MANOR OF WEBB CITY			Alaboimosta Vait	NI-
1803 NORTH MAIN, HIGHWAY D		Telephone (417) 673-4231	Alzheimer's Unit	No 12
1803 NORTH MAIN, HIGHWAY D WEBB CITY	MO 64870-1193	Telephone (417) 673-4231 Level of Care RCF	Bed Capacity	12
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN	MO 64870-1193 HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER	Bed Capacity DMH Licensed	12 No
1803 NORTH MAIN, HIGHWAY D WEBB CITY	MO 64870-1193	Telephone (417) 673-4231 Level of Care RCF	Bed Capacity	12
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY	MO 64870-1193 HIGHWAY D MO 64870-1193	Telephone (417) 673-4231 Level of Care RCF County JASPER	Bed Capacity DMH Licensed	12 No
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED	MO 64870-1193 HIGHWAY D MO 64870-1193	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1	Bed Capacity DMH Licensed Facility Number	12 No 20537
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE	MO 64870-1193 , HIGHWAY D MO 64870-1193 D LIVING BY AMERICARE	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 20537 Yes
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 20537 Yes 46
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 20537 Yes 46 No
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 20537 Yes 46
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO WEBB CITY	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 20537 Yes 46 No
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO WEBB CITY WEBB CITY WEBB CITY HEALTH AND REHAM	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER Region 1	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 20537 Yes 46 No 25428
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO WEBB CITY WEBB CITY WEBB CITY HEALTH AND REHAM 2077 STADIUM DR	MO 64870-1193 , HIGHWAY D MO 64870-1193 D LIVING BY AMERICARE MO 64870-9550 UIS AVE MO 64870-9550 BILITATION CENTER	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER Region 1 Telephone (417) 673-1933	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 20537 Yes 46 No 25428
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO WEBB CITY WEBB CITY HEALTH AND REHAI 2077 STADIUM DR WEBB CITY	MO 64870-1193 , HIGHWAY D	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER Region 1 Telephone (417) 673-1933 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 No 20537 Yes 46 No 25428
1803 NORTH MAIN, HIGHWAY D WEBB CITY Mailing Address 1803 NORTH MAIN, WEBB CITY FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE WEBB CITY Mailing Address 4316 NORTH ST LO WEBB CITY WEBB CITY WEBB CITY HEALTH AND REHAM 2077 STADIUM DR	MO 64870-1193 , HIGHWAY D MO 64870-1193 D LIVING BY AMERICARE MO 64870-9550 UIS AVE MO 64870-9550 BILITATION CENTER	Telephone (417) 673-4231 Level of Care RCF County JASPER Region 1 Telephone (417) 625-1000 Level of Care ALF** County JASPER Region 1 Telephone (417) 673-1933	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 20537 Yes 46 No 25428

Wednesday, June 4, 2025 Page 133 of 137

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

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

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

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

Wednesday, June 4, 2025 Page 134 of 137

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

***		_	-	- 4	~~	**
W	トハ	7	PΙ	L.A	. / /	V. N

	W_{i}	EST PLAINS		
BROOKE HAVEN HEALTHCARE	1			
1410 NORTH KENTUCKY AVE	•	Telephone (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care SNF	Bed Capacity	120
Mailing Address 1410 NORTH KEN		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 2 Medicare/Medicaid	Facility Number	06253
WESTTEANS	1410 03773-1022	Region 2 Medicare/Medicard	racinty Number	00233
CEDARHURST OF WEST PLAINS	S			
1521 US HIGHWAY 63		Telephone (417) 372-8940	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-9809	Level of Care ALF**	Bed Capacity	84
Mailing Address 1521 US HIGHWA	Y 63	County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-9809	Region 2	Facility Number	32028
LAMPLIGHT VILLAGE				
309 LOCUST ST		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
WEST PLAINS	MO 65775-0166	Region 2	Facility Number	21563
NHC HEALTHCARE, WEST PLAI	INS			
211 DAVIS DR		Telephone (417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care SNF	Bed Capacity	114
Mailing Address PO BOX 497		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 2 Medicare/Medicaid	Facility Number	08434
PLEASANT VALLEY MANOR				
213 DAVIS DR		Telephone (417) 257-0179	Alzheimer's Unit	No
WEST PLAINS	MO 65775-2274	Level of Care RCF*	Bed Capacity	72
Mailing Address 213 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 2	Facility Number	13641
SOUTH VIEW HEALTH CARE, L	LC			
951 CREAMERY ROAD		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
WEST VUE NURSING AND REHA	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
		WESTON		
BRISTOL MANOR OF WESTON				
178 WALNUT	NO 44000 4555	Telephone (816) 386-5507	Alzheimer's Unit	No
WESTON	MO 64098-1328	Level of Care RCF	Bed Capacity	12
Mailing Address 178 WALNUT	MO (4000 1220	County PLATTE	DMH Licensed	No
WESTON	MO 64098-1328	Region 4	Facility Number	16741

Wednesday, June 4, 2025 Page 135 of 137

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

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

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

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

Wednesday, June 4, 2025 Page 136 of 137

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

	WINDS	SOR	
WINDSOR HEALTHCARE & REHAB CI	ENTER		
809 WEST BENTON		Telephone (660) 647-3102	Alzheimer's Unit
WINDSOR MO	O 65360-1239	Level of Care SNF	Bed Capacity
Mailing Address PO BOX 5		County HENRY	DMH Licensed
WINDSOR MO	O 65360-0005	Region 1 Medicare/Medicaid	Facility Number 217
	WINFIL	ELD	
WINFIELD RESIDENTIAL CARE			
220 WEST WALNUT ST		Telephone (636) 668-8110	Alzheimer's Unit
WINFIELD MO	O 63389-1122	Level of Care RCF	Bed Capacity
Mailing Address 220 WEST WALNUT ST		County LINCOLN	DMH Licensed
WINFIELD MO	O 63389-1122	Region 5	Facility Number 087
	WRIGHT	CITY	
WARRENTON MANOR			
65 STATE HIGHWAY AA		Telephone (636) 456-8700	Alzheimer's Unit
WRIGHT CITY MO	O 63383-3301	Level of Care SNF	Bed Capacity 1
Mailing Address 65 STATE HIGHWAY AA	Α	County WARREN	DMH Licensed
WRIGHT CITY MO	O 63390-3301	Region 6 Medicare/Medicaid	Facility Number 025

Wednesday, June 4, 2025 Page 137 of 137

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

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

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