

Missouri Long Term Care Facilities Directory

ADRIAN

ADRIAN MANOR HEALTH & REHABILITATION CENTER

| | | | | |
|--|---------------|---------------------------------|--------------------------|------------------------------|
| 402 WEST 1ST STREET | | Telephone (816) 297-2107 | Alzheimer's Unit | No |
| ADRIAN | MO 64720-9277 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 402 WEST 1ST STREET | | County BATES | DMH Licensed | No |
| ADRIAN | MO 64720-9277 | Region 3 | Medicare/Medicaid | Facility Number 00032 |

CRYSTAL MANOR

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 409 W FIRST ST | | Telephone (816) 297-8832 | Alzheimer's Unit | No |
| ADRIAN | MO 64720-9277 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 409 W FIRST ST | | County BATES | DMH Licensed | No |
| ADRIAN | MO 64720-9277 | Region 3 | Facility Number | 21070 |

ADVANCE

ADVANCE ASSISTED LIVING

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 252 PAYTON PLACE | | Telephone (573) 722-5200 | Alzheimer's Unit | No |
| ADVANCE | MO 63730-7251 | Level of Care ALF | Bed Capacity | 44 |
| Mailing Address PO BOX 790 | | County STODDARD | DMH Licensed | No |
| ADVANCE | MO 63730-0790 | Region 2 | Facility Number | 28426 |

ADVANCE NURSING CENTER

| | | | | |
|--|---------------|---------------------------------|--------------------------|------------------------------|
| 315 SOUTH TILLEY ST | | Telephone (573) 722-3440 | Alzheimer's Unit | No |
| ADVANCE | MO 63730-7230 | Level of Care SNF | Bed Capacity | 70 |
| Mailing Address 315 S TILLEY ST | | County STODDARD | DMH Licensed | No |
| ADVANCE | MO 63730-7230 | Region 2 | Medicare/Medicaid | Facility Number 11722 |

AFFTON

SOUTHVIEW ASSISTED LIVING

| | | | | |
|---------------------------------------|---------------|----------------------------------|-------------------------|-------|
| 9916 REAVIS ROAD | | Telephone (314) 544-4440 | Alzheimer's Unit | Yes |
| AFFTON | MO 63123-5314 | Level of Care ALF** | Bed Capacity | 116 |
| Mailing Address 9916 REAVIS RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| AFFTON | MO 63123-5314 | Region 7 | Facility Number | 28446 |

ALTON

SHEPHERD'S VIEW ASSISTED LIVING

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 100 SHEPHERDS LN | | Telephone (417) 778-7959 | Alzheimer's Unit | No |
| ALTON | MO 65606-0429 | Level of Care ALF** | Bed Capacity | 39 |
| Mailing Address PO BOX 429 | | County OREGON | DMH Licensed | No |
| ALTON | MO 65606-0429 | Region 2 | Facility Number | 23135 |

ANDERSON

MCDONALD COUNTY LIVING CENTER

| | | | | |
|--|---------------|---------------------------------|--------------------------|------------------------------|
| 1000 PATTERSON ST | | Telephone (417) 845-3351 | Alzheimer's Unit | Yes |
| ANDERSON | MO 64831-7327 | Level of Care SNF | Bed Capacity | 96 |
| Mailing Address 1000 PATTERSON ST | | County MCDONALD | DMH Licensed | No |
| ANDERSON | MO 64831-7327 | Region 1 | Medicare/Medicaid | Facility Number 05183 |

ANNAPOLIS

PATRICIA'S RESIDENTIAL CARE FACILITY, INC

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 510 EAST 2ND ST | | Telephone (573) 598-4202 | Alzheimer's Unit | No |
| ANNAPOLIS | MO 63620-9104 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 510 EAST 2ND ST | | County IRON | DMH Licensed | Yes |
| ANNAPOLIS | MO 63620-9104 | Region 2 | Facility Number | 06353 |

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TOWNHOUSE RESIDENTIAL CARE FACILITY

| | | | | |
|-------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 207 FRONT ST | | Telephone (573) 598-1168 | Alzheimer's Unit | No |
| ANNAPOLIS | MO 63620-9130 | Level of Care RCF | Bed Capacity | 18 |
| Mailing Address 207 FRONT ST | | County IRON | DMH Licensed | Yes |
| ANNAPOLIS | MO 63620-9130 | Region 2 | Facility Number | 20185 |

APPLETON CITY**APPLETON CITY MANOR**

| | | | | |
|----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 600 NORTH OHIO ST | | Telephone (660) 476-2128 | Alzheimer's Unit | No |
| APPLETON CITY | MO 64724-1609 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 98 | | County SAINT CLAIR | DMH Licensed | No |
| APPLETON CITY | MO 64724-0098 | Region 1 | Facility Number | 01637 |

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**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 555 WOODLAND VILLAS LANE | | County JEFFERSON | DMH Licensed | No |
| ARNOLD | MO 63010-2011 | Region 2 | Facility Number | 12549 |

PINE VALLEY AT THE WOODLANDS

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 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 NURSING HOME, INC

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1101 WEST OUTER 21 RD | | Telephone (636) 296-5455 | Alzheimer's Unit | No |
| ARNOLD | MO 63010-4644 | Level of Care SNF | Bed Capacity | 153 |
| Mailing Address 1101 WEST OUTER 21 RD | | County JEFFERSON | DMH Licensed | No |
| ARNOLD | MO 63010-4644 | Region 2 | 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 100 WOODLAND CT | | County JEFFERSON | DMH Licensed | No |
| ARNOLD | MO 63010-2030 | Region 2 | Facility Number | 12549 |

ASH GROVE**ASH GROVE HEALTHCARE FACILITY**

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 401 NORTH MEDICAL DR | | Telephone (417) 751-2575 | Alzheimer's Unit | Yes |
| ASH GROVE | MO 65604-1004 | Level of Care SNF | Bed Capacity | 82 |
| Mailing Address PO BOX 247 | | County GREENE | DMH Licensed | No |
| ASH GROVE | MO 65604-0247 | Region 1 | Facility Number | 00200 |

ASHLAND**ASHLAND HEALTHCARE**

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

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ASHLAND VILLA - ASSISTED LIVING BY AMERICARE

301 SOUTH HENRY CLAY BLVD
 ASHLAND MO 65010-9439
Mailing Address 301 S HENRY CLAY BLVD
 ASHLAND MO 65010-9439

Telephone (573) 657-1920
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 20303

BLUEGRASS TERRACE

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

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

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

AURORA**AURORA NURSING CENTER**

1700 SOUTH HUDSON AVE
 AURORA MO 65605-2717
Mailing Address 1700 S HUDSON AVE
 AURORA MO 65605-2717

Telephone (417) 678-2165
Level of Care SNF
County LAWRENCE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 125
DMH Licensed No
Facility Number 00234

BRISTOL MANOR OF AURORA

740 SOUTH HUDSON
 AURORA MO 65605-2512
Mailing Address 740 SOUTH HUDSON
 AURORA MO 65605-2512

Telephone (417) 678-7535
Level of Care RCF
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20352

HUDSON HOUSE

1700-B SOUTH HUDSON AVE
 AURORA MO 65605-2717
Mailing Address 1700-B S HUDSON AVE
 AURORA MO 65605-2717

Telephone (417) 678-2169
Level of Care RCF*
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 10444

AVA**AVA PLACE**

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

Telephone (417) 683-6999
Level of Care RCF*
County DOUGLAS
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 20718

HEART OF THE OZARKS HEALTHCARE CENTER

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

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

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

BALLWIN**BROOKDALE WEST COUNTY**

785 HENRY AVE
 BALLWIN MO 63011-2736
Mailing Address 785 HENRY AVE
 BALLWIN MO 63011-2736

Telephone (636) 527-5700
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 98
DMH Licensed No
Facility Number 28149

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303
Mailing Address 50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303

Telephone (636) 861-0600
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 128
DMH Licensed No
Facility Number 23643

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LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

| | | | | |
|--|---------------|----------------------------------|-------------------------|-------|
| 50 MERAMEC TRAIL DR | | Telephone (636) 861-0600 | Alzheimer's Unit | Yes |
| BALLWIN | MO 63021-3303 | Level of Care ALF** | Bed Capacity | 100 |
| Mailing Address 50 MERAMEC TRAIL DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BALLWIN | MO 63021-3303 | Region 7 | Facility Number | 23643 |

WEST COUNTY CARE CENTER

| | | | | |
|--------------------------------------|---------------|--|-------------------------|-------|
| 312 SOLLEY DR | | Telephone (636) 391-0666 | Alzheimer's Unit | No |
| BALLWIN | MO 63021-5248 | Level of Care SNF | Bed Capacity | 137 |
| Mailing Address 312 SOLLEY DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| BALLWIN | MO 63021-5248 | Region 7 Medicare/Medicaid | Facility Number | 04970 |

BATTLEFIELD**TOWNSHIP SENIOR LIVING, THE**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 4150 WEST REPUBLIC ROAD | | Telephone (417) 881-7800 | Alzheimer's Unit | Yes |
| BATTLEFIELD | MO 65619-7111 | Level of Care ALF** | Bed Capacity | 66 |
| Mailing Address 4150 WEST REPUBLIC ROAD | | County GREENE | DMH Licensed | No |
| BATTLEFIELD | MO 65619-7111 | Region 1 | Facility Number | 31903 |

BELLEVIEW**BELLEVIEW VALLEY NURSING HOME**

| | | | | |
|---|---------------|--|-------------------------|-------|
| 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 |

BELTON**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 REHABILITATION & HEALTH CARE CENTER

| | | | | |
|--|---------------|--|-------------------------|-------|
| 105 BERNARD DRIVE | | Telephone (816) 348-8815 | Alzheimer's Unit | No |
| BELTON | MO 64012-6181 | Level of Care SNF | Bed Capacity | 78 |
| Mailing Address 105 BERNARD DRIVE | | County CASS | DMH Licensed | No |
| BELTON | MO 64012-6181 | Region 3 Medicare/Medicaid | Facility Number | 30531 |

CARNEGIE VILLAGE SENIOR LIVING COMMUNITY

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 103 BERNARD DR | | Telephone (816) 322-8444 | 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 |
| BELTON | MO 64012-6182 | Region 3 | Facility Number | 25482 |

BERNIE**WINCHESTER NURSING CENTER, INC**

| | | | | |
|-----------------------------------|---------------|--|-------------------------|-------|
| 400 WINCHESTER DRIVE | | Telephone (573) 293-6702 | Alzheimer's Unit | No |
| BERNIE | MO 63822-0760 | Level of Care SNF | Bed Capacity | 40 |
| Mailing Address PO BOX 760 | | County STODDARD | DMH Licensed | No |
| BERNIE | MO 63822-0760 | Region 2 Medicare/Medicaid | Facility Number | 31391 |

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WINCHESTER RESIDENTIAL CARE, INC

404 WINCHESTER ROAD
 BERNIE MO 63822-0000
Mailing Address PO BOX 760
 BERNIE MO 63822-0760

Telephone (573) 293-6705
Level of Care RCF*
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 24912

BERTRAND**BERTRAND NURSING AND REHAB CENTER**

603 WEST HIGHWAY 62
 BERTRAND MO 63823-9738
Mailing Address 603 WEST HIGHWAY 62
 BERTRAND MO 63823-9738

Telephone (573) 683-4290
Level of Care SNF
County MISSISSIPPI
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 00440

BETHANY**BRISTOL MANOR OF BETHANY**

811 SOUTH 24TH ST
 BETHANY MO 64424-2631
Mailing Address 811 SOUTH 24TH ST
 BETHANY MO 64424-2631

Telephone (660) 425-7133
Level of Care RCF
County HARRISON
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19068

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care RCF*
County HARRISON
Region 4

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 01936

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care SNF
County HARRISON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01936

BIRCH TREE**ROCK POINT NURSING CENTER**

8477 NORTH STREET
 BIRCH TREE MO 65438-8887
Mailing Address 8477 NORTH STREET
 BIRCH TREE MO 65438-8887

Telephone (573) 292-3212
Level of Care SNF
County SHANNON
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 00560

BISMARCK**COLONIAL RESIDENTIAL CARE FACILITY II**

1162 CEDAR ST
 BISMARCK MO 63624-8920
Mailing Address PO BOX 727
 BISMARCK MO 63624-0727

Telephone (573) 734-2846
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed Yes
Facility Number 01693

BLACK JACK**DELMAR GARDENS NORTH**

4401 PARKER ROAD
 BLACK JACK MO 63033-4266
Mailing Address 4401 PARKER RD
 BLACK JACK MO 63033-4266

Telephone (314) 355-1516
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 240
DMH Licensed No
Facility Number 14093

GARDEN VILLAS NORTH

4505 PARKER ROAD
 BLACK JACK MO 63033-4268
Mailing Address 4505 PARKER RD
 BLACK JACK MO 63033-4268

Telephone (314) 355-6100
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 28930

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BLOOMFIELD

BLOOMFIELD LIVING CENTER

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 606 WEST MISSOURI ST | | Telephone | (573) 568-2137 | Alzheimer's Unit | No |
| BLOOMFIELD | MO 63825-9706 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 606 WEST MISSOURI ST | | County | STODDARD | DMH Licensed | No |
| BLOOMFIELD | MO 63825-9706 | Region 2 | Medicare/Medicaid | Facility Number | 00629 |

BLUE SPRINGS

BENTON HOUSE OF BLUE SPRINGS

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 1701 NW JEFFERSON ST | | Telephone | (816) 224-2727 | Alzheimer's Unit | Yes |
| BLUE SPRINGS | MO 64015-7229 | Level of Care | ALF** | Bed Capacity | 95 |
| Mailing Address 1701 NW JEFFERSON ST | | County | JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64015-7229 | Region 3 | | Facility Number | 29729 |

CEDARHURST OF BLUE SPRINGS

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 20551 E TRINITY PLACE | | Telephone | (816) 203-1939 | 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 |

COLLIER CARE HOME, INC

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 3001 NW VESPER ST | | Telephone | (816) 229-6231 | Alzheimer's Unit | No |
| BLUE SPRINGS | MO 64015-3104 | Level of Care | RCF* | Bed Capacity | 15 |
| Mailing Address 3001 NW VESPER ST | | County | JACKSON | DMH Licensed | Yes |
| BLUE SPRINGS | MO 64015-3104 | Region 3 | | Facility Number | 01591 |

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 |
| BLUE SPRINGS | MO 64015-9501 | Region 3 | Medicare/Medicaid | Facility Number | 32246 |

IGNITE MEDICAL RESORT ST MARYS LLC

| | | | | | |
|-------------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 111 MOCK AVE | | Telephone | (816) 228-5655 | 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 |

IGNITE MEDICAL RESORT ST MARYS LLC

| | | | | | |
|-------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 111 MOCK AVE | | Telephone | (816) 228-5655 | 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 DR | | County | JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64014-5403 | Region 3 | | Facility Number | 29917 |

SHANGRI-LA REHAB & LIVING CENTER

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 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 |

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WATERFORD LADIES HOME

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 500 NW VESPER ST | | Telephone (816) 228-6337 | Alzheimer's Unit | No |
| BLUE SPRINGS | MO 64014-2744 | Level of Care RCF | Bed Capacity | 27 |
| Mailing Address 500 NW VESPER ST | | County JACKSON | DMH Licensed | No |
| BLUE SPRINGS | MO 64014-2744 | Region 3 | Facility Number | 13774 |

BOLIVAR**ALBANY PLACE LLC**

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 520 S ALBANY | | Telephone (417) 777-8040 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-2116 | Level of Care RCF* | Bed Capacity | 16 |
| Mailing Address PO BOX 176 | | County POLK | DMH Licensed | Yes |
| BOLIVAR | MO 65613-0176 | Region 1 | Facility Number | 24731 |

BLUE CASTLE OF THE OZARKS

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1830 E LAVERNE ST | | Telephone (417) 777-2583 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-1488 | Level of Care RCF* | Bed Capacity | 30 |
| Mailing Address 1830 E LAVERNE ST | | County POLK | DMH Licensed | Yes |
| BOLIVAR | MO 65613-1488 | Region 1 | Facility Number | 24698 |

BOLIVAR MANOR HOUSE

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 404 EAST BROADWAY | | Telephone (417) 326-7873 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-2019 | Level of Care RCF* | Bed Capacity | 20 |
| Mailing Address PO BOX 175 | | County POLK | DMH Licensed | Yes |
| BOLIVAR | MO 65613-0175 | Region 1 | Facility Number | 04529 |

BUTTERFIELD RESIDENTIAL CARE CENTER

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1120 NORTH BUTTERFIELD RD | | Telephone (417) 326-5200 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-1000 | Level of Care RCF* | Bed Capacity | 66 |
| Mailing Address 1120 N BUTTERFIELD RD | | County POLK | DMH Licensed | No |
| BOLIVAR | MO 65613-1000 | Region 1 | Facility Number | 14436 |

BUTTERFIELD RESIDENTIAL CARE CENTER

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1120 NORTH BUTTERFIELD RD | | Telephone (417) 326-5200 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-1000 | Level of Care RCF | Bed Capacity | 24 |
| Mailing Address 1120 N BUTTERFIELD RD | | County POLK | DMH Licensed | No |
| BOLIVAR | MO 65613-1000 | Region 1 | Facility Number | 14436 |

CASABLANCA CARE CENTER

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 524 SOUTH ALBANY | | Telephone (417) 777-7247 | Alzheimer's Unit | No |
| BOLIVAR | MO 65613-2116 | Level of Care RCF* | Bed Capacity | 11 |
| Mailing Address PO BOX 970 | | County POLK | DMH Licensed | Yes |
| BOLIVAR | MO 65613-0970 | Region 1 | Facility Number | 21150 |

CITIZENS MEMORIAL HEALTH 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 |
| Mailing Address PO BOX 590 | | County POLK | DMH Licensed | No |
| BOLIVAR | MO 65613-0590 | Region 1 Medicare/Medicaid | Facility Number | 00710 |

PARKVIEW HEALTH CARE FACILITY

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 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 |

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BONNE TERRE

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 | 135 |
| Mailing Address | 10 LAKE DR | County | SAINT FRANCOIS | DMH Licensed | No |
| BONNE TERRE | MO 63628-1820 | Region 2 | Medicare/Medicaid | Facility Number | 22664 |

ST JOE MANOR

| | | | | | |
|------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 10 LAKE DR | | Telephone | (573) 358-2800 | Alzheimer's Unit | No |
| BONNE TERRE | MO 63628-1820 | Level of Care | ALF | Bed Capacity | 10 |
| Mailing Address | 10 LAKE DR | 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 |
| 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 |

BOONVILLE

ASHLEY MANOR CARE CENTER

| | | | | | |
|------------------------|--------------------|----------------------|--------------------------|-------------------------|-------|
| 1630 RADIO HILL RD | | Telephone | (660) 882-6584 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-1957 | Level of Care | SNF | Bed Capacity | 52 |
| Mailing Address | 1630 RADIO HILL RD | County | COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-1957 | Region 6 | Medicare/Medicaid | Facility Number | 00216 |

BRISTOL MANOR OF BOONVILLE

| | | | | | |
|------------------------|----------------|----------------------|----------------|-------------------------|-------|
| 1290 ASHLEY RD | | Telephone | (660) 882-3393 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-2108 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address | 1290 ASHLEY RD | County | COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-2108 | Region 6 | | Facility Number | 17310 |

HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE

| | | | | | |
|------------------------|--------------------|----------------------|----------------|-------------------------|-------|
| 615 RANKIN MILL LN | | Telephone | (660) 882-9933 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-2873 | Level of Care | ALF** | Bed Capacity | 42 |
| Mailing Address | 615 RANKIN MILL LN | County | COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-2873 | Region 6 | | Facility Number | 26026 |

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

| | | | | | |
|------------------------|----------------|----------------------|--------------------------|-------------------------|-------|
| 1450 ASHLEY RD | | Telephone | (660) 882-7007 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-2141 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address | 1450 ASHLEY RD | County | COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-2141 | Region 6 | Medicare/Medicaid | Facility Number | 01602 |

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

| | | | | | |
|------------------------|----------------|----------------------|-----------------|-------------------------|-------|
| 1450 ASHLEY RD | | Telephone | (660) 882-7007 | Alzheimer's Unit | No |
| BOONVILLE | MO 65233-2141 | Level of Care | ICF | Bed Capacity | 19 |
| Mailing Address | 1450 ASHLEY RD | County | COOPER | DMH Licensed | No |
| BOONVILLE | MO 65233-2141 | Region 6 | Medicaid | Facility Number | 01602 |

LAKEVIEW HEALTH CARE & REHABILITATION 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 |

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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 | Facility Number | 14428 |

BOURBON**BARNABAS REDWOOD MANOR**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1194 LONDON RD | | Telephone (573) 468-8150 | Alzheimer's Unit | No |
| BOURBON | MO 65441-8218 | Level of Care RCF | Bed Capacity | 47 |
| Mailing Address 1194 LONDON RD | | County CRAWFORD | DMH Licensed | Yes |
| BOURBON | MO 65441-8218 | Region 6 | Facility Number | 08609 |

SUNSHINE ACRES

| | | | | |
|----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 541 ROCK ROAD | | Telephone (573) 732-5366 | Alzheimer's Unit | No |
| BOURBON | MO 65441-6324 | Level of Care RCF | Bed Capacity | 20 |
| Mailing Address PO BOX 67 | | County CRAWFORD | DMH Licensed | Yes |
| BOURBON | MO 65441-0067 | Region 6 | Facility Number | 03540 |

BOWLING GREEN**BOWLING GREEN RESIDENTIAL CARE**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 119 WEST CENTENNIAL AVE | | Telephone (573) 324-5560 | Alzheimer's Unit | No |
| BOWLING GREEN | MO 63334-1605 | Level of Care RCF* | Bed Capacity | 25 |
| Mailing Address 119 WEST CENTENNIAL AVE | | County PIKE | DMH Licensed | Yes |
| BOWLING GREEN | MO 63334-1605 | Region 5 | Facility Number | 07712 |

COUNTRY VIEW NURSING FACILITY, INC

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 2106 WEST MAIN ST | | Telephone (573) 324-2216 | Alzheimer's Unit | No |
| BOWLING GREEN | MO 63334-1049 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 330 | | County PIKE | DMH Licensed | No |
| BOWLING GREEN | MO 63334-0330 | Region 5 | Facility Number | 14926 |

PARKSIDE MANOR, LLC

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 300 S SAINT CHARLES ST | | Telephone (573) 473-2563 | Alzheimer's Unit | NO |
| BOWLING GREEN | MO 63334-2221 | Level of Care ALF** | Bed Capacity | 40 |
| Mailing Address 300 S SAINT CHARLES ST | | County PIKE | DMH Licensed | No |
| BOWLING GREEN | MO 63334-2221 | Region 5 | Facility Number | 05511 |

BRANSON**MORNINGSIDE OF BRANSON**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 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 |

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 | | County TANEY | DMH Licensed | No |
| BRANSON | MO 65616-8154 | Region 1 | Facility Number | 06810 |

THE OAKS RETIREMENT COMMUNITY

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 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 |

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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 | | County | CALDWELL | DMH Licensed | No |
| BRAYMER | MO 64624-9107 | Region | 4 Medicare/Medicaid | Facility Number | 02957 |

BRIDGETON

ELIZABETH HOUSE

| | | | | | |
|---|---------------|----------------------|--------------------|-------------------------|-------|
| 12284 DE PAUL DR | | Telephone | (314) 209-8814 | Alzheimer's Unit | No |
| BRIDGETON | MO 63044-2508 | Level of Care | SNF | Bed Capacity | 54 |
| Mailing Address 12284 DE PAUL DR | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2508 | Region | 7 | Facility Number | 22316 |

LIFE CARE CENTER OF BRIDGETON

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 12145 BRIDGETON SQUARE DR | | Telephone | (314) 298-7444 | Alzheimer's Unit | No |
| BRIDGETON | MO 63044-2616 | Level of Care | SNF | Bed Capacity | 91 |
| Mailing Address 12145 BRIDGETON SQUARE DR | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2616 | Region | 7 Medicare/Medicaid | Facility Number | 12141 |

MARK TWAIN MANOR

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 11988 MARK TWAIN LN | | Telephone | (314) 291-8240 | Alzheimer's Unit | No |
| BRIDGETON | MO 63044-2825 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 11988 MARK TWAIN LN | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2825 | Region | 7 Medicare/Medicaid | Facility Number | 08188 |

ST ANDREW'S ASSISTED LIVING OF BRIDGETON

| | | | | | |
|---|---------------|----------------------|--------------------|-------------------------|-------|
| 11325 ST CHARLES ROCK RD | | Telephone | (314) 209-1177 | Alzheimer's Unit | No |
| BRIDGETON | MO 63044-2722 | Level of Care | ALF** | Bed Capacity | 35 |
| Mailing Address 11325 ST CHARLES ROCK RD | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| BRIDGETON | MO 63044-2722 | Region | 7 | Facility Number | 22810 |

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 |

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 |

MCLARNEY MANOR

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 215 EAST PRATT | | Telephone | (660) 258-7402 | Alzheimer's Unit | No |
| BROOKFIELD | MO 64628-1300 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 129 | | County | LINN | DMH Licensed | No |
| BROOKFIELD | MO 64628-0129 | Region | 5 Medicare/Medicaid | Facility Number | 05220 |

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BROSELEY**CEDAR VALLEY BOARDING HOME**

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 286 HIGHWAY VV | | Telephone | (573) 686-4877 | Alzheimer's Unit | No |
| BROSELEY | MO 63932-9174 | Level of Care | RCF | Bed Capacity | 10 |
| Mailing Address 286 HWY VV | | County | BUTLER | DMH Licensed | Yes |
| BROSELEY | MO 63932-9174 | Region | 2 | Facility Number | 08923 |

BRUNSWICK**BRUNSWICK NURSING & REHAB**

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 721 W HARRISON ST | | Telephone | (660) 548-3182 | Alzheimer's Unit | No |
| BRUNSWICK | MO 65236-1096 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 721 W HARRISON ST | | County | 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 HEALTHCARE

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 631 WEST MAIN ST | | Telephone | (417) 345-5422 | Alzheimer's Unit | NO |
| BUFFALO | MO 65622-7496 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 631 WEST MAIN ST | | County | DALLAS | DMH Licensed | No |
| BUFFALO | MO 65622-7496 | Region | 1 Medicare/Medicaid | Facility Number | 16700 |

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 |
| BUFFALO | MO 65622-0978 | Region | 1 Medicare/Medicaid | Facility Number | 01302 |

PINE LODGE RESIDENTIAL CARE

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 967 N MAPLE ST | | Telephone | (417) 345-0310 | Alzheimer's Unit | No |
| BUFFALO | MO 65622-7568 | Level of Care | RCF | Bed Capacity | 20 |
| Mailing Address 967 N MAPLE ST | | County | DALLAS | DMH Licensed | No |
| BUFFALO | MO 65622-7568 | Region | 1 | Facility Number | 25563 |

BUNKER**BECKY'S PLACE RESIDENTIAL CARE, LLC**

| | | | | | |
|----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 500 CULLER AVE | | Telephone | (573) 689-1392 | Alzheimer's Unit | No |
| BUNKER | MO 63629- | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address PO BOX 95 | | County | REYNOLDS | DMH Licensed | Yes |
| BUNKER | MO 63629-0095 | Region | 2 | Facility Number | 16882 |

BUTLER**BRISTOL MANOR OF BUTLER**

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 411 SOUTH DELAWARE | | Telephone | (660) 679-3661 | Alzheimer's Unit | No |
| BUTLER | MO 64730-2311 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 411 S DELAWARE | | County | BATES | DMH Licensed | No |
| BUTLER | MO 64730-2311 | Region | 3 | Facility Number | 18817 |

BUTLER CENTER FOR REHABILITATION AND HEALTHCARE

| | | | | | |
|--------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 416 SOUTH HIGH ST | | Telephone | (660) 679-6158 | Alzheimer's Unit | No |
| BUTLER | MO 64730-1827 | Level of Care | SNF | Bed Capacity | 98 |
| Mailing Address 416 S HIGH ST | | County | BATES | DMH Licensed | No |
| BUTLER | MO 64730-1827 | Region | 3 Medicare/Medicaid | Facility Number | 08627 |

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MEDICALODGES BUTLER

| | | | | |
|---|---------------|--|-------------------------|-------|
| 103 EAST NURSERY | | Telephone (660) 679-3179 | Alzheimer's Unit | Yes |
| BUTLER | MO 64730-2331 | Level of Care SNF | Bed Capacity | 110 |
| Mailing Address 103 EAST NURSERY | | County BATES | DMH Licensed | No |
| BUTLER | MO 64730-2331 | Region 3 Medicare/Medicaid | Facility Number | 05319 |

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 TEXAS | DMH Licensed | No |
| CABOOL | MO 65689-9125 | Region 1 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 1 | Facility Number | 04085 |

PINEVIEW HEIGHTS ALF

| | | | | |
|----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 515 GARST | | Telephone (417) 962-3713 | Alzheimer's Unit | No |
| CABOOL | MO 65689-9139 | Level of Care ALF | Bed Capacity | 16 |
| Mailing Address 515 GARST | | County TEXAS | DMH Licensed | Yes |
| CABOOL | MO 65689-9139 | Region 1 | Facility Number | 24668 |

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 |
| CALEDONIA | MO 63631-9133 | Region 2 | Facility Number | 02937 |

CALIFORNIA**BRISTOL MANOR OF CALIFORNIA**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 605 PARKVIEW DR | | Telephone (573) 796-4342 | Alzheimer's Unit | No |
| CALIFORNIA | MO 65018-2001 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 605 PARKVIEW DR | | County MONITEAU | DMH Licensed | No |
| CALIFORNIA | MO 65018-2001 | Region 6 | Facility Number | 17401 |

CALIFORNIA CARE CENTER

| | | | | |
|--|---------------|--|-------------------------|-------|
| 1106 SOUTH OAK, ROUTE 3 | | Telephone (573) 796-3127 | Alzheimer's Unit | No |
| CALIFORNIA | MO 65018-1462 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 1106 SOUTH OAK, ROUTE 3 | | County MONITEAU | DMH Licensed | No |
| CALIFORNIA | MO 65018-1462 | Region 6 Medicare/Medicaid | Facility Number | 10437 |

MONITEAU CARE CENTER

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 200 SOUTH GERHART | | Telephone (573) 796-3822 | Alzheimer's Unit | No |
| CALIFORNIA | MO 65018-2433 | Level of Care RCF* | Bed Capacity | 6 |
| Mailing Address 200 S GERHART | | County MONITEAU | DMH Licensed | No |
| CALIFORNIA | MO 65018-2433 | Region 6 | Facility Number | 20884 |

MONITEAU CARE CENTER

| | | | | |
|--------------------------------------|---------------|--|-------------------------|-------|
| 200 SOUTH GERHART | | Telephone (573) 796-3822 | Alzheimer's Unit | No |
| CALIFORNIA | MO 65018-2433 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 200 S GERHART | | County MONITEAU | DMH Licensed | No |
| CALIFORNIA | MO 65018-2433 | Region 6 Medicare/Medicaid | Facility Number | 20884 |

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VALLEY PARK WEST

678 WINDMILL RIDGE
 CALIFORNIA MO 65018-1964
Mailing Address 678 WINDMILL RIDGE
 CALIFORNIA MO 65018-1964

Telephone (573) 796-2520
Level of Care RCF
County MONITEAU
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 30595

CAMDENTON**BRISTOL MANOR OF CAMDENTON**

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

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

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

CAMDENTON WINDSOR ESTATES

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

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

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

LAKE PARKE SENIOR LIVING

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

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

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 30084

CAMERON**BRISTOL MANOR OF CAMERON**

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

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

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

QUAIL RUN HEALTH CARE CENTER

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

Telephone (816) 632-2151
Level of Care SNF
County DEKALB
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 84
DMH Licensed No
Facility Number 03829

REDWOOD OF CAMERON

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

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

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

VILLAGE WEST, THE

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

Telephone (816) 632-1121
Level of Care RCF*
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 18104

VILLAGE, THE

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

Telephone (816) 632-7611
Level of Care RCF*
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 49
DMH Licensed No
Facility Number 08945

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CAMPBELL

GENERAL BAPTIST NURSING HOME

| | | | | | |
|--|---------------|----------------------|--------------------------|-------------------------|-------|
| 17108 US HIGHWAY 62 | | Telephone | (573) 246-2155 | Alzheimer's Unit | Yes |
| CAMPBELL | MO 63933-6383 | Level of Care | SNF | Bed Capacity | 90 |
| Mailing Address 17108 US HWY 62 | | County | DUNKLIN | DMH Licensed | No |
| CAMPBELL | MO 63933-6383 | Region 2 | Medicare/Medicaid | Facility Number | 02820 |

CANTON

LEWIS COUNTY NURSING HOME DISTRICT

| | | | | | |
|-----------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 17528 STATE HIGHWAY 81 | | Telephone | (573) 288-4454 | Alzheimer's Unit | Yes |
| CANTON | MO 63435-3463 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 266 | | County | LEWIS | DMH Licensed | No |
| CANTON | MO 63435-0266 | Region 5 | Medicare/Medicaid | Facility Number | 04790 |

CAPE GIRARDEAU

AUBURN CREEK - ASSISTED LIVING BY AMERICARE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 2910 BEAVER CREEK DR | | Telephone | (573) 651-0199 | Alzheimer's Unit | Yes |
| CAPE GIRARDEAU | MO 63701-1732 | Level of Care | ALF | Bed Capacity | 53 |
| Mailing Address 2910 BEAVER CREEK DR | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63701-1732 | Region 2 | | Facility Number | 19892 |

BARNABAS ACRES

| | | | | | |
|--------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 210 FRANKS LN | | Telephone | (573) 334-7679 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63701-8439 | Level of Care | ALF | Bed Capacity | 56 |
| Mailing Address 210 FRANKS LN | | County | CAPE GIRARDEAU | DMH Licensed | Yes |
| CAPE GIRARDEAU | MO 63701-8439 | Region 2 | | Facility Number | 05130 |

CAPETOWN ASSISTED LIVING

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 2857 CAPE LACROIX RD | | Telephone | (573) 334-4855 | Alzheimer's Unit | Yes |
| CAPE GIRARDEAU | MO 63701-8588 | Level of Care | ALF** | Bed Capacity | 48 |
| Mailing Address 2857 CAPE LACROIX RD | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63701-8588 | Region 2 | | Facility Number | 23989 |

CHATEAU GIRARDEAU

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 3120 INDEPENDENCE ST | | Telephone | (573) 335-1281 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63703-5043 | Level of Care | SNF | Bed Capacity | 75 |
| Mailing Address 3120 INDEPENDENCE ST | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63703-5043 | Region 2 | Medicare/Medicaid | Facility Number | 01386 |

CHATEAU GIRARDEAU

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 3120 INDEPENDENCE ST | | Telephone | (573) 335-1281 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63703-5043 | Level of Care | ALF** | Bed Capacity | 55 |
| Mailing Address 3120 INDEPENDENCE ST | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63703-5043 | Region 2 | | Facility Number | 01386 |

FOUNTAINBLEAU LODGE

| | | | | | |
|--|---------------|----------------------|--------------------------|-------------------------|-------|
| 2001 NORTH KINGSHIGHWAY | | Telephone | (573) 335-1999 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63701-2193 | Level of Care | SNF | Bed Capacity | 33 |
| Mailing Address 2001 NORTH KINGSHIGHWAY | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63701-2193 | Region 2 | Medicare/Medicaid | Facility Number | 12751 |

FOUNTAINBLEAU LODGE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 2001 NORTH KINGSHIGHWAY | | Telephone | (573) 335-1999 | Alzheimer's Unit | No |
| CAPE GIRARDEAU | MO 63701-2193 | Level of Care | ALF | Bed Capacity | 56 |
| Mailing Address 2001 NORTH KINGSHIGHWAY | | County | CAPE GIRARDEAU | DMH Licensed | No |
| CAPE GIRARDEAU | MO 63701-2193 | Region 2 | | Facility Number | 12751 |

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FREDERICK STREET MANOR

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

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

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 02662

HEARTLAND CARE AND REHABILITATION CENTER

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

Telephone (573) 334-5225
Level of Care SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 102
DMH Licensed No
Facility Number 01023

JEFFERSON MANOR CAPE GIRARDEAU LLC

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

Telephone (573) 651-1373
Level of Care RCF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed Yes
Facility Number 05445

LIFE CARE CENTER OF CAPE GIRARDEAU

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

Telephone (573) 335-2086
Level of Care SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 01032

LUTHERAN HOME ASSISTED LIVING

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

Telephone (573) 335-0158
Level of Care ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 115
DMH Licensed No
Facility Number 13536

LUTHERAN HOME, THE

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

Telephone (573) 335-0158
Level of Care SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 274
DMH Licensed No
Facility Number 13536

MAPLE CREST MANOR

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

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

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

PARKWOOD MANOR

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

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

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

PARKWOOD MANOR

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

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

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

RATLIFF CARE CENTER

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

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

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

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CARL JUNCTION

CARL JUNCTION RESIDENTIAL CARE

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 201 FIR RD | | Telephone | (417) 782-5659 | Alzheimer's Unit | No |
| CARL JUNCTION | MO 64834-9222 | Level of Care | RCF* | Bed Capacity | 37 |
| Mailing Address 201 FIR RD | | County | JASPER | DMH Licensed | No |
| CARL JUNCTION | MO 64834-9222 | Region | 1 | Facility Number | 20550 |

CARROLLTON

BRISTOL MANOR OF CARROLLTON

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1016 EAST 10TH ST | | Telephone | (660) 542-2349 | Alzheimer's Unit | No |
| CARROLLTON | MO 64633-9348 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 1016 EAST 10TH ST | | County | CARROLL | DMH Licensed | No |
| CARROLLTON | MO 64633-9348 | Region | 4 | Facility Number | 18316 |

CARROLL HOUSE

| | | | | | |
|----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 307 GRAND | | Telephone | (660) 542-1599 | Alzheimer's Unit | No |
| CARROLLTON | MO 64633-2265 | Level of Care | SNF | Bed Capacity | 63 |
| Mailing Address 307 GRAND | | County | CARROLL | DMH Licensed | No |
| CARROLLTON | MO 64633-2265 | Region | 4 Medicare/Medicaid | Facility Number | 22027 |

LIFE CARE CENTER OF CARROLLTON

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 300 LIFE CARE LN | | Telephone | (660) 542-0155 | Alzheimer's Unit | Yes |
| CARROLLTON | MO 64633-1861 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 300 LIFE CARE LN | | County | CARROLL | DMH Licensed | No |
| CARROLLTON | MO 64633-1861 | Region | 4 Medicare/Medicaid | Facility Number | 11500 |

CARTHAGE

BRISTOL MANOR OF CARTHAGE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 2131 SOUTH RIVER AVE | | Telephone | (417) 358-9788 | Alzheimer's Unit | No |
| CARTHAGE | MO 64836-3350 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 2131 S RIVER AVE | | County | JASPER | DMH Licensed | Yes |
| CARTHAGE | MO 64836-3350 | Region | 1 | Facility Number | 20858 |

CARTHAGE HEALTH AND REHABILITATION CENTER

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 1901 BUENA VISTA AVE | | Telephone | (417) 358-1937 | Alzheimer's Unit | Yes |
| CARTHAGE | MO 64836-3178 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 1901 BUENA VISTA AVE | | County | JASPER | DMH Licensed | No |
| CARTHAGE | MO 64836-3178 | Region | 1 Medicare/Medicaid | Facility Number | 12472 |

MAPLE TREE TERRACE - ASSISTED LIVING BY AMERICARE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 2510 CLINTON ST | | Telephone | (417) 358-7201 | Alzheimer's Unit | No |
| CARTHAGE | MO 64836-3427 | Level of Care | ALF** | Bed Capacity | 50 |
| Mailing Address 2510 CLINTON ST | | County | JASPER | DMH Licensed | No |
| CARTHAGE | MO 64836-3427 | Region | 1 | Facility Number | 17660 |

OAK POINTE OF CARTHAGE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 300 W AIRPORT DR | | Telephone | (417) 358-3355 | Alzheimer's Unit | Yes |
| CARTHAGE | MO 64836-3511 | Level of Care | ALF** | Bed Capacity | 55 |
| Mailing Address 300 W AIRPORT DR | | County | JASPER | DMH Licensed | No |
| CARTHAGE | MO 64836-3511 | Region | 1 | Facility Number | 30168 |

ST LUKE'S CARE CENTER, INC

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 1220 EAST FAIRVIEW AVE | | Telephone | (417) 358-9084 | Alzheimer's Unit | No |
| CARTHAGE | MO 64836-3122 | Level of Care | ALF** | Bed Capacity | 41 |
| Mailing Address 1220 EAST FAIRVIEW AVE | | County | JASPER | DMH Licensed | No |
| CARTHAGE | MO 64836-3122 | Region | 1 | Facility Number | 07606 |

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ST LUKE'S NURSING CENTER, INC

1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122
Mailing Address 1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122

Telephone (417) 358-9084 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 95
County JASPER **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 07606

SUNNYHILLS RESIDENTIAL CARE FACILITY

17562 IMPERIAL RD
 CARTHAGE MO 64836-8753
Mailing Address 17562 IMPERIAL RD
 CARTHAGE MO 64836-8753

Telephone (417) 358-6122 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 18
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 13351

CARUTHERSVILLE**SOUTHGATE LIVING CENTER**

500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261
Mailing Address 500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261

Telephone (573) 333-5150 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 94
County PEMISCOT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 01081

CASSVILLE**CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE**

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

Telephone (417) 847-3386 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County BARRY **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 01097

CEDAR RIDGE CARE CENTER, LLC

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

Telephone (417) 847-5546 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 30
County BARRY **DMH Licensed** Yes
Region 1 **Facility Number** 15295

ROARING RIVER HEALTH AND REHABILITATION

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

Telephone (417) 847-2184 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 90
County BARRY **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 10644

CEDAR HILL**BIG RIVER NURSING & REHAB**

6400 THE CEDARS COURT
 CEDAR HILL MO 63016-2220
Mailing Address 6400 THE CEDARS CT
 CEDAR HILL MO 63016-2220

Telephone (636) 274-1777 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 150
County JEFFERSON **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 12647

CENTER**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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County RALLS **DMH Licensed** No
Region 5 Medicare/Medicaid **Facility Number** 15634

CENTRALIA**BRISTOL MANOR OF CENTRALIA**

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

Telephone (573) 682-5913 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 18286

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HERITAGE HALL NURSING CENTER

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

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

STUART HOUSE, LLC THE

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

Telephone (573) 682-3204 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 27
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 10146

CHAFFEE**CHAFFEE NURSING CENTER**

12273 STATE HIGHWAY 77
 CHAFFEE MO 63740-8219
Mailing Address 12273 STATE HIGHWAY 77
 CHAFFEE MO 63740-8219

Telephone (573) 887-3615 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 71
County SCOTT **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 13652

CHARLESTON**CHARLESTON MANOR**

1220 EAST MARSHALL
 CHARLESTON MO 63834-1349
Mailing Address 1220 EAST MARSHALL
 CHARLESTON MO 63834-1349

Telephone (573) 683-3721 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County MISSISSIPPI **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 01251

CHESTERFIELD**BROOKING PARK**

307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418
Mailing Address 307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418

Telephone (314) 576-5545 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 93
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 14661

BROOKING PARK

307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418
Mailing Address 307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418

Telephone (314) 576-5545 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 97
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare** **Facility Number** 14661

CHESTERFIELD VILLAS

14901 N OUTER 40 RD
 CHESTERFIELD MO 63017-6034
Mailing Address 14901 N OUTER 40 RD
 CHESTERFIELD MO 63017-6034

Telephone (636) 532-9296 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 52
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 29067

DELMAR GARDENS OF CHESTERFIELD

14855 NORTH OUTER 40 RD
 CHESTERFIELD MO 63017-2026
Mailing Address 14855 NORTH OUTER 40 RD
 CHESTERFIELD MO 63017-2026

Telephone (636) 532-0150 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 237
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02111

DELMAR GARDENS ON THE GREEN

15197 CLAYTON RD
 CHESTERFIELD MO 63017-7048
Mailing Address 15197 CLAYTON RD
 CHESTERFIELD MO 63017-7048

Telephone (636) 394-7515 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 180
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01515

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FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE

| | | | | |
|---|-----------|----------------------------------|-------------------------|-------|
| 15250 VILLAGE VIEW DRIVE | | Telephone (636) 733-0199 | Alzheimer's Unit | YES |
| CHESTERFIELD | MO 63017- | Level of Care ALF** | Bed Capacity | 60 |
| Mailing Address 15250 VILLAGE VIEW DRIVE | | County SAINT LOUIS COUNTY | DMH Licensed | Yes |
| CHESTERFIELD | MO 63017- | Region 7 | Facility Number | 02715 |

FRIENDSHIP VILLAGE CHESTERFIELD

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

GARDEN VIEW CARE CENTER OF CHESTERFIELD

| | | | | |
|---|---------------|--|-------------------------|-------|
| 1025 CHESTERFIELD POINTE PRKWY | | Telephone (636) 537-3333 | Alzheimer's Unit | Yes |
| CHESTERFIELD | MO 63017-1957 | Level of Care SNF | Bed Capacity | 130 |
| Mailing Address 1025 CHESTERFIELD POINTE PRKWY | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-1957 | Region 7 Medicare/Medicaid | Facility Number | 16409 |

MASON POINTE CARE CENTER

| | | | | |
|--|---------------|----------------------------------|-------------------------|-------|
| 13190 SOUTH OUTER 40 RD | | Telephone (314) 434-3330 | Alzheimer's Unit | No |
| CHESTERFIELD | MO 63017-5917 | Level of Care ALF** | Bed Capacity | 62 |
| Mailing Address 13190 S OUTER 40 RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-5917 | Region 7 | Facility Number | 03957 |

MASON POINTE CARE CENTER

| | | | | |
|--|---------------|--|-------------------------|-------|
| 13190 SOUTH OUTER 40 RD | | Telephone (314) 434-3330 | Alzheimer's Unit | No |
| CHESTERFIELD | MO 63017-5917 | Level of Care SNF | Bed Capacity | 256 |
| Mailing Address 13190 S OUTER 40 RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-5917 | Region 7 Medicare/Medicaid | Facility Number | 03957 |

PEACE HAVEN ASSOCIATION

| | | | | |
|--------------------------------------|---------------|----------------------------------|-------------------------|-------|
| 13190 SOUTH OUTER 40 ROAD | | Telephone (314) 965-3833 | Alzheimer's Unit | No |
| CHESTERFIELD | MO 63017-5917 | 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 |

SHERIDAN 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 |

SUNRISE OF CHESTERFIELD

| | | | | |
|---|---------------|----------------------------------|-------------------------|-------|
| 1880 CLARKSON RD | | Telephone (636) 536-3800 | Alzheimer's Unit | No |
| CHESTERFIELD | MO 63017-5000 | Level of Care ALF** | Bed Capacity | 3 |
| Mailing Address 1880 CLARKSON RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-5000 | Region 7 | Facility Number | 23767 |

SUNRISE OF CHESTERFIELD

| | | | | |
|---|---------------|----------------------------------|-------------------------|-------|
| 1880 CLARKSON RD | | Telephone (636) 536-3800 | Alzheimer's Unit | Yes |
| CHESTERFIELD | MO 63017-5000 | Level of Care ICF | Bed Capacity | 95 |
| Mailing Address 1880 CLARKSON RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-5000 | Region 7 | Facility Number | 23767 |

SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING

| | | | | |
|---|---------------|--|-------------------------|-------|
| 14701 OLIVE BLVD | | Telephone (314) 542-3300 | Alzheimer's Unit | Yes |
| CHESTERFIELD | MO 63017-2221 | Level of Care SNF | Bed Capacity | 130 |
| Mailing Address 14701 OLIVE BLVD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| CHESTERFIELD | MO 63017-2221 | Region 7 Medicare/Medicaid | Facility Number | 15467 |

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WESTCHESTER HOUSE, THE

550 WHITE RD
 CHESTERFIELD MO 63017-2316
Mailing Address 550 WHITE RD
 CHESTERFIELD MO 63017-2316

Telephone (314) 469-1200
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 159
DMH Licensed No
Facility Number 08474

CHILLICOTHE**ASHBURY HEIGHTS OF CHILLICOTHE**

603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438
Mailing Address 603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438

Telephone (660) 707-1270
Level of Care RCF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 23909

BAPTIST HOME, THE

500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973
Mailing Address 500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973

Telephone (660) 646-6219
Level of Care ICF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 14084

BAPTIST HOME, THE

500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973
Mailing Address 500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973

Telephone (660) 646-6219
Level of Care ALF**
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 14084

BARNABAS HOME, THE

1301 MONROE ST
 CHILLICOTHE MO 64601-1345
Mailing Address 1301 MONROE ST
 CHILLICOTHE MO 64601-1345

Telephone (660) 646-5180
Level of Care RCF*
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed Yes
Facility Number 04632

GRAND RIVER HEALTH CARE

118 TRENTON RD
 CHILLICOTHE MO 64601-4002
Mailing Address 118 TRENTON RD
 CHILLICOTHE MO 64601-4002

Telephone (660) 646-0353
Level of Care SNF
County LIVINGSTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 16939

INDIAN HILLS - A STONEBRIDGE COMMUNITY

2601 FAIR ST
 CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
 CHILLICOTHE MO 64601-3525

Telephone (660) 646-1230
Level of Care SNF
County LIVINGSTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 03833

INDIAN HILLS - A STONEBRIDGE COMMUNITY

2601 FAIR ST
 CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
 CHILLICOTHE MO 64601-3525

Telephone (660) 646-1230
Level of Care RCF*
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 03833

LIVINGSTON MANOR CARE CENTER

939 E BIRCH DR
 CHILLICOTHE MO 64601-2189
Mailing Address 939 E BIRCH DR
 CHILLICOTHE MO 64601-2189

Telephone (660) 646-5177
Level of Care SNF
County LIVINGSTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 94
DMH Licensed No
Facility Number 20099

MORNINGSIDE CENTER

1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170
Level of Care SNF
County LIVINGSTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05557

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MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1702 MORNINGSIDE DR | | Telephone (660) 646-0170 | Alzheimer's Unit | No |
| CHILLICOTHE | MO 64601-1545 | Level of Care ALF | Bed Capacity | 31 |
| Mailing Address 1702 MORNINGSIDE DR | | County LIVINGSTON | DMH Licensed | No |
| CHILLICOTHE | MO 64601-1545 | Region 4 | Facility Number | 05557 |

CLARENCE**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 |

CLINTON**ARBORS AT GLENDALE GARDENS - MEMORY CARE BY AMERICARE, THE**

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1300 SOUTH MAIN | | Telephone (660) 885-2272 | Alzheimer's Unit | Yes |
| CLINTON | MO 64735-2728 | Level of Care ALF** | Bed Capacity | 42 |
| Mailing Address 1300 S MAIN | | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-2728 | Region 1 | Facility Number | 17054 |

BRISTOL MANOR OF CLINTON

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1402 EAST FRANKLIN | | Telephone (660) 885-8391 | Alzheimer's Unit | No |
| CLINTON | MO 64735-1768 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 1402 EAST FRANKLIN | | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-1768 | Region 1 | Facility Number | 16656 |

CLINTON HEALTHCARE AND REHABILITATION CENTER

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 1009 EAST OHIO | | Telephone (660) 885-5571 | Alzheimer's Unit | No |
| CLINTON | MO 64735-2455 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 1009 EAST OHIO | | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-2455 | Region 1 Medicare/Medicaid | Facility Number | 01318 |

JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 509 WEST ROGERS ST | | Telephone (660) 885-9770 | Alzheimer's Unit | No |
| CLINTON | MO 64735-2548 | Level of Care ALF** | Bed Capacity | 42 |
| Mailing Address 509 WEST ROGERS ST | | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-2548 | Region 1 | Facility Number | 20603 |

JOY ADULT CARE CENTER

| | | | | |
|---------------------------------|---------------|---------------------------------|-------------------------|-------|
| 614 SOUTH MAIN | | Telephone (660) 885-8328 | Alzheimer's Unit | No |
| CLINTON | MO 64735-2620 | Level of Care RCF* | Bed Capacity | 42 |
| Mailing Address PO BOX 8 | | County HENRY | DMH Licensed | Yes |
| CLINTON | MO 64735-0008 | Region 1 | Facility Number | 07268 |

WESTWOOD LIVING CENTER

| | | | | |
|---|---------------|--|-------------------------|-------|
| 1801 NORTH GAINES DR | | Telephone (660) 885-8196 | Alzheimer's Unit | Yes |
| CLINTON | MO 64735-1127 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 1801 N GAINES DR | | County HENRY | DMH Licensed | No |
| CLINTON | MO 64735-1127 | Region 1 Medicare/Medicaid | Facility Number | 08521 |

COLE CAMP**AMBROSE PARK RESIDENTIAL CARE**

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 517 NORTH OAK | | Telephone (660) 668-3140 | Alzheimer's Unit | No |
| COLE CAMP | MO 65325-1264 | Level of Care RCF | Bed Capacity | 30 |
| Mailing Address PO BOX 252 | | County BENTON | DMH Licensed | No |
| COLE CAMP | MO 65325-0252 | Region 6 | Facility Number | 26313 |

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GOOD SAMARITAN CARE CENTER

| | | | | |
|---|---------------|---------------------------------|--------------------------|-------|
| 403 WEST MAIN ST | | Telephone (660) 668-4515 | Alzheimer's Unit | No |
| COLE CAMP | MO 65325-1144 | Level of Care SNF | Bed Capacity | 72 |
| Mailing Address 403 WEST MAIN ST | | County BENTON | DMH Licensed | No |
| COLE CAMP | MO 65325-1144 | Region 6 | Medicare/Medicaid | |
| | | | Facility Number | 03039 |

COLUMBIA**BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 3104 BLUFF CREEK DR | | Telephone (573) 815-9111 | Alzheimer's Unit | Yes |
| COLUMBIA | MO 65201-3524 | Level of Care ALF** | Bed Capacity | 48 |
| Mailing Address 3104 BLUFF CREEK DR | | 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 CREEK DR | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65201-3529 | Region 6 | Medicare/Medicaid | |
| | | | Facility Number | 00754 |

CANDLELIGHT LODGE RETIREMENT CENTER

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1406 BUSINESS LOOP 70 WEST | | Telephone (573) 449-5287 | Alzheimer's Unit | Yes |
| COLUMBIA | MO 65202-1324 | Level of Care ALF | Bed Capacity | 37 |
| Mailing Address 1406 BUSINESS LOOP 70 WEST | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65202-1324 | Region 6 | Facility Number | 01013 |

CANDLELIGHT LODGE RETIREMENT CENTER

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1406 BUSINESS LOOP 70 WEST | | Telephone (573) 449-5287 | Alzheimer's Unit | No |
| COLUMBIA | MO 65202-1324 | Level of Care ALF** | Bed Capacity | 75 |
| Mailing Address 1406 BUSINESS LOOP 70 WEST | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65202-1324 | Region 6 | Facility Number | 01013 |

CEDARHURST OF COLUMBIA

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 2333 CHAPEL HILL RD | | Telephone (573) 234-1091 | Alzheimer's Unit | Yes |
| COLUMBIA | MO 65203-1537 | Level of Care ALF** | Bed Capacity | 127 |
| Mailing Address 2333 CHAPEL HILL RD | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65203-1537 | Region 6 | Facility Number | 29874 |

COLONY POINTE-ASSISTED LIVING 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 HILL RD | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65203-5457 | Region 6 | Facility Number | 28191 |

COLUMBIA MANOR CARE CENTER

| | | | | |
|---|---------------|---------------------------------|--------------------------|-------|
| 2012 NIFONG BLVD | | Telephone (573) 449-1246 | Alzheimer's Unit | No |
| COLUMBIA | MO 65201-3874 | Level of Care SNF | Bed Capacity | 52 |
| Mailing Address 2012 NIFONG BLVD | | County BOONE | DMH Licensed | No |
| COLUMBIA | MO 65201-3874 | Region 6 | Medicare/Medicaid | |
| | | | Facility Number | 01715 |

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 |

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 |

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HILLCREST RESIDENTIAL CARE, INC

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

Telephone (573) 696-3201
Level of Care ALF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed Yes
Facility Number 03572

LAKE GEORGE ASSISTED LIVING

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

Telephone (573) 442-0577
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed No
Facility Number 28997

LENOIR HEALTH CARE CENTER

3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-
Mailing Address 3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-

Telephone (573) 876-5800
Level of Care SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 04750

LENOIR MANOR

3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-
Mailing Address 3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-

Telephone (573) 876-5800
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 92
DMH Licensed No
Facility Number 04750

MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE

1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-6238
Mailing Address 1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-6238

Telephone (573) 381-2510
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 30107

NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE

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

Telephone (573) 256-4620
Level of Care SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 24341

PARKSIDE MANOR

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

Telephone (573) 449-1448
Level of Care SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 11262

SOUTH HAMPTON PLACE

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

Telephone (573) 874-3674
Level of Care SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 19799

TIGER PLACE

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

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

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

VILLA AT BLUE RIDGE, THE

701 BLUE RIDGE ROAD
 COLUMBIA MO 65201-3734
Mailing Address 701 BLUE RIDGE ROAD
 COLUMBIA MO 65201-3734

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

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

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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 |

LUTHERAN GOOD SHEPHERD HOME

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 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 | 27122 |

LUTHERAN GOOD SHEPHERD HOME

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 202 S WEST ST | | Telephone | (660) 463-2267 | Alzheimer's Unit | No |
| CONCORDIA | MO 64020-9643 | Level of Care | ICF | Bed Capacity | 36 |
| Mailing Address PO BOX 849 | | County | LAFAYETTE | DMH Licensed | No |
| CONCORDIA | MO 64020-0849 | Region | 3 | Facility Number | 27122 |

LUTHERAN NURSING HOME

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 202 S WEST ST | | Telephone | (660) 463-2267 | Alzheimer's Unit | Yes |
| CONCORDIA | MO 64020-9643 | Level of Care | SNF | Bed Capacity | 113 |
| Mailing Address PO BOX 849 | | County | LAFAYETTE | DMH Licensed | No |
| CONCORDIA | MO 64020-0849 | Region | 3 Medicare/Medicaid | Facility Number | 04705 |

COTTLEVILLE

GLENFIELD MEMORY CARE HOMES

| | | | | | |
|-------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 118 OHMES ROAD | | Telephone | (636) 447-4449 | Alzheimer's Unit | Yes |
| COTTLEVILLE | MO 63376-7649 | Level of Care | ALF** | Bed Capacity | 12 |
| Mailing Address 118 OHMES RD | | County | SAINT CHARLES | DMH Licensed | No |
| COTTLEVILLE | MO 63376-7649 | Region | 5 | Facility Number | 30372 |

CRANE

CRANE RESIDENTIAL CARE HOME

| | | | | | |
|------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 102 LILLIAN | | Telephone | (417) 723-5900 | Alzheimer's Unit | No |
| CRANE | MO 65633-9103 | Level of Care | RCF | Bed Capacity | 33 |
| Mailing Address 102 LILLIAN | | County | STONE | DMH Licensed | Yes |
| CRANE | MO 65633-9103 | Region | 1 | Facility Number | 01898 |

CREVE COEUR

BROOKDALE CREVE COEUR

| | | | | | |
|---|---------------|----------------------|--------------------|-------------------------|-------|
| ONE NEW BALLAS PLACE | | Telephone | (314) 432-5200 | Alzheimer's Unit | No |
| CREVE COEUR | MO 63146-8700 | Level of Care | ALF** | Bed Capacity | 46 |
| Mailing Address ONE NEW BALLAS PLACE | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| CREVE COEUR | MO 63146-8700 | Region | 7 | Facility Number | 26178 |

CREVE COEUR ASSISTED LIVING AND MEMORY CARE

| | | | | | |
|--|---------------|----------------------|--------------------|-------------------------|-------|
| 693 DECKER LN | | Telephone | (314) 997-4532 | Alzheimer's Unit | Yes |
| CREVE COEUR | MO 63141-7127 | Level of Care | ALF** | Bed Capacity | 110 |
| Mailing Address 693 DECKER LANE | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| CREVE COEUR | MO 63141-7127 | Region | 7 | Facility Number | 29440 |

DELMAR GARDENS OF CREVE COEUR

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 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 MANOR LN | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| CREVE COEUR | MO 63141-6651 | Region | 7 Medicare/Medicaid | Facility Number | 01830 |

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DOLAN MEMORY CARE AT CONWAY

12550 CONWAY RD
 CREVE COEUR MO 63141-8613
Mailing Address 12550 CONWAY RD
 CREVE COEUR MO 63141-8613

Telephone (314) 576-3998
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 9
DMH Licensed No
Facility Number 22648

SHERIDAN AT CREVE COEUR, THE

450 NORTH LINDBERGH BLVD
 CREVE COEUR MO 63141-
Mailing Address 450 N LINDBERGH BLVD
 CREVE COEUR MO 63141-

Telephone (314) 628-0004
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 53
DMH Licensed No
Facility Number 30479

CRYSTAL CITY**COLONIAL HOUSE OF CRYSTAL CITY**

26 MISSISSIPPI AVE
 CRYSTAL CITY MO 63019-1817
Mailing Address PO BOX 461
 CRYSTAL CITY MO 63019-1817

Telephone (636) 937-1000
Level of Care RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed Yes
Facility Number 22112

TWIN CITY RESIDENTIAL CARE, INC

#1 HOLDING LN
 CRYSTAL CITY MO 63019-1122
Mailing Address PO BOX 92
 HERCULANEUM MO 63048-0092

Telephone (636) 937-3851
Level of Care RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed Yes
Facility Number 03763

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

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

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

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

CUBA MANOR, INC

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

Telephone (573) 885-4500
Level of Care SNF
County CRAWFORD
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 21149

ROCK SPRINGS RESIDENTIAL, LLC

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

Telephone (573) 885-6443
Level of Care RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 15026

STUBBLEFIELD RETIREMENT HOME

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

Telephone (573) 885-3661
Level of Care RCF*
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed Yes
Facility Number 17894

VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE

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

Telephone (573) 885-0551
Level of Care RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 25463

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DARDENNE PRAIRIE

BARATHAVEN ALZHEIMER'S SPECIAL CARE CENTER

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 1030 BARATHAVEN DR | | Telephone | (636) 329-9160 | Alzheimer's Unit | Yes |
| DARDENNE PRAIRIE | MO 63368-8606 | Level of Care | ALF** | Bed Capacity | 66 |
| Mailing Address 1030 BARATHAVEN DR | | County | SAINT CHARLES | DMH Licensed | No |
| DARDENNE PRAIRIE | MO 63368-8606 | Region | 5 | Facility Number | 26902 |

CAREGIVERS INN

| | | | | | |
|--------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 1297 FEISE RD | | Telephone | (636) 240-7979 | Alzheimer's Unit | Yes |
| DARDENNE PRAIRIE | MO 63368-6710 | Level of Care | ALF** | Bed Capacity | 30 |
| Mailing Address 1297 FEISE RD | | County | SAINT CHARLES | DMH Licensed | No |
| DARDENNE PRAIRIE | MO 63368-6710 | Region | 5 | Facility Number | 15342 |

SUNTERRA SPRINGS DARDENNE PRAIRIE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 7275 STATE HIGHWAY N | | Telephone | (636) 865-0200 | Alzheimer's Unit | NO |
| DARDENNE PRAIRIE | MO 63368-7128 | Level of Care | SNF | Bed Capacity | 38 |
| Mailing Address 7275 STATE HIGHWAY N | | County | SAINT CHARLES | DMH Licensed | No |
| DARDENNE PRAIRIE | MO 63368-7128 | 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 63020-5046 | Level of Care | SNF | Bed Capacity | 61 |
| Mailing Address 3260 BAISCH DR | | County | JEFFERSON | DMH Licensed | No |
| DE SOTO | MO 63020-5046 | Region | 2 Medicare/Medicaid | Facility Number | 00910 |

BAISCH NURSING CENTER

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 3260 BAISCH DR | | Telephone | (636) 586-2291 | Alzheimer's Unit | No |
| DE SOTO | MO 63020-5046 | Level of Care | RCF* | Bed Capacity | 18 |
| Mailing Address 3260 BAISCH DR | | County | JEFFERSON | DMH Licensed | No |
| DE SOTO | MO 63020-5046 | Region | 2 | Facility Number | 00910 |

HILLCREST CARE CENTER, INC

| | | | | | |
|---------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1108 CLARKE ST | | Telephone | (636) 586-3022 | Alzheimer's Unit | No |
| DE SOTO | MO 63020-2706 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 1108 CLARKE ST | | County | JEFFERSON | DMH Licensed | No |
| DE SOTO | MO 63020-2706 | Region | 2 Medicare/Medicaid | Facility Number | 20084 |

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 |

SUNNYHILL INDEPENDENCE CENTER

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 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 RD | | County | JEFFERSON | DMH Licensed | Yes |
| DE SOTO | MO 63020-4506 | Region | 2 | Facility Number | 29674 |

VILLAS-A STONEBRIDGE COMMUNITY, THE

| | | | | | |
|---------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1550 VILLAS DR | | Telephone | (636) 586-6559 | Alzheimer's Unit | No |
| DE SOTO | MO 63020-2586 | Level of Care | SNF | Bed Capacity | 56 |
| Mailing Address 1550 VILLAS DR | | County | JEFFERSON | DMH Licensed | No |
| DE SOTO | MO 63020-2586 | Region | 2 Medicare/Medicaid | Facility Number | 13501 |

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VILLAS-A STONEBRIDGE COMMUNITY, THE

1550 VILLAS DR
 DE SOTO MO 63020-2586
Mailing Address 1550 VILLAS DR
 DE SOTO MO 63020-2586

Telephone (636) 586-6559
Level of Care RCF*
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 13501

DES PERES**QUARTERS AT DES PERES, THE**

13230 MANCHESTER RD
 DES PERES MO 63131-1706
Mailing Address 13230 MANCHESTER RD
 DES PERES MO 63131-1706

Telephone (314) 821-2886
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 147
DMH Licensed No
Facility Number 26726

SUNRISE OF DES PERES

13460 MANCHESTER RD
 DES PERES MO 63131-1734
Mailing Address 13460 MANCHESTER RD
 DES PERES MO 63131-1734

Telephone (314) 965-3800
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 102
DMH Licensed No
Facility Number 24242

DESLOGE**NHC HEALTHCARE, DESLOGE**

801 BRIM ST
 DESLOGE MO 63601-3441
Mailing Address PO BOX AA
 DESLOGE MO 63601-0568

Telephone (573) 431-0223
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 02143

DEXTER**CENTRAL GARDENS INC**

302 NORTH ELM ST
 DEXTER MO 63841-1773
Mailing Address 302 NORTH ELM ST
 DEXTER MO 63841-1773

Telephone (573) 624-0011
Level of Care RCF*
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 83
DMH Licensed No
Facility Number 18858

CROWLEY RIDGE CARE CENTER

1204 NORTH OUTER RD
 DEXTER MO 63841-8684
Mailing Address PO BOX 668
 DEXTER MO 63841-0668

Telephone (573) 624-5557
Level of Care SNF
County STODDARD
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 12667

CYPRESS POINT - SKILLED NURSING BY AMERICARE

801 BAILIFF DR
 DEXTER MO 63841-9500
Mailing Address 801 BAILIFF DR
 DEXTER MO 63841-9500

Telephone (573) 624-8908
Level of Care SNF
County STODDARD
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 08315

DEXTER LIVING CENTER

415 S CATALPA STREET
 DEXTER MO 63841-2017
Mailing Address 415 S CATALPA ST
 DEXTER MO 63841-2017

Telephone (573) 624-7491
Level of Care SNF
County STODDARD
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 73
DMH Licensed No
Facility Number 02156

HILDA FUWELL'S RESIDENTIAL CARE FACILITY

17382 STATE HIGHWAY 25
 DEXTER MO 63841-9710
Mailing Address 17382 STATE HWY 25
 DEXTER MO 63841-9710

Telephone (573) 568-2056
Level of Care RCF
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07863

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RIDGEVIEW ASSISTED LIVING CENTER

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 13134 STATE HIGHWAY 25 | | Telephone (573) 624-4433 | Alzheimer's Unit | No |
| DEXTER | MO 63841-9740 | Level of Care ALF** | Bed Capacity | 26 |
| Mailing Address 13134 STATE HIGHWAY 25 | | County STODDARD | DMH Licensed | No |
| DEXTER | MO 63841-9740 | Region 2 | Facility Number | 10128 |

DIXON**DIXON NURSING & REHAB**

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 403 EAST 10TH ST | | Telephone (573) 759-2135 | Alzheimer's Unit | No |
| DIXON | MO 65459-6049 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 403 EAST 10TH ST | | County PULASKI | DMH Licensed | No |
| DIXON | MO 65459-6049 | Region 6 Medicare/Medicaid | Facility Number | 15510 |

DOE RUN**CRAWFORD RANCH BOARDING HOME, LLC**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 2200 VARVERA RD | | Telephone (573) 756-4656 | Alzheimer's Unit | No |
| DOE RUN | MO 63637-3121 | Level of Care RCF* | Bed Capacity | 32 |
| Mailing Address 2200 VARVERA RD | | County SAINT FRANCOIS | DMH Licensed | Yes |
| DOE RUN | MO 63637-3121 | Region 2 | Facility Number | 13193 |

PINE VALLEY RCF

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 3381 1st STREET | | Telephone (573) 760-8601 | Alzheimer's Unit | No |
| DOE RUN | MO 63637-3155 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 3381 1st STREET | | County SAINT FRANCOIS | DMH Licensed | Yes |
| DOE RUN | MO 63637-3155 | Region 2 | Facility Number | 08379 |

DONIPHAN**COLONIAL HOME, THE**

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 102 SUMMIT ST | | Telephone (573) 996-4283 | Alzheimer's Unit | No |
| DONIPHAN | MO 63935-1328 | Level of Care ALF** | Bed Capacity | 31 |
| Mailing Address 102 SUMMIT ST | | County RIPLEY | DMH Licensed | No |
| DONIPHAN | MO 63935-1328 | Region 2 | Facility Number | 01610 |

CURRENT RIVER NURSING CENTER, 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 N GRAND AVE | | County RIPLEY | DMH Licensed | No |
| DONIPHAN | MO 63935-1779 | Region 2 Medicare/Medicaid | Facility Number | 17125 |

WALNUT STREET ASSISTED LIVING

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 404 WALNUT ST | | Telephone (573) 996-4316 | Alzheimer's Unit | No |
| DONIPHAN | MO 63935-1420 | Level of Care ALF | Bed Capacity | 35 |
| Mailing Address 404 WALNUT ST | | County RIPLEY | DMH Licensed | Yes |
| DONIPHAN | MO 63935-1420 | Region 2 | Facility Number | 08354 |

EAST PRAIRIE**EAST PRAIRIE NURSING CENTER**

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 186 MILLAR RD | | Telephone (573) 649-3551 | Alzheimer's Unit | No |
| EAST PRAIRIE | MO 63845-1180 | Level of Care SNF | Bed Capacity | 70 |
| Mailing Address PO BOX 299 | | County MISSISSIPPI | DMH Licensed | No |
| EAST PRAIRIE | MO 63845-0299 | Region 2 Medicare/Medicaid | Facility Number | 12083 |

EDINA**BLESSING CENTER, THE**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 302 NORTH MAIN | | Telephone (660) 397-2293 | Alzheimer's Unit | No |
| EDINA | MO 63537-1353 | Level of Care RCF* | Bed Capacity | 51 |
| Mailing Address 302 NORTH MAIN | | County KNOX | DMH Licensed | Yes |
| EDINA | MO 63537-1353 | Region 5 | Facility Number | 03728 |

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KNOX COUNTY NURSING HOME DISTRICT

55774 STATE HIGHWAY 6
 EDINA MO 63537-4253
Mailing Address 55774 STATE HIGHWAY 6
 EDINA MO 63537-4253

Telephone (660) 397-2282 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County KNOX **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04173

EL DORADO SPRINGS**COMMUNITY SPRINGS HEALTHCARE FACILITY**

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

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

EL DORADO SPRINGS RESIDENTIAL CARE

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

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

ELDON**BRISTOL MANOR OF ELDON**

1201 EAST NORTH ST
 ELDON MO 65026-2651
Mailing Address 1201 EAST NORTH ST
 ELDON MO 65026-2651

Telephone (573) 392-1200 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County MILLER **DMH Licensed** No
Region 6 **Facility Number** 17701

ELDON NURSING & REHAB

1001 E NORTH ST
 ELDON MO 65026-2634
Mailing Address 1001 E NORTH ST
 ELDON MO 65026-2634

Telephone (573) 392-3164 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 90
County MILLER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06139

LEE HOUSE OF SENIOR LIVING LLC

105 NORTH MILL ST
 ELDON MO 65026-1728
Mailing Address 105 NORTH MILL ST
 ELDON MO 65026-1728

Telephone (573) 392-5558 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 53
County MILLER **DMH Licensed** No
Region 6 **Facility Number** 13089

ROCK ISLAND VILLAGE

619 EAST 8TH STREET
 ELDON MO 65026-4740
Mailing Address 619 EAST 8TH STREET
 ELDON MO 65026-4740

Telephone (573) 557-9545 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 70
County MILLER **DMH Licensed** No
Region 6 **Facility Number** 30865

ELLINGTON**BRENT B TINNIN MANOR**

220 EUEL POLK DR
 ELLINGTON MO 63638-7967
Mailing Address 220 EUEL POLK DR
 ELLINGTON MO 63638-7967

Telephone (573) 663-2545 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County REYNOLDS **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 08027

ELLISVILLE**AUTUMN VIEW GARDENS**

16219 AUTUMN VIEW TERRACE DR
 ELLISVILLE MO 63011-4743
Mailing Address 16219 AUTUMN VIEW TERRACE DR
 ELLISVILLE MO 63011-4743

Telephone (636) 458-5225 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 20751

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BETHESDA MEADOW

322 OLD STATE ROAD
 ELLISVILLE MO 63021-5917
Mailing Address 322 OLD STATE RD
 ELLISVILLE MO 63021-5917

Telephone (636) 227-3431
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 210
DMH Licensed No
Facility Number 15226

FOUNTAINS OF WEST COUNTY AL, LLC THE

15822 CLAYTON RD
 ELLISVILLE MO 63011-2240
Mailing Address 15822 CLAYTON RD
 ELLISVILLE MO 63011-2240

Telephone (636) 220-1660
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 80
DMH Licensed No
Facility Number 29435

WESTVIEW AT ELLISVILLE ASSISTED LIVING

27 REINKE RD
 ELLISVILLE MO 63021-4734
Mailing Address 27 REINKE RD
 ELLISVILLE MO 63021-4734

Telephone (636) 527-5554
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 99
DMH Licensed No
Facility Number 28184

ELSBERRY**BRISTOL MANOR OF ELSBERRY**

1402 RIVERVIEW DR
 ELSBERRY MO 63343-1612
Mailing Address 1402 RIVERVIEW DR
 ELSBERRY MO 63343-1612

Telephone (573) 898-5955
Level of Care RCF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20015

ELSBERRY MISSOURI HEALTH CARE CENTER

1827 HIGHWAY B
 ELSBERRY MO 63343-3126
Mailing Address 1827 HWY B
 ELSBERRY MO 63343-3126

Telephone (573) 898-2880
Level of Care SNF
County LINCOLN
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 02336

EMINENCE**HILLTOP HAVEN RESIDENTIAL CARE FACILITY**

18941 CR 305A
 EMINENCE MO 65466-9702
Mailing Address 18941 CR 305A
 EMINENCE MO 65466-9702

Telephone (573) 226-5426
Level of Care RCF
County SHANNON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 03615

EUREKA**MARYMOUNT MANOR**

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770
Level of Care RCF*
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed Yes
Facility Number 05117

MARYMOUNT MANOR

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 174
DMH Licensed No
Facility Number 05117

ST ANDREW'S AT FRANCIS PLACE

300 FORBY RD
 EUREKA MO 63025-2321
Mailing Address 300 FORBY RD
 EUREKA MO 63025-2321

Telephone (636) 938-5151
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 106
DMH Licensed No
Facility Number 06430

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EXCELSIOR SPRINGS

EXCELSIOR SPRINGS NURSING & REHAB

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 1003 MEADOWLARK LN | | Telephone (816) 630-3145 | Alzheimer's Unit | No |
| EXCELSIOR SPRINGS | MO 64024-3304 | Level of Care SNF | Bed Capacity | 108 |
| Mailing Address 1003 MEADOWLARK LN | | County CLAY | DMH Licensed | No |
| EXCELSIOR SPRINGS | MO 64024-3304 | Region 4 Medicare/Medicaid | Facility Number | 19197 |

VALLEY MANOR AND REHABILITATION CENTER

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 1410 HOSPITAL DR | | Telephone (816) 637-1010 | Alzheimer's Unit | No |
| EXCELSIOR SPRINGS | MO 64024-1168 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 1410 HOSPITAL DR | | County CLAY | DMH Licensed | No |
| EXCELSIOR SPRINGS | MO 64024-1168 | Region 4 Medicare/Medicaid | Facility Number | 02425 |

FARMINGTON

ANNA DODSON HOME

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 4616 HIGHWAY D | | Telephone (573) 756-5530 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-7241 | Level of Care RCF* | Bed Capacity | 20 |
| Mailing Address 4616 HWY D | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-7241 | Region 2 | Facility Number | 02160 |

ANNA DODSON HOME

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 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 | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-7241 | Region 2 | Facility Number | 02160 |

ASHBROOK - ASSISTED LIVING BY AMERICARE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 500 ASHBROOK DR | | Telephone (573) 756-5544 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-9235 | Level of Care ALF** | Bed Capacity | 72 |
| Mailing Address 500 ASHBROOK DR | | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON | MO 63640-9235 | Region 2 | Facility Number | 18138 |

BAILEY STREET RESIDENTIAL CARE I

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 102 BAILEY ST | | Telephone (573) 756-6374 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-1819 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 102 BAILEY ST | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-1819 | Region 2 | Facility Number | 00256 |

BAYLESS BOARDING HOME

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 3719 SAND CREEK ROAD | | Telephone (573) 747-0889 | Alzheimer's Unit | No |
| FARMINGTON | MO 63640-7349 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 3719 SAND CREEK RD | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-7349 | Region 2 | Facility Number | 17300 |

BROOKSIDE MANOR RESIDENTIAL 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 HWY H | | County SAINT FRANCOIS | DMH Licensed | Yes |
| FARMINGTON | MO 63640-7033 | Region 2 | Facility Number | 20034 |

CAMELOT NURSING AND REHABILITATION CENTER

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 705 GRAND CANYON DR | | Telephone (573) 756-8911 | Alzheimer's Unit | NO |
| FARMINGTON | MO 63640-2161 | Level of Care SNF | Bed Capacity | 97 |
| Mailing Address 705 GRAND CANYON DR | | County SAINT FRANCOIS | DMH Licensed | No |
| FARMINGTON | MO 63640-2161 | Region 2 Medicare/Medicaid | Facility Number | 00978 |

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CARRIAGE RESIDENTIAL CARE CENTER LLC

508 NORTH WASHINGTON ST
 FARMINGTON MO 63640-1756
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0675

Telephone (573) 756-8140
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07824

CEDARHURST OF FARMINGTON

200 MAPLE VALLEY DRIVE
 FARMINGTON MO 63640-7331
Mailing Address 200 MAPLE VALLEY DRIVE
 FARMINGTON MO 63640-7331

Telephone (573) 203-7381
Level of Care ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit YES
Bed Capacity 84
DMH Licensed No
Facility Number 32159

COLUMBIA STREET RESIDENTIAL CARE CENTER LLC

208 WEST COLUMBIA ST
 FARMINGTON MO 63640-1705
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0675

Telephone (573) 756-7481
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 01729

COMMUNITY MANOR

783 WEBER ROAD
 FARMINGTON MO 63640-3318
Mailing Address 783 WEBER RD
 FARMINGTON MO 63640-3318

Telephone (573) 756-8998
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 13887

FARMINGTON MANOR

2879 US HIGHWAY 67
 FARMINGTON MO 63640-9168
Mailing Address 2879 US HWY 67
 FARMINGTON MO 63640-9168

Telephone (573) 756-7566
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 15140

FARMINGTON MANOR

2879 US HIGHWAY 67
 FARMINGTON MO 63640-9168
Mailing Address 2879 US HWY 67
 FARMINGTON MO 63640-9168

Telephone (573) 756-7566
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15140

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06181

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06181

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06181

GREEN ACRES RESIDENTIAL CARE FACILITY, LLC

3688 SAND CREEK ROAD
 FARMINGTON MO 63640-7350
Mailing Address 3688 SAND CREEK RD
 FARMINGTON MO 63640-7350

Telephone (573) 756-2917
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 17289

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HARRIS RESIDENTIAL CARE CENTER LLC

401 SOUTH HENRY
 FARMINGTON MO 63640-1823
Mailing Address PO BOX 675
 FARMINGTON MO 63640-0675

Telephone (573) 756-5376
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed Yes
Facility Number 02256

MAPLE RIDGE RESIDENTIAL CARE CENTER LLC

1034 DORIS DR
 FARMINGTON MO 63640-1954
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0272

Telephone (573) 760-0155
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 19808

MAPLEBROOK-ASSISTED LIVING BY AMERICARE

520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981
Mailing Address 520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981

Telephone (573) 756-2777
Level of Care ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit Yes
Bed Capacity 61
DMH Licensed No
Facility Number 28635

NEW HORIZONS RCF II

5858 BUSIEK ROAD
 FARMINGTON MO 63640-7325
Mailing Address PO BOX 510
 FARMINGTON MO 63640-0510

Telephone (573) 756-2426
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 14868

SOUTHBROOK - SKILLED NURSING BY AMERICARE

1108 WEST LIBERTY
 FARMINGTON MO 63640-1922
Mailing Address 1108 WEST LIBERTY
 FARMINGTON MO 63640-1922

Telephone (573) 756-6658
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 104
DMH Licensed No
Facility Number 02577

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed Yes
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 118
DMH Licensed No
Facility Number 21512

FAYETTE**ASHBURY HEIGHTS OF FAYETTE**

200 GROCE ST
 FAYETTE MO 65248-9813
Mailing Address 200 GROCE ST
 FAYETTE MO 65248-9813

Telephone (660) 248-3603
Level of Care RCF
County HOWARD
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 23894

FAYETTE CARING CENTER

501 SOUTH PARK
 FAYETTE MO 65248-8952
Mailing Address 501 S PARK
 FAYETTE MO 65248-8952

Telephone (660) 248-3371
Level of Care SNF
County HOWARD
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 10870

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LODGE, THE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 542 STATE ROAD DD | | Telephone (660) 248-2277 | Alzheimer's Unit | No |
| FAYETTE | MO 65248-9658 | Level of Care ALF** | Bed Capacity | 40 |
| Mailing Address 542 STATE RD DD | | County HOWARD | DMH Licensed | Yes |
| FAYETTE | MO 65248-9658 | Region 5 | Facility Number | 28815 |

FENTON**CORI MANOR HEALTHCARE & REHABILITATION CENTER**

| | | | | |
|---|---------------|--|-------------------------|-------|
| 560 CORISANDE HILLS RD | | Telephone (636) 343-2282 | Alzheimer's Unit | No |
| FENTON | MO 63026-5613 | Level of Care SNF | Bed Capacity | 144 |
| Mailing Address 560 CORISANDE HILLS RD | | County JEFFERSON | DMH Licensed | No |
| FENTON | MO 63026-5613 | Region 2 Medicare/Medicaid | Facility Number | 01800 |

DELMAR GARDENS OF MERAMEC VALLEY

| | | | | |
|--|---------------|--|-------------------------|-------|
| 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 ICF | 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 |

FERGUSON**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 |

FESTUS**COLONIAL HOUSE OF FESTUS I**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 500 SUNSHINE DR | | Telephone (636) 937-7140 | Alzheimer's Unit | No |
| FESTUS | MO 63028-1645 | Level of Care RCF | Bed Capacity | 30 |
| Mailing Address 500 SUNSHINE DR | | County JEFFERSON | DMH Licensed | Yes |
| FESTUS | MO 63028-1645 | Region 2 | Facility Number | 00726 |

COLONIAL HOUSE OF FESTUS II

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 129 GRAY ST | | Telephone (636) 937-4050 | Alzheimer's Unit | No |
| FESTUS | MO 63028-1950 | Level of Care RCF | Bed Capacity | 23 |
| Mailing Address 129 GRAY ST | | County JEFFERSON | DMH Licensed | Yes |
| FESTUS | MO 63028-1950 | Region 2 | Facility Number | 07322 |

CRYSTAL OAKS

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1500 CALVARY CHURCH RD | | Telephone (636) 933-1818 | Alzheimer's Unit | Yes |
| FESTUS | MO 63028-4125 | Level of Care ALF** | Bed Capacity | 60 |
| Mailing Address PO BOX 680 | | County JEFFERSON | DMH Licensed | No |
| CRYSTAL CITY | MO 63019-0680 | Region 2 | Facility Number | 99932 |

CRYSTAL OAKS

| | | | | |
|-----------------------------------|---------------|--|-------------------------|-------|
| 1500 CALVARY CHURCH RD | | Telephone (636) 933-1818 | Alzheimer's Unit | Yes |
| FESTUS | MO 63028-4125 | Level of Care SNF | Bed Capacity | 131 |
| Mailing Address PO BOX 680 | | County JEFFERSON | DMH Licensed | No |
| CRYSTAL CITY | MO 63019-0680 | Region 2 Medicare/Medicaid | Facility Number | 99932 |

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FESTUS MANOR

627 WESTWOOD DR S
 FESTUS MO 63028-2062
Mailing Address 627 WESTWOOD DR S
 FESTUS MO 63028-2062

Telephone (636) 931-9066
Level of Care SNF
County JEFFERSON
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 02546

FESTUS REST HOME

705 MOORE ST
 FESTUS MO 63028-1339
Mailing Address PO BOX 51
 FESTUS MO 63028-0051

Telephone (636) 937-7125
Level of Care RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 02555

FOUNTAINBLEAU NURSING CENTER

1349 HIGHWAY 61
 FESTUS MO 63028-4107
Mailing Address PO BOX 700
 FESTUS MO 63028-0700

Telephone (636) 937-3500
Level of Care SNF
County JEFFERSON
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 106
DMH Licensed No
Facility Number 17080

KEATON CENTER

120 N MILL ST
 FESTUS MO 63028-1816
Mailing Address 120 N MILL ST
 FESTUS MO 63028-1816

Telephone (636) 232-2323
Level of Care ALF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 20413

MAGNOLIA HOUSE

204 GRAND AVE
 FESTUS MO 63028-1842
Mailing Address 204 GRAND AVE
 FESTUS MO 63028-1842

Telephone (636) 933-0662
Level of Care RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 13697

MY PLACE RESIDENTIAL CARE, L.C.

23 NORTH SIXTH ST
 FESTUS MO 63028-1301
Mailing Address 23 NORTH SIXTH ST
 FESTUS MO 63028-1301

Telephone (636) 933-1793
Level of Care ALF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 10631

SUNNYHILL RESIDENTIAL CARE FACILITY

134 GRAY ST
 FESTUS MO 63028-1949
Mailing Address PO BOX 356
 FESTUS MO 63028-0356

Telephone (636) 931-4701
Level of Care RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07725

FLORISSANT**BENTWOOD NURSING & REHAB**

1501 CHARBONIER RD
 FLORISSANT MO 63031-5308
Mailing Address 1501 CHARBONIER RD
 FLORISSANT MO 63031-5308

Telephone (314) 921-2700
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 14817

CONVERSE HOME

17025 OLD JAMESTOWN RD
 FLORISSANT MO 63034-1414
Mailing Address 17025 OLD JAMESTOWN RD
 FLORISSANT MO 63034-1414

Telephone (314) 355-8041
Level of Care RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 01777

CRESTWOOD HEALTH CARE CENTER, LLC

11400 MEHL AVE
 FLORISSANT MO 63033-7204
Mailing Address 11400 MEHL AVE
 FLORISSANT MO 63033-7204

Telephone (314) 741-3525
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 14296

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CRYSTAL CREEK HEALTH AND REHABILITATION CENTER

250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716
Mailing Address 250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716

Telephone (314) 838-2211 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 158
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 05782

DESMET RETIREMENT COMMUNITY

1425 NORTH NEW FLORISSANT RD
 FLORISSANT MO 63033-2154
Mailing Address 1425 N NEW FLORISSANT RD
 FLORISSANT MO 63033-2154

Telephone (314) 838-3811 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 68
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 20664

FLORISSANT VALLEY HEALTH & REHABILITATION CENTER

1200 GRAHAM RD
 FLORISSANT MO 63031-8015
Mailing Address 1200 GRAHAM RD
 FLORISSANT MO 63031-8015

Telephone (314) 838-6555 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 98
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 00154

GARDEN PLAZA OF FLORISSANT

1101 GARDEN PLAZA DR
 FLORISSANT MO 63033-2269
Mailing Address 1101 GARDEN PLAZA DR
 FLORISSANT MO 63033-2269

Telephone (314) 831-0988 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 102
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 27826

LIFE CARE CENTER OF FLORISSANT

1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230
Mailing Address 1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230

Telephone (314) 831-3752 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 27146

PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER, THE

13700 OLD HALLS FERRY RD
 FLORISSANT MO 63033-4109
Mailing Address 13700 OLD HALLS FERRY RD
 FLORISSANT MO 63033-4109

Telephone (314) 355-0760 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 07440

RANCHO MANOR HEALTHCARE & REHABILITATION CENTER

615 RANCHO LN
 FLORISSANT MO 63031-1717
Mailing Address 615 RANCHO LN
 FLORISSANT MO 63031-1717

Telephone (314) 839-2150 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02585

ST SOPHIA HEALTH & REHABILITATION CENTER

936 CHARBONIER RD
 FLORISSANT MO 63031-5220
Mailing Address 936 CHARBONIER RD
 FLORISSANT MO 63031-5220

Telephone (314) 831-4800 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 240
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 07631

STONEBRIDGE FLORISSANT

6768 NORTH HIGHWAY 67
 FLORISSANT MO 63034-2742
Mailing Address 6768 NORTH HWY 67
 FLORISSANT MO 63034-2742

Telephone (314) 741-9101 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 14200

FORSYTH**FORSYTH CARE CENTER**

477 COY BLVD
 FORSYTH MO 65653-5132
Mailing Address PO BOX 640
 FORSYTH MO 65653-0640

Telephone (417) 546-6337 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County TANEY **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 18870

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LAKESIDE MOUNTAIN MANOR

238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533
Mailing Address 238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533

Telephone (417) 546-5595
Level of Care RCF
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 06232

FREDERICKTOWN**CLARU DEVILLE NURSING CENTER**

105 SPRUCE ST
 FREDERICKTOWN MO 63645-1002
Mailing Address 105 SPRUCE ST
 FREDERICKTOWN MO 63645-1002

Telephone (573) 783-3993
Level of Care SNF
County MADISON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 17527

OZARK MANOR

1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035
Mailing Address 1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035

Telephone (573) 783-8338
Level of Care ALF**
County MADISON
Region 2

Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 22947

WAGNER RESIDENTIAL CARE, INC

320 N CHAMBER DR
 FREDERICKTOWN MO 63645-7947
Mailing Address 320 N CHAMBER DR
 FREDERICKTOWN MO 63645-7947

Telephone (573) 783-4511
Level of Care RCF
County MADISON
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 28451

FULTON**ASHBURY HEIGHTS OF FULTON**

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

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

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

BRIDGEWAY RESIDENTIAL CARE FACILITY

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

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

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

BRISTOL MANOR OF FULTON

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

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

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

CHURCHILL TERRACE - ASSISTED LIVING BY AMERICARE

120 HOSPITAL DR
 FULTON MO 65251-2511
Mailing Address 120 HOSPITAL DR
 FULTON MO 65251-2511

Telephone (573) 642-5222
Level of Care ALF**
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 20783

FULTON MANOR CARE CENTER

520 MANOR DR
 FULTON MO 65251-2429
Mailing Address 520 MANOR DR
 FULTON MO 65251-2429

Telephone (573) 642-6834
Level of Care SNF
County CALLAWAY
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 02725

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FULTON NURSING & REHAB

1510 BLUFF ST
 FULTON MO 65251-2345
Mailing Address 1510 BLUFF ST
 FULTON MO 65251-2345

Telephone (573) 642-0202
Level of Care SNF
County CALLAWAY
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 03492

KINGDOM CARE SENIOR LIVING LLC

811 CENTER ST
 FULTON MO 65251-1922
Mailing Address 811 CENTER ST
 FULTON MO 65251-1922

Telephone (573) 642-6646
Level of Care SNF
County CALLAWAY
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 18735

KINGDOM CARE SENIOR LIVING LLC

811 CENTER ST
 FULTON MO 65251-1922
Mailing Address 811 CENTER ST
 FULTON MO 65251-1922

Telephone (573) 642-6646
Level of Care ALF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 18735

VALLEY PARK NORTH

2631 FAIRWAY DR
 FULTON MO 65251-3936
Mailing Address 2631 FAIRWAY DR
 FULTON MO 65251-3936

Telephone (573) 592-4995
Level of Care RCF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 29982

GAINESVILLE**GAINESVILLE HEALTH CARE CENTER**

77 MEDICAL DR
 GAINESVILLE MO 65655-0628
Mailing Address PO BOX 628
 GAINESVILLE MO 65655-0628

Telephone (417) 679-4921
Level of Care SNF
County OZARK
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 12868

GALLATIN**DAVIESS COUNTY NURSING AND REHABILITATION**

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

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

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

GERALD**GERALD NURSING & REHAB**

533 CANAAN ROAD
 GERALD MO 63037-2515
Mailing Address PO BOX 180
 GERALD MO 63037-0180

Telephone (573) 764-2135
Level of Care SNF
County FRANKLIN
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 13926

GIDEON**GIDEON CARE CENTER**

300 LUNBECK
 GIDEON MO 63848-9211
Mailing Address PO BOX 197
 GIDEON MO 63848-0197

Telephone (573) 448-3505
Level of Care SNF
County NEW MADRID
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 15538

GLADSTONE**HERITAGE AVONLEA OF GLADSTONE, LLC**

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

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

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

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HERITAGE VILLAGE OF GLADSTONE

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

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

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

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

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 ALF**
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 30156

GLASGOW**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

GOWER**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 VALLEY**COUNTRY OAK VILLAGE**

101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561
Mailing Address 101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561

Telephone (816) 224-2700
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 24279

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

GRANBY**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

GRANDVIEW**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

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VILLAGE AT CARROLL PARK, THE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 5301 HARRY TRUMAN DR | | Telephone (816) 761-6838 | Alzheimer's Unit | No |
| GRANDVIEW | MO 64030-1708 | Level of Care ICF | Bed Capacity | 93 |
| Mailing Address 5301 HARRY TRUMAN DR | | County JACKSON | DMH Licensed | Yes |
| GRANDVIEW | MO 64030-1708 | Region 3 | Facility 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 CONVALESCENT CENTER

| | | | | |
|-------------------------------------|---------------|--|-------------------------|-------|
| 503 E 4TH ST | | Telephone (660) 564-3304 | Alzheimer's Unit | No |
| GRANT CITY | MO 64456-8363 | Level of Care SNF | Bed Capacity | 50 |
| Mailing Address 503 E 4TH ST | | County WORTH | DMH Licensed | No |
| GRANT CITY | MO 64456-8363 | Region 4 Medicare/Medicaid | Facility Number | 08779 |

GREENFIELD**DADE COUNTY NURSING HOME DISTRICT**

| | | | | |
|-------------------------------------|---------------|--|-------------------------|-------|
| 400 BROAD ST | | Telephone (417) 637-5315 | Alzheimer's Unit | No |
| GREENFIELD | MO 65661-1405 | Level of Care SNF | Bed Capacity | 114 |
| Mailing Address 400 BROAD ST | | County DADE | DMH Licensed | No |
| GREENFIELD | MO 65661-1405 | Region 1 Medicare/Medicaid | Facility Number | 02006 |

GREENVILLE**GREENVILLE HEALTH CARE CENTER**

| | | | | |
|-----------------------------------|---------------|--|-------------------------|-------|
| 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 |

HAMILTON**HILL CREST MANOR**

| | | | | |
|--|---------------|--|-------------------------|-------|
| 801 SOUTH COLBY | | Telephone (816) 583-2119 | Alzheimer's Unit | No |
| HAMILTON | MO 64644-8287 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 801 SOUTH COLBY | | County CALDWELL | DMH Licensed | No |
| HAMILTON | MO 64644-8287 | Region 4 Medicare/Medicaid | Facility Number | 03315 |

HILL CREST MANOR

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 801 SOUTH COLBY | | Telephone (816) 583-2119 | Alzheimer's Unit | No |
| HAMILTON | MO 64644-8287 | Level of Care RCF | Bed Capacity | 24 |
| Mailing Address 801 SOUTH COLBY | | County CALDWELL | DMH Licensed | No |
| HAMILTON | MO 64644-8287 | Region 4 | Facility Number | 03315 |

HANNIBAL**BETH HAVEN NURSING HOME**

| | | | | |
|---|---------------|--|-------------------------|-------|
| 2500 PLEASANT ST | | Telephone (573) 221-6000 | Alzheimer's Unit | Yes |
| HANNIBAL | MO 63401-2600 | Level of Care SNF | Bed Capacity | 105 |
| Mailing Address 2500 PLEASANT ST | | County MARION | DMH Licensed | No |
| HANNIBAL | MO 63401-2600 | Region 5 Medicare/Medicaid | Facility Number | 00469 |

COUNTRY AIRE ESTATES, LLC

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 49303 RENSSLAER LN | | Telephone (573) 221-5400 | Alzheimer's Unit | No |
| HANNIBAL | MO 63401-7356 | Level of Care RCF* | Bed Capacity | 16 |
| Mailing Address 49303 RENSSLAER LN | | County RALLS | DMH Licensed | Yes |
| HANNIBAL | MO 63401-7356 | Region 5 | Facility Number | 14270 |

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HAROLD AND LOUISE ASSISTED LIVING

135 COMMUNICATION DR
 HANNIBAL MO 63401-3670
Mailing Address 135 COMMUNICATION DR
 HANNIBAL MO 63401-3670

Telephone (573) 221-1189
Level of Care ALF**
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed Yes
Facility Number 29639

HILLSIDE CARE CENTER

321 NORTH SECTION
 HANNIBAL MO 63401-3460
Mailing Address PO BOX 308
 HANNIBAL MO 63401-0308

Telephone (573) 221-1439
Level of Care RCF*
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 14879

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care SNF
County MARION
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 179
DMH Licensed No
Facility Number 15954

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care RCF*
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 15954

LUTHER MANOR RETIREMENT & NURSING CENTER

3170 HIGHWAY 61 NORTH
 HANNIBAL MO 63401-6571
Mailing Address 3170 HWY 61 NORTH
 HANNIBAL MO 63401-6571

Telephone (573) 221-5533
Level of Care SNF
County MARION
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 04673

OMEGA HOUSE I, LLC

500 NORTH ST
 HANNIBAL MO 63401-3333
Mailing Address PO BOX 387
 HANNIBAL MO 63401-0387

Telephone (573) 221-9103
Level of Care RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 11118

PLEASANT VIEW

641 EUCLID AVE
 HANNIBAL MO 63401-2959
Mailing Address 641 EUCLID AVE
 HANNIBAL MO 63401-2959

Telephone (573) 406-1090
Level of Care ALF**
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 25358

WILLOW CARE REHABILITATION & HEALTH CARE CENTER

328 MUNGER LN
 HANNIBAL MO 63401-2361
Mailing Address 328 MUNGER LN
 HANNIBAL MO 63401-2361

Telephone (573) 221-9122
Level of Care SNF
County MARION
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 111
DMH Licensed No
Facility Number 03340

HARRISONVILLE**ABC HEALTH CARE**

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

Telephone (816) 380-7399
Level of Care SNF
County CASS
Region 3

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 00025

CROWN CARE CENTER

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

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

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

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GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 2001 JEFFERSON PARKWAY | | Telephone (816) 380-4731 | Alzheimer's Unit | Yes |
| HARRISONVILLE | MO 64701-3714 | Level of Care SNF | Bed Capacity | 132 |
| Mailing Address 2001 JEFFERSON PRKWY | | County CASS | DMH Licensed | No |
| HARRISONVILLE | MO 64701-3714 | Region 3 Medicare/Medicaid | Facility Number | 12458 |

MEADOW VIEW OF HARRISONVILLE HEALTH & REHABILITATION

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 2203 EAST MECHANIC ST | | Telephone (816) 380-2622 | Alzheimer's Unit | Yes |
| HARRISONVILLE | MO 64701-2060 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 2203 EAST MECHANIC ST | | County CASS | DMH Licensed | No |
| HARRISONVILLE | MO 64701-2060 | Region 3 Medicare/Medicaid | Facility Number | 00968 |

HARTVILLE**HARTVILLE CARE CENTER**

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 649 WEST ROLLA ST | | Telephone (417) 741-6192 | Alzheimer's Unit | No |
| HARTVILLE | MO 65667-8221 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 649 WEST ROLLA ST | | County WRIGHT | DMH Licensed | No |
| HARTVILLE | MO 65667-8221 | Region 1 Medicare/Medicaid | Facility Number | 17946 |

HERCULANEUM**AUTUMN RIDGE RESIDENCES**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 300 AUTUMN RIDGE DR | | Telephone (636) 931-8400 | Alzheimer's Unit | No |
| HERCULANEUM | MO 63048-1506 | Level of Care RCF* | Bed Capacity | 81 |
| Mailing Address 300 AUTUMN RIDGE DR | | County JEFFERSON | DMH Licensed | Yes |
| HERCULANEUM | MO 63048-1506 | Region 2 | Facility Number | 15845 |

SCENIC NURSING AND REHABILITATION CENTER, LLC

| | | | | |
|---------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 1333 SCENIC DR | | Telephone (636) 931-2995 | Alzheimer's Unit | Yes |
| HERCULANEUM | MO 63048-1550 | Level of Care SNF | Bed Capacity | 189 |
| Mailing Address 1333 SCENIC DR | | County JEFFERSON | DMH Licensed | No |
| HERCULANEUM | MO 63048-1550 | Region 2 Medicare/Medicaid | Facility Number | 09605 |

HERMANN**STONEBRIDGE HERMANN**

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

STONEBRIDGE HERMANN

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

VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE

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

HERMITAGE**HERMITAGE NURSING & REHAB**

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 18599 FIRST STREET | | Telephone (417) 745-2111 | Alzheimer's Unit | Yes |
| HERMITAGE | MO 65668-9129 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 325 | | County HICKORY | DMH Licensed | No |
| HERMITAGE | MO 65668-0325 | Region 1 Medicare/Medicaid | Facility Number | 10240 |

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HIGGINSVILLE

MEYER CARE CENTER

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1201 WEST 19TH ST | | Telephone | (660) 584-4224 | Alzheimer's Unit | No |
| HIGGINSVILLE | MO 64037-1458 | Level of Care | ALF** | Bed Capacity | 39 |
| Mailing Address 1201 WEST 19TH ST | | County | LAFAYETTE | DMH Licensed | No |
| HIGGINSVILLE | MO 64037-1458 | Region | 3 | Facility Number | 05326 |

MEYER CARE CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 1201 WEST 19TH ST | | Telephone | (660) 584-4224 | Alzheimer's Unit | No |
| HIGGINSVILLE | MO 64037-1458 | Level of Care | SNF | Bed Capacity | 56 |
| Mailing Address 1201 WEST 19TH ST | | County | LAFAYETTE | DMH Licensed | No |
| HIGGINSVILLE | MO 64037-1458 | Region | 3 Medicare/Medicaid | Facility Number | 05326 |

HOLDEN

BRISTOL MANOR OF HOLDEN

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 501 WEST SECOND | | Telephone | (816) 732-6789 | Alzheimer's Unit | No |
| HOLDEN | MO 64040-1205 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 501 WEST SECOND | | County | JOHNSON | DMH Licensed | No |
| HOLDEN | MO 64040-1205 | Region | 3 | Facility Number | 17951 |

HOLDEN MANOR CARE CENTER

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 2005 SOUTH LEXINGTON | | Telephone | (816) 732-4138 | Alzheimer's Unit | No |
| HOLDEN | MO 64040-1610 | Level of Care | SNF | Bed Capacity | 52 |
| Mailing Address 2005 S LEXINGTON | | County | JOHNSON | DMH Licensed | No |
| HOLDEN | MO 64040-1610 | Region | 3 Medicare/Medicaid | Facility Number | 08334 |

HOLLISTER

POINT LOOKOUT NURSING & REHAB

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 11103 HISTORIC HIGHWAY 165 | | Telephone | (417) 334-4105 | Alzheimer's Unit | Yes |
| HOLLISTER | MO 65672-6239 | Level of Care | SNF | Bed Capacity | 130 |
| Mailing Address 11103 HISTORIC HWY 165 | | County | TANEY | DMH Licensed | No |
| HOLLISTER | MO 65672-6239 | Region | 1 Medicare/Medicaid | Facility Number | 12716 |

HOLTS SUMMIT

SUMMIT VILLA LIFECARE

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

TIMBERS, THE

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

VALLEY PARK RETIREMENT CENTER

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

HOUSTON

HOUSTON HOUSE

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1000 NORTH INDUSTRIAL DR | | Telephone | (417) 967-2527 | Alzheimer's Unit | No |
| HOUSTON | MO 65483-9400 | Level of Care | SNF | Bed Capacity | 96 |
| Mailing Address PO BOX 199 | | County | TEXAS | DMH Licensed | No |
| HOUSTON | MO 65483-0199 | Region | 1 Medicare/Medicaid | Facility Number | 10626 |

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HUMANSVILLE

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 CARE FACILITY

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 102 SOUTH BOLIVAR RD | | Telephone | (417) 754-2272 | Alzheimer's Unit | No |
| HUMANSVILLE | MO 65674-8553 | Level of Care | RCF* | Bed Capacity | 30 |
| Mailing Address PO BOX 221 | | County | POLK | DMH Licensed | Yes |
| HUMANSVILLE | MO 65674-0221 | Region 1 | | Facility Number | 15309 |

NORTHWOOD HILLS CARE CENTER

| | | | | | |
|-----------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 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 LIVING

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 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 |

INDEPENDENCE

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 MILLS RD | | County | JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64058-2022 | Region 3 | | Facility Number | 11146 |

INDEPENDENCE CHATEAU

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 17441 EAST MEDICAL CENTER PARKWAY | | Telephone | (816) 478-1991 | Alzheimer's Unit | No |
| INDEPENDENCE | MO 64057-1805 | Level of Care | RCF | Bed Capacity | 20 |
| Mailing Address 17441 EAST MEDICAL CENTER PRKWY | | County | JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64057-1805 | Region 3 | | Facility Number | 20682 |

INDEPENDENCE MANOR CARE CENTER

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 1600 SOUTH KINGS HIGHWAY | | Telephone | (816) 833-4777 | Alzheimer's Unit | Yes |
| INDEPENDENCE | MO 64055-1853 | Level of Care | SNF | Bed Capacity | 99 |
| Mailing Address 1600 S KINGS HWY | | County | JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64055-1853 | Region 3 | Medicare/Medicaid | Facility Number | 03807 |

MAYWOOD MANOR

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1041 WEST TRUMAN RD | | Telephone | (816) 254-6789 | Alzheimer's Unit | No |
| INDEPENDENCE | MO 64050-3447 | Level of Care | RCF* | Bed Capacity | 24 |
| Mailing Address 1041 WEST TRUMAN RD | | County | JACKSON | DMH Licensed | Yes |
| INDEPENDENCE | MO 64050-3447 | Region 3 | | Facility Number | 03948 |

MAYWOOD TERRACE LIVING CENTER

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 10300 EAST TRUMAN RD | | Telephone | (816) 836-1250 | Alzheimer's Unit | Yes |
| INDEPENDENCE | MO 64052-2258 | Level of Care | SNF | Bed Capacity | 89 |
| Mailing Address 10300 EAST TRUMAN RD | | County | JACKSON | DMH Licensed | No |
| INDEPENDENCE | MO 64052-2258 | Region 3 | Medicare/Medicaid | Facility Number | 08673 |

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MONTEREY PARK REHABILITATION & HEALTH CARE CENTER

4600 LITTLE BLUE PARKWAY
 INDEPENDENCE MO 64057-8302
Mailing Address 4600 LITTLE BLUE PRKWY
 INDEPENDENCE MO 64057-8302

Telephone (816) 795-7888 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 15987

REDWOOD OF CARMEL HILLS

810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025
Mailing Address 810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025

Telephone (816) 461-9600 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 194
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 23422

REDWOOD OF INDEPENDENCE

1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084
Mailing Address 1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084

Telephone (816) 257-2566 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 130
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 22063

ROSEWOOD HEALTH AND REHAB CENTER

1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590
Mailing Address 1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590

Telephone (816) 254-3500 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 300
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 06604

SUNTERRA SPRINGS INDEPENDENCE

19200 E 37TH TERRACE S
 INDEPENDENCE MO 64057-8324
Mailing Address 19200 E 37TH TERRACE S
 INDEPENDENCE MO 64057-8324

Telephone (816) 335-3008 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 38
County JACKSON **DMH Licensed** No
Region 3 **Medicare** **Facility Number** 30894

TRUMAN GARDENS

17451 MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805
Mailing Address 17451 MEDICAL CENTER PRKWY
 INDEPENDENCE MO 64057-1805

Telephone (816) 373-7795 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 118
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 03782

TURNING POINT GROUP HOME

1720 SWOPE DR
 INDEPENDENCE MO 64057-2163
Mailing Address PO BOX 260
 INDEPENDENCE MO 64051-0693

Telephone (816) 257-1435 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 13608

VILLAGES OF JACKSON CREEK MEMORY CARE, THE

19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548
Mailing Address 19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548

Telephone (816) 795-1433 **Alzheimer's Unit** Yes
Level of Care ICF **Bed Capacity** 70
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 25894

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 25709

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 62
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 25709

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WHITE OAK LIVING CENTER

1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557
Mailing Address 1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557

Telephone (816) 254-3500
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 78
DMH Licensed No
Facility Number 06604

WOOD OAKS, INC

1804 SOUTH STERLING AVE
 INDEPENDENCE MO 64052-3845
Mailing Address PO BOX 520049
 INDEPENDENCE MO 64052-0049

Telephone (816) 254-5400
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 02389

IRONTON**BAPTIST HOME, THE**

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care SNF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 3
DMH Licensed No
Facility Number 00274

BAPTIST HOME, THE

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care ICF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 53
DMH Licensed No
Facility Number 00274

BAPTIST HOME, THE

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care ALF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 00274

GRANITE HOUSE RCF LLC

321 SOUTH MAIN ST
 IRONTON MO 63650-1406
Mailing Address PO BOX 6
 IRONTON MO 63650-0066

Telephone (573) 546-7283
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 04628

VALLEY RESIDENTIAL CARE

101 SOUTH KNOB ST
 IRONTON MO 63650-1501
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0272

Telephone (573) 546-3080
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 01901

JACKSON**JACKSON MANOR NURSING HOME**

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

Telephone (573) 243-3101
Level of Care SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit YES
Bed Capacity 90
DMH Licensed No
Facility Number 03438

MONTICELLO HOUSE

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

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

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

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MONTICELLO HOUSE

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

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

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

VILLAS OF JACKSON LLC THE

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

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

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

JEFFERSON CITY**ADAMS STREET-A STONEBRIDGE COMMUNITY**

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

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

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

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

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

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

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

ASHBURY HEIGHTS OF JEFFERSON CITY

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

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

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

BRISTOL MANOR OF JEFFERSON CITY

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

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

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

CASTLEPARKE

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

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

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 25245

HEISINGER LUTHERAN HOME

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

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

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

HEISINGER LUTHERAN HOME

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

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

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

JEFFERSON CITY MANOR CARE CENTER

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

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

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

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JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC

| | | | | | |
|--------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1221 SOUTHGATE LN | | Telephone | (573) 635-3131 | Alzheimer's Unit | Yes |
| JEFFERSON CITY | MO 65109-2465 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 104118 | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65110-4118 | Region | 6 Medicare/Medicaid | Facility Number | 01865 |

MAPLEWOOD, INC

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 1827 CRADER DR | | Telephone | (573) 635-0023 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-2005 | Level of Care | ALF** | Bed Capacity | 24 |
| Mailing Address 1827 CRADER DR | | County | COLE | DMH Licensed | Yes |
| JEFFERSON CITY | MO 65109-2005 | Region | 6 | Facility Number | 16964 |

MAPLEWOOD, INC

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 1827 CRADER DR | | Telephone | (573) 635-0023 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-2005 | Level of Care | ALF | Bed Capacity | 13 |
| Mailing Address 1827 CRADER DR | | County | COLE | DMH Licensed | Yes |
| JEFFERSON CITY | MO 65109-2005 | Region | 6 | Facility Number | 16964 |

MELODY HOUSE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 3031 SOUTH TEN MILE DR | | Telephone | (573) 893-7228 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-6816 | Level of Care | RCF* | Bed Capacity | 15 |
| Mailing Address 3031 S TEN MILE DR | | County | COLE | DMH Licensed | Yes |
| JEFFERSON CITY | MO 65109-6816 | Region | 6 | Facility Number | 14376 |

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 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 TRUMAN BLVD | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-4918 | Region | 6 Medicare | Facility Number | 10300 |

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 3108 WEST TRUMAN BLVD | | Telephone | (573) 893-3063 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-4918 | Level of Care | ALF | Bed Capacity | 80 |
| Mailing Address 3108 WEST TRUMAN BLVD | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-4918 | Region | 6 | Facility Number | 10300 |

PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1214 FREEDOM BLVD | | Telephone | (573) 634-5408 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-0082 | Level of Care | ALF** | Bed Capacity | 45 |
| Mailing Address 1214 FREEDOM BLVD | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-0082 | Region | 6 | Facility Number | 29697 |

RIVER CITY LIVING COMMUNITY

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 3038 WEST TRUMAN BLVD | | Telephone | (573) 893-3404 | Alzheimer's Unit | Yes |
| JEFFERSON CITY | MO 65109-0525 | Level of Care | SNF | Bed Capacity | 87 |
| Mailing Address 3038 WEST TRUMAN BLVD | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-0525 | Region | 6 Medicare/Medicaid | Facility Number | 04826 |

ST JOSEPH'S BLUFFS

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 1306 WEST MAIN ST | | Telephone | (573) 635-0166 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-1356 | Level of Care | SNF | Bed Capacity | 69 |
| Mailing Address 1306 WEST MAIN ST | | County | COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-1356 | Region | 6 Medicare/Medicaid | Facility Number | 07572 |

VILLA MARIE - A STONEBRIDGE COMMUNITY

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 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 |

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WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 3335 NORTH TEN MILE DR | | Telephone (573) 635-2600 | Alzheimer's Unit | No |
| JEFFERSON CITY | MO 65109-0528 | Level of Care ALF** | Bed Capacity | 36 |
| Mailing Address 3335 NORTH TEN MILE DR | | County COLE | DMH Licensed | No |
| JEFFERSON CITY | MO 65109-0528 | Region 6 | Facility Number | 20440 |

JONESBURG**JONESBURG NURSING & REHAB**

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 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 | Facility Number | 13265 |

JOPLIN**AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 2030 E ZORA ST | | Telephone (417) 626-8900 | Alzheimer's Unit | No |
| JOPLIN | MO 64801-1170 | Level of Care RCF* | Bed Capacity | 38 |
| Mailing Address 2030 E ZORA ST | | County JASPER | DMH Licensed | No |
| JOPLIN | MO 64801-1170 | Region 1 | Facility Number | 20779 |

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 | Facility Number | 29077 |

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 | Facility Number | 01373 |

JOPLIN HEALTH AND REHABILITATION CENTER

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 2218 WEST 32ND ST | | Telephone (417) 623-5264 | Alzheimer's Unit | Yes |
| JOPLIN | MO 64804-3514 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 2218 WEST 32ND ST | | County NEWTON | DMH Licensed | No |
| JOPLIN | MO 64804-3514 | Region 1 | Facility Number | 12583 |

NHC HEALTHCARE, JOPLIN

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 2700 EAST 34TH ST | | Telephone (417) 781-1737 | Alzheimer's Unit | No |
| JOPLIN | MO 64804-4310 | Level of Care SNF | Bed Capacity | 126 |
| Mailing Address PO BOX 2877 | | County NEWTON | DMH Licensed | No |
| JOPLIN | MO 64803-2877 | Region 1 | 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 AMERICARE

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 3325 TEXAS AVE | | Telephone (417) 626-8100 | Alzheimer's Unit | Yes |
| JOPLIN | MO 64804-4343 | Level of Care ALF** | Bed Capacity | 68 |
| Mailing Address 3325 TEXAS AVE | | County NEWTON | DMH Licensed | No |
| JOPLIN | MO 64804-4343 | Region 1 | Facility Number | 20541 |

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SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTH PARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTH PARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit Yes
Bed Capacity 93
DMH Licensed No
Facility Number 14251

SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTH PARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTH PARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313
Level of Care SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 14251

WESTGATE

3130 JOHN DUFFY DR
 JOPLIN MO 64804-1569
Mailing Address 3130 JOHN DUFFY DR
 JOPLIN MO 64804-1569

Telephone (417) 553-3688
Level of Care SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 31754

WHISPERING PINES SENIOR LIVING LLC

4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793
Mailing Address 4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793

Telephone (417) 781-0099
Level of Care RCF*
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 09477

WILDWOOD SENIOR LIVING THE

3002 SOUTH JOHN DUFFY DRIVE
 JOPLIN MO 64804-
Mailing Address 3002 SOUTH JOHN DUFFY DRIVE
 JOPLIN MO 64804-

Telephone (417) 623-2233
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit YES
Bed Capacity 74
DMH Licensed No
Facility Number 31370

KAHOKA**CLARK COUNTY NURSING HOME**

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

Telephone (660) 727-3303
Level of Care SNF
County CLARK
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 103
DMH Licensed No
Facility Number 01480

CLARK COUNTY NURSING HOME

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

Telephone (660) 727-3303
Level of Care RCF*
County CLARK
Region 5

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 01480

KANSAS CITY**ADDINGTON PLACE OF SHOAL CREEK**

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

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

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

ANTHOLOGY OF BURLINGTON CREEK

6311 NORTH COSBY AVENUE
 KANSAS CITY MO 64151-2344
Mailing Address 6311 N COSBY AVENUE
 KANSAS CITY MO 64151-2344

Telephone (816) 505-3030
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 110
DMH Licensed No
Facility Number 30198

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ANTHOLOGY OF THE PLAZA

2 EMANUEL CLEAVER II BLVD
 KANSAS CITY MO 64112-1712
Mailing Address 2 EMANUEL CLEAVER 11 BLVD
 KANSAS CITY MO 64112-1712

Telephone (816) 839-6060
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 31791

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD
 KANSAS CITY MO 64114-5806
Mailing Address 8100 WORNALL RD
 KANSAS CITY MO 64114-5806

Telephone (816) 363-5141
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 00199

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD
 KANSAS CITY MO 64114-5806
Mailing Address 8100 WORNALL RD
 KANSAS CITY MO 64114-5806

Telephone (816) 363-5141
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed No
Facility Number 00199

AUTUMN WOODS, INC

5500 NW HOUSTON LAKE DR
 KANSAS CITY MO 64151-3472
Mailing Address PO BOX 12008
 KANSAS CITY MO 64152-0008

Telephone (816) 587-2263
Level of Care RCF*
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed Yes
Facility Number 10857

BEACON HILL RESIDENTIAL CARE

2905 CAMPBELL
 KANSAS CITY MO 64109-1417
Mailing Address 2905 CAMPBELL
 KANSAS CITY MO 64109-1417

Telephone (816) 531-6168
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed Yes
Facility Number 00329

BENTON HOUSE OF STALEY HILLS

11071 N WOODLAND AVE
 KANSAS CITY MO 64155-1552
Mailing Address 11071 N WOODLAND AVE
 KANSAS CITY MO 64155-1552

Telephone (816) 372-1888
Level of Care ALF**
County CLAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 80
DMH Licensed No
Facility Number 30774

BENTON HOUSE OF TIFFANY SPRINGS

5901 NW 88TH ST
 KANSAS CITY MO 64154-1607
Mailing Address 5901 NW 88TH ST
 KANSAS CITY MO 64154-1607

Telephone (816) 505-4555
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 80
DMH Licensed No
Facility Number 29519

BISHOP SPENCER PLACE, INC, THE

4301 MADISON AVE
 KANSAS CITY MO 64111-3491
Mailing Address 4301 MADISON AVE
 KANSAS CITY MO 64111-3491

Telephone (816) 931-4277
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 20635

BISHOP SPENCER PLACE, INC, THE

4301 MADISON AVE
 KANSAS CITY MO 64111-3491
Mailing Address 4301 MADISON AVE
 KANSAS CITY MO 64111-3491

Telephone (816) 931-4277
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 20635

BLESSED HOMES

305 E 63RD ST
 KANSAS CITY MO 64113-2225
Mailing Address 305 E 63RD ST
 KANSAS CITY MO 64113-2225

Telephone (816) 678-8061
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed No
Facility Number 27175

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BRIDGEWOOD HEALTH CARE CENTER

11515 TROOST
 KANSAS CITY MO 64131-3769
Mailing Address 11515 TROOST
 KANSAS CITY MO 64131-3769

Telephone (816) 943-0101 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 166
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 06555

BROOKDALE WORNALL PLACE

501 WEST 107TH ST
 KANSAS CITY MO 64114-5919
Mailing Address 501 WEST 107TH ST
 KANSAS CITY MO 64114-5919

Telephone (816) 941-7777 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 68
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 29304

BUTTERFLY HAVEN

11500 CAMPBELL ST
 KANSAS CITY MO 64131-3829
Mailing Address PO BOX 481578
 KANSAS CITY MO 64148-1578

Telephone (816) 941-2836 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 18207

CARE CENTER CONSULTANTS LLC

12110 HOLMES RD
 KANSAS CITY MO 64145-1707
Mailing Address 12110 HOLMES RD
 KANSAS CITY MO 64145-1707

Telephone (816) 941-3006 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 10962

CARRIE DUMAS LONG TERM CARE FACILITY

2836 BENTON BLVD
 KANSAS CITY MO 64128-1140
Mailing Address 2836 BENTON BLVD
 KANSAS CITY MO 64128-1140

Telephone (816) 924-5017 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 34
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 18550

CLARA MANOR NURSING HOME

3621 WARWICK BLVD
 KANSAS CITY MO 64111-1403
Mailing Address 3621 WARWICK BLVD
 KANSAS CITY MO 64111-1403

Telephone (816) 756-1593 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County JACKSON **DMH Licensed** No
Region 3 **Medicaid** **Facility Number** 14102

GARDEN VALLEY HEALTHCARE CENTER

8575 NORTH GRANBY AVE
 KANSAS CITY MO 64154-1235
Mailing Address 8575 NORTH GRANBY AVE
 KANSAS CITY MO 64154-1235

Telephone (816) 436-8575 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 156
County PLATTE **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 10213

GARDENS AT BARRY ROAD, THE

8300 NW BARRY RD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (816) 584-3200 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 40
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 23774

GARDENS AT BARRY ROAD, THE

8300 NW BARRY ROAD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (816) 584-3200 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 100
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 23774

GRAND PAVILION AT THE PLAZA

4330 WASHINGTON
 KANSAS CITY MO 64111-3340
Mailing Address 4330 WASHINGTON
 KANSAS CITY MO 64111-3340

Telephone (816) 753-6800 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 154
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05989

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GREGORY RIDGE HEALTH CARE CENTER

7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622
Mailing Address 7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622

Telephone (816) 333-0700
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 04109

HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE

3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410
Mailing Address 3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410

Telephone (816) 599-5230
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 7
DMH Licensed No
Facility Number 16225

HIGHLAND REHABILITATION & HEALTH CARE CENTER

904 EAST 68TH ST
 KANSAS CITY MO 64131-1305
Mailing Address 904 EAST 68TH ST
 KANSAS CITY MO 64131-1305

Telephone (816) 333-5485
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 162
DMH Licensed No
Facility Number 06782

HOPE CARE CENTER

115 EAST 83RD ST
 KANSAS CITY MO 64114-2537
Mailing Address 115 EAST 83RD ST
 KANSAS CITY MO 64114-2537

Telephone (816) 523-3988
Level of Care SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 21370

HOUSE OF CARE CENTER

3744 BENTON BLVD
 KANSAS CITY MO 64128-2515
Mailing Address PO BOX 287912
 KANSAS CITY MO 64128-7912

Telephone (816) 921-6852
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed Yes
Facility Number 17001

IGNITE MEDICAL RESORT CARONDELET LLC

621 CARONDELET DR
 KANSAS CITY MO 64114-4670
Mailing Address 621 CARONDELET DR
 KANSAS CITY MO 64114-4670

Telephone (816) 941-1300
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 162
DMH Licensed No
Facility Number 12185

IGNITE MEDICAL RESORT KANSAS CITY LLC

2100 NW BARRY ROAD
 KANSAS CITY MO 64154-1000
Mailing Address 2100 NW BARRY ROAD
 KANSAS CITY MO 64154-1000

Telephone (816) 521-6610
Level of Care SNF
County PLATTE
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 31464

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care ICF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

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JOLET HOME

3920 FOREST
 KANSAS CITY MO 64110-1220
Mailing Address 3920 FOREST
 KANSAS CITY MO 64110-1220

Telephone (816) 531-5308
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed Yes
Facility Number 03982

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 86
DMH Licensed No
Facility Number 04152

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 67
DMH Licensed Yes
Facility Number 04152

LEONA HOUSE

5000 NW OLD TRAIL ROAD
 KANSAS CITY MO 64151-1946
Mailing Address 5000 NW OLD TRAIL RD
 KANSAS CITY MO 64151-1946

Telephone (816) 584-1033
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 7
DMH Licensed No
Facility Number 24748

LODGE RESIDENTIAL CARE FACILITY, THE

3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418
Mailing Address 3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418

Telephone (816) 349-3520
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed No
Facility Number 16211

MADISON SENIOR LIVING THE

14001 MADISON AVENUE
 KANSAS CITY MO 64145-1613
Mailing Address 14001 MADISON AVENUE
 KANSAS CITY MO 64145-1613

Telephone 816-627-1726
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit YES
Bed Capacity 66
DMH Licensed No
Facility Number 32321

MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING

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

Telephone (816) 888-7930
Level of Care ALF**
County CLAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 138
DMH Licensed No
Facility Number 29084

MCCRITE PLAZA AT BRIARCLIFF SKILLED NURSING

1301 TULLISON ROAD
 KANSAS CITY MO 64116-2640
Mailing Address 1201 NW TULLISON ROAD
 KANSAS CITY MO 64116-2639

Telephone (816) 888-7930
Level of Care SNF
County CLAY
Region 4 **Medicare**

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 29084

MYERS NURSING & CONVALESCENT CENTER

2315 WALROND AVE
 KANSAS CITY MO 64127-4210
Mailing Address 2315 WALROND AVE
 KANSAS CITY MO 64127-4210

Telephone (816) 231-3180
Level of Care ICF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 84
DMH Licensed No
Facility Number 05626

NEW MARK CARE CENTER

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

Telephone (816) 734-4433
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 199
DMH Licensed No
Facility Number 12688

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NORTHLAND REHABILITATION & HEALTH CARE CENTER

4301 NE PARVIN ROAD
 KANSAS CITY MO 64117-3001
Mailing Address 4301 NE PARVIN ROAD
 KANSAS CITY MO 64117-3001

Telephone (816) 702-8000 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 31230

OAKS, THE

5550 NOLAND ROAD
 KANSAS CITY MO 64133-3685
Mailing Address 5550 NOLAND RD
 KANSAS CITY MO 64133-3685

Telephone (816) 356-0200 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 62
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 13440

OXFORD GRAND AT SHOAL CREEK

8280 N TULLIS AVENUE
 KANSAS CITY MO 64158-7683
Mailing Address 8280 N TULLIS AVENUE
 KANSAS CITY MO 64158-7683

Telephone (816) 781-8282 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 98
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 30758

PARKVIEW HEALTHCARE

128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404
Mailing Address 128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404

Telephone (816) 241-2020 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 02928

PARKWAY HEALTH CARE CENTER

2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638
Mailing Address 2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638

Telephone (816) 924-1122 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 97
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 07092

PRIMROSE RETIREMENT COMMUNITY OF KANSAS CITY

8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100
Mailing Address 8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100

Telephone (816) 468-8282 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 44
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 29020

REDWOOD OF BLUE RIVER

10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201
Mailing Address 10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201

Telephone (816) 763-4444 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 160
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 19114

REDWOOD OF KANSAS CITY SOUTH

8033 HOLMES RD
 KANSAS CITY MO 64131-2115
Mailing Address 8033 HOLMES RD
 KANSAS CITY MO 64131-2115

Telephone (816) 363-6222 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 03680

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 154
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06794

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 36
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06794

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SEASONS CARE CENTER

15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261
Mailing Address 15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261

Telephone (816) 478-4757 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 78
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 23712

ST ANTHONY'S

1010 EAST 68TH STREET
 KANSAS CITY MO 64131-
Mailing Address 1010 EAST 68TH STREET
 KANSAS CITY MO 64131-

Telephone 816-866-8727 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 49
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 32075

SUMMIT, THE

3660 SUMMIT
 KANSAS CITY MO 64111-4632
Mailing Address 3660 SUMMIT
 KANSAS CITY MO 64111-4632

Telephone (816) 931-1196 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 64
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 18330

SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE

12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913
Mailing Address 12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913

Telephone (816) 763-6667 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 52
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 16311

SWOPE RIDGE GERIATRIC CENTER

5900 SWOPE PARKWAY
 KANSAS CITY MO 64130-4241
Mailing Address 5900 SWOPE PRKWY
 KANSAS CITY MO 64130-4241

Telephone (816) 333-2700 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 240
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 07904

TIFFANY SPRINGS REHABILITATION & HEALTH CARE CENTER

9191 N AMBASSADOR DR
 KANSAS CITY MO 64154-7247
Mailing Address 9191 N AMBASSADOR DR
 KANSAS CITY MO 64154-7247

Telephone (816) 741-5570 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County PLATTE **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 30748

TIFFANY SPRINGS SENIOR CARE COMMUNITY

9101 N AMBASSADOR DRIVE
 KANSAS CITY MO 64154-
Mailing Address 9101 N AMBASSADOR DRIVE
 KANSAS CITY MO 64154-

Telephone (816) 621-3810 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 89
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 31745

VILLA VENTURA ASSISTED LIVING FACILITY

12100 WORNALL RD
 KANSAS CITY MO 64145-1764
Mailing Address 12100 WORNALL RD
 KANSAS CITY MO 64145-1764

Telephone (816) 941-0525 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 50
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 15614

WATERFORD SOUTH

11515 HOLMES RD
 KANSAS CITY MO 64131-3856
Mailing Address 11515 HOLMES RD
 KANSAS CITY MO 64131-3856

Telephone (816) 942-4898 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 28
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 14888

WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR

6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377
Mailing Address 6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377

Telephone (816) 587-5400 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 98
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 28861

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KEARNEY

OAK POINTE OF KEARNEY

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

Telephone (816) 628-0075
Level of Care ALF**
County CLAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 29803

WESTBROOK CARE CENTER, INC

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

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

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

KENNETT

HAVEN, THE

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

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

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

HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE

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

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

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

NHC HEALTHCARE, KENNETT

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

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

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

SOUTHAVEN

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

Telephone (573) 888-9213
Level of Care RCF*
County DUNKLIN
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 24336

ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE

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

Telephone (573) 888-1188
Level of Care ALF**
County DUNKLIN
Region 2

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 18903

KIRKSVILLE

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

620 GILASPY ROAD
 KIRKSVILLE MO 63501-4678
Mailing Address 620 GILASPY RD
 KIRKSVILLE MO 63501-4678

Telephone (660) 627-8004
Level of Care ALF**
County ADAIR
Region 5

Alzheimer's Unit Yes
Bed Capacity 28
DMH Licensed No
Facility Number 23608

HIGHLAND CREST - ASSISTED LIVING BY AMERICARE

2204 S HALLIBURTON ST
 KIRKSVILLE MO 63501-4651
Mailing Address 2204 S HALLIBURTON ST
 KIRKSVILLE MO 63501-4651

Telephone (660) 627-8004
Level of Care ALF**
County ADAIR
Region 5

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 16785

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KIRKSVILLE MANOR CARE CENTER

1705 EAST LAHARPE
 KIRKSVILLE MO 63501-3927
Mailing Address 1705 EAST LAHARPE
 KIRKSVILLE MO 63501-3927

Telephone (660) 665-3774
Level of Care SNF
County ADAIR
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 132
DMH Licensed No
Facility Number 04161

PREFERRED FAMILY HEALTHCARE, INC

900 EAST LAHARPE
 KIRKSVILLE MO 63501-4520
Mailing Address PO BOX 767
 KIRKSVILLE MO 63501-0767

Telephone (660) 665-1962
Level of Care RCF*
County ADAIR
Region 5

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed Yes
Facility Number 21851

TWIN PINES ADULT CARE CENTER

1900 S JAMISON
 KIRKSVILLE MO 63501-5302
Mailing Address 1900 S JAMISON
 KIRKSVILLE MO 63501-5302

Telephone (660) 665-2887
Level of Care SNF
County ADAIR
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 08218

KIRKWOOD**ABERDEEN HEIGHTS**

505 COUCH AVE
 KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
 KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 27570

ABERDEEN HEIGHTS

505 COUCH AVE
 KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
 KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 16
DMH Licensed No
Facility Number 27570

ABERDEEN HEIGHTS

505 COUCH AVE
 KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
 KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 27570

MANOR GROVE, INCORPORATED

711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928
Mailing Address 711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928

Telephone (314) 965-0864
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 117
DMH Licensed No
Facility Number 06038

MARY CULVER HOME, THE

221 WEST WASHINGTON AVE
 KIRKWOOD MO 63122-3916
Mailing Address 221 W WASHINGTON AVE
 KIRKWOOD MO 63122-3916

Telephone (314) 966-6034
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 00592

ST AGNES HOME

10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520
Mailing Address 10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520

Telephone (314) 965-7616
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 07481

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LA BELLE

LA BELLE MANOR CARE CENTER

| | | | | | |
|------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1002 CENTRAL | | Telephone | (660) 213-3234 | Alzheimer's Unit | Yes |
| LA BELLE | MO 63447-2092 | Level of Care | SNF | Bed Capacity | 94 |
| Mailing Address | 1002 CENTRAL | County | LEWIS | DMH Licensed | No |
| LA BELLE | MO 63447-2092 | Region | 5 Medicare/Medicaid | Facility Number | 04212 |

LA PLATA

LA PLATA NURSING HOME

| | | | | | |
|------------------------|-----------------------|----------------------|---------------------|-------------------------|-------|
| 100 OLD STAGECOACH RD | | Telephone | (660) 332-4315 | Alzheimer's Unit | No |
| LA PLATA | MO 63549-1362 | Level of Care | SNF | Bed Capacity | 52 |
| Mailing Address | 100 OLD STAGECOACH RD | County | MACON | DMH Licensed | No |
| LA PLATA | MO 63549-1362 | Region | 5 Medicare/Medicaid | Facility Number | 04395 |

LAKE SAINT 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 TECHNOLOGY DRIVE | County | SAINT CHARLES | DMH Licensed | No |
| LAKE SAINT LOUIS | MO 63367-4123 | Region | 5 Medicare | Facility Number | 30318 |

LAMAR

BRISTOL MANOR OF LAMAR

| | | | | | |
|------------------------|------------------|----------------------|----------------|-------------------------|-------|
| 603 EAST 17TH ST | | Telephone | (417) 682-6762 | Alzheimer's Unit | No |
| LAMAR | MO 64759-2303 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address | 603 EAST 17TH ST | County | BARTON | DMH Licensed | No |
| LAMAR | MO 64759-2303 | Region | 1 | Facility Number | 18951 |

MAPLE SENIOR LIVING LLC

| | | | | | |
|------------------------|------------------------|----------------------|----------------|-------------------------|-------|
| 3 SOUTHWEST FIRST LANE | | Telephone | (417) 682-6184 | Alzheimer's Unit | No |
| LAMAR | MO 64759-8313 | Level of Care | RCF* | Bed Capacity | 57 |
| Mailing Address | 3 SOUTHWEST FIRST LANE | County | BARTON | DMH Licensed | No |
| LAMAR | MO 64759-8313 | Region | 1 | Facility Number | 20869 |

TRUMAN HEALTHCARE & REHABILITATION CENTER

| | | | | | |
|------------------------|-------------------|----------------------|---------------------|-------------------------|-------|
| 206 WEST FIRST ST | | Telephone | (417) 682-5718 | Alzheimer's Unit | Yes |
| LAMAR | MO 64759-1291 | Level of Care | SNF | Bed Capacity | 123 |
| Mailing Address | 206 WEST FIRST ST | County | BARTON | DMH Licensed | No |
| LAMAR | MO 64759-1291 | Region | 1 Medicare/Medicaid | Facility Number | 01346 |

LAURIE

ASHBURY HEIGHTS OF LAURIE

| | | | | | |
|------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 299 HIGHWAY RA | | Telephone | (573) 374-0076 | Alzheimer's Unit | No |
| LAURIE | MO 65038-6024 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address | 299 HWY RA | County | MORGAN | DMH Licensed | No |
| LAURIE | MO 65038-6024 | Region | 6 | Facility Number | 23915 |

LAURIE CARE CENTER

| | | | | | |
|------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 610 HWY O | | Telephone | (573) 374-8263 | Alzheimer's Unit | Yes |
| LAURIE | MO 65038-1068 | Level of Care | SNF | Bed Capacity | 108 |
| Mailing Address | PO BOX 1068 | County | MORGAN | DMH Licensed | No |
| LAURIE | MO 65038-1068 | Region | 6 Medicare/Medicaid | Facility Number | 04449 |

LAURIE KNOLLS

| | | | | | |
|------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 610 HIGHWAY O | | Telephone | (573) 374-8263 | Alzheimer's Unit | No |
| LAURIE | MO 65038- | Level of Care | RCF* | Bed Capacity | 66 |
| Mailing Address | PO BOX 1068 | County | MORGAN | DMH Licensed | No |
| LAURIE | MO 65038-1068 | Region | 6 | Facility Number | 13765 |

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LAWSON

LAWSON MANOR & REHAB

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 210 WEST 8TH TERRACE | | Telephone | (816) 580-3269 | Alzheimer's Unit | Yes |
| LAWSON | MO 64062-9357 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 210 WEST 8TH TERRACE | | County | RAY | DMH Licensed | No |
| LAWSON | MO 64062-9357 | Region | 4 Medicare/Medicaid | Facility Number | 07395 |

LEBANON

CEDARHURST OF LEBANON ASSISTED LIVING & MEMORY CARE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 842 LYNN STREET | | Telephone | (417) 815-0122 | Alzheimer's Unit | YES |
| LEBANON | MO 65536-3832 | Level of Care | ALF** | Bed Capacity | 90 |
| Mailing Address 842 LYNN STREET | | County | LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-3832 | Region | 1 | Facility Number | 31890 |

COUNTRYSIDE HOME, LLC

| | | | | | |
|--------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 24499 PARK DR | | Telephone | (417) 532-7418 | Alzheimer's Unit | No |
| LEBANON | MO 65536-5843 | Level of Care | RCF | Bed Capacity | 20 |
| Mailing Address 24499 PARK DR | | County | LACLEDE | DMH Licensed | Yes |
| LEBANON | MO 65536-5843 | Region | 1 | Facility Number | 15052 |

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 |

GASLIGHT MANOR

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 25466 NORTH HWY 5 | | Telephone | (417) 532-3045 | Alzheimer's Unit | No |
| LEBANON | MO 65536- | Level of Care | ALF | Bed Capacity | 80 |
| Mailing Address PO BOX 969 | | County | LACLEDE | DMH Licensed | Yes |
| LEBANON | MO 65536-0969 | Region | 1 | Facility Number | 08791 |

LEBANON NORTH NURSING & REHAB

| | | | | | |
|--------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 596 MORTON RD | | Telephone | (417) 532-9173 | Alzheimer's Unit | Yes |
| LEBANON | MO 65536-3648 | Level of Care | SNF | Bed Capacity | 180 |
| Mailing Address 596 MORTON RD | | County | LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-3648 | Region | 1 Medicare/Medicaid | Facility Number | 04369 |

LEBANON SOUTH NURSING & REHAB

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 514 WEST FREMONT ROAD | | Telephone | (417) 532-5351 | Alzheimer's Unit | No |
| LEBANON | MO 65536-4244 | Level of Care | RCF* | Bed Capacity | 2 |
| Mailing Address 514 WEST FREMONT ROAD | | County | LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-4244 | Region | 1 | Facility Number | 15650 |

LEBANON SOUTH NURSING & REHAB

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 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 FREMONT ROAD | | County | LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-4244 | Region | 1 Medicare/Medicaid | Facility Number | 15650 |

LEBANON SOUTH NURSING & REHAB

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 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 FREMONT ROAD | | County | LACLEDE | DMH Licensed | No |
| LEBANON | MO 65536-4244 | Region | 1 | Facility Number | 15650 |

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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 SUMMIT**ADDINGTON PLACE OF LEE'S SUMMIT**

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 2160 SE BLUE PARKWAY | | Telephone (816) 554-0101 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64063-1007 | Level of Care ALF** | Bed Capacity | 88 |
| Mailing Address 2160 SE BLUE PARKWAY | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64063-1007 | Region 3 | Facility Number | 28136 |

CROSS CREEK AT LEE'S SUMMIT

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 3320 NE WILSHIRE DR | | Telephone (816) 607-5700 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64064-2077 | Level of Care ALF** | Bed Capacity | 55 |
| Mailing Address 3320 NE WILSHIRE DR | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64064-2077 | Region 3 | Facility Number | 30996 |

JEFFERSON HEALTH CARE

| | | | | |
|---|---------------|--|-------------------------|-------|
| 615 SW OLDHAM PARKWAY | | Telephone (816) 524-3328 | Alzheimer's Unit | No |
| LEE'S SUMMIT | MO 64081-2602 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 615 SW OLDHAM PKWY | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-2602 | Region 3 Medicare/Medicaid | Facility Number | 04415 |

JOHN KNOX VILLAGE CARE CENTER

| | | | | |
|--|---------------|--|-------------------------|-------|
| 600 NW PRYOR ROAD | | Telephone (816) 246-4343 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64081-1104 | Level of Care SNF | Bed Capacity | 430 |
| Mailing Address 600 NW PRYOR RD | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-1104 | Region 3 Medicare/Medicaid | Facility Number | 14529 |

LEE'S SUMMIT POINTE HEALTH & REHABILITATION

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 1501 SW 3RD ST | | Telephone (816) 525-6300 | Alzheimer's Unit | No |
| LEE'S SUMMIT | MO 64081-2424 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 1501 SW 3RD ST | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-2424 | Region 3 Medicare/Medicaid | Facility Number | 12484 |

VILLAGE ASSISTED LIVING

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1704 NORTHWEST O'BRIEN RD | | Telephone (816) 347-2700 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64081-1559 | Level of Care ALF** | Bed Capacity | 172 |
| Mailing Address 1704 NORTHWEST O'BRIEN RD | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-1559 | Region 3 | Facility Number | 16108 |

VILLAGE ASSISTED LIVING

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1701 NW O'BRIEN RD | | Telephone (816) 347-2700 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64081-1559 | Level of Care ALF** | Bed Capacity | 50 |
| Mailing Address 1701 NW O'BRIEN RD | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-1559 | Region 3 | Facility Number | 29258 |

WILLOW CREEK MEMORY CARE AT LEE'S SUMMIT

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 3101 SW 3RD STREET | | Telephone (816) 321-1648 | Alzheimer's Unit | Yes |
| LEE'S SUMMIT | MO 64081-4060 | Level of Care ALF** | Bed Capacity | 54 |
| Mailing Address 3101 SW 3RD STREET | | County JACKSON | DMH Licensed | No |
| LEE'S SUMMIT | MO 64081-4060 | Region 3 | Facility Number | 31077 |

WILSHIRE AT LAKEWOOD

| | | | | |
|---|---------------|--|-------------------------|-------|
| 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 |

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LEWISTOWN

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HWY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216
Level of Care RCF*
County LEWIS
Region 5

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 16896

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HWY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216
Level of Care SNF
County LEWIS
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 16896

LEXINGTON

BRISTOL MANOR OF LEXINGTON

2615 MAIN ST
 LEXINGTON MO 64067-1974
Mailing Address 2615 MAIN ST
 LEXINGTON MO 64067-1974

Telephone (660) 259-6655
Level of Care RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17543

RIVERBEND HEIGHTS HEALTH & REHABILITATION

1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187
Mailing Address 1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187

Telephone (660) 259-4695
Level of Care SNF
County LAFAYETTE
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 154
DMH Licensed No
Facility Number 04333

LIBERTY

ASHTON COURT CARE AND REHABILITATION CENTRE

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

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

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

CEDARS OF LIBERTY HEALTH CARE CENTER

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

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

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

LIBERTY HEALTH & WELLNESS

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

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

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

MOCKINGBIRD MANOR RESIDENTIAL CARE

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

Telephone (816) 781-8058
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 05450

NORTERRE

2555 NORTERRE CIRCLE
 LIBERTY MO 64068-3313
Mailing Address 2555 NORTERRE CIRCLE
 LIBERTY MO 64086-3313

Telephone (816) 479-4793
Level of Care SNF
County CLAY
Region 4 **Medicare**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 31005

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NORTERRE

2580 NORTERRE CIRCLE
 LIBERTY MO 64068-3412
Mailing Address 2580 NORTERRE CIRCLE
 LIBERTY MO 64068-3412

Telephone (816) 479-4793
Level of Care ALF**
County CLAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 31005

OUR LADY OF MERCY COUNTRY HOME

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

Telephone (816) 781-5711
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 06153

PLEASANT VALLEY MANOR CARE CENTER

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

Telephone (816) 781-5277
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 102
DMH Licensed No
Facility Number 06020

LICKING**HICKORY MANOR**

209 HICKORY ST
 LICKING MO 65542-9847
Mailing Address 209 HICKORY ST
 LICKING MO 65542-9847

Telephone (573) 674-2111
Level of Care SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07929

LICKING RESIDENTIAL CARE

225 WEST HIGHWAY 32
 LICKING MO 65542-9832
Mailing Address 225 WEST HIGHWAY 32
 LICKING MO 65542-9832

Telephone (573) 674-2207
Level of Care RCF*
County TEXAS
Region 1

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 24302

LINCOLN**BRISTOL MANOR OF LINCOLN**

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

Telephone (660) 547-2580
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 MO 65338-2007
Mailing Address 205 TIMBERLINE DR
 LINCOLN MO 65338-2007

Telephone (660) 547-3089
Level of Care ALF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 14
DMH Licensed No
Facility Number 04803

LINCOLN COMMUNITY CARE CENTER

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

Telephone (660) 547-3322
Level of Care SNF
County BENTON
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 04803

LINN**HARBOR PLACE - LINN**

24 TRENDAW TRAIL
 LINN MO 65051-
Mailing Address 24 TRENDAW TRAIL
 LINN MO 65051-

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

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LINN OAK REHABILITATION CENTER

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 196 HIGHWAY CC | | Telephone (573) 897-0700 | Alzheimer's Unit | no |
| LINN | MO 65051-3500 | Level of Care SNF | Bed Capacity | 132 |
| Mailing Address 196 HIGHWAY CC | | County OSAGE | DMH Licensed | No |
| LINN | MO 65051-3500 | Region 6 Medicare/Medicaid | Facility Number | 14130 |

LOCKWOOD**GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION**

| | | | | |
|---|---------------|--|-------------------------|-------|
| 200 WEST 12TH ST | | Telephone (417) 232-4571 | Alzheimer's Unit | Yes |
| LOCKWOOD | MO 65682-8337 | Level of Care SNF | Bed Capacity | 69 |
| Mailing Address 200 WEST 12TH ST | | County DADE | DMH Licensed | No |
| LOCKWOOD | MO 65682-8337 | Region 1 Medicare/Medicaid | Facility Number | 03051 |

GOOD SHEPHERD RESIDENTIAL CARE FACILITY

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 200 WEST 12TH | | Telephone (417) 232-4571 | Alzheimer's Unit | No |
| LOCKWOOD | MO 65682-8337 | Level of Care RCF* | Bed Capacity | 20 |
| Mailing Address 200 WEST 12TH | | County DADE | DMH Licensed | No |
| LOCKWOOD | MO 65682-8337 | Region 1 | Facility Number | 03051 |

LOUISIANA**LYNN'S HERITAGE HOUSE, INC**

| | | | | |
|-------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 800 KELLY LN | | Telephone (573) 754-4020 | Alzheimer's Unit | Yes |
| LOUISIANA | MO 63353-2415 | Level of Care ALF** | Bed Capacity | 44 |
| Mailing Address 800 KELLY LN | | County PIKE | DMH Licensed | No |
| LOUISIANA | MO 63353-2415 | Region 5 | Facility Number | 21055 |

MAPLE GROVE LODGE

| | | | | |
|---|---------------|--|-------------------------|-------|
| 2407 KENTUCKY ST | | Telephone (573) 754-5456 | Alzheimer's Unit | No |
| LOUISIANA | MO 63353-2503 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 2407 KENTUCKY ST | | County PIKE | DMH Licensed | No |
| LOUISIANA | MO 63353-2503 | Region 5 Medicare/Medicaid | Facility Number | 05002 |

LOWRY CITY**TRUMAN LAKE MANOR, INC**

| | | | | |
|-----------------------------------|---------------|--|-------------------------|-------|
| 600 EAST 7TH ST | | Telephone (417) 644-2248 | Alzheimer's Unit | No |
| LOWRY CITY | MO 64763-9671 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 415 | | County SAINT CLAIR | DMH Licensed | No |
| LOWRY CITY | MO 64763-0415 | Region 1 Medicare/Medicaid | Facility Number | 08140 |

MACON**BRISTOL MANOR OF MACON**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 707 RANGLAND DR | | Telephone (660) 385-3020 | Alzheimer's Unit | No |
| MACON | MO 63552-1994 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 707 RANGLAND DR | | County MACON | DMH Licensed | No |
| MACON | MO 63552-1994 | Region 5 | Facility Number | 17865 |

LOCH HAVEN

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 701 SUNSET HILLS DR | | Telephone (660) 385-3113 | Alzheimer's Unit | No |
| MACON | MO 63552-2165 | Level of Care RCF* | Bed Capacity | 26 |
| Mailing Address PO BOX 187 | | County MACON | DMH Licensed | No |
| MACON | MO 63552-0187 | Region 5 | Facility Number | 04739 |

LOCH HAVEN

| | | | | |
|-----------------------------------|---------------|--|-------------------------|-------|
| 701 SUNSET HILLS DR | | Telephone (660) 385-3113 | Alzheimer's Unit | Yes |
| MACON | MO 63552-2165 | Level of Care SNF | Bed Capacity | 160 |
| Mailing Address PO BOX 187 | | County MACON | DMH Licensed | No |
| MACON | MO 63552-0187 | Region 5 Medicare/Medicaid | Facility Number | 04739 |

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MACON HEALTH CARE CENTER

29612 KELLOGG AVE
 MACON MO 63552-3702
Mailing Address PO BOX 465
 MACON MO 63552-0465

Telephone (660) 385-5797
Level of Care SNF
County MACON
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 04914

WELLER PLACE RETIREMENT CENTER

510 WELLER STREET
 MACON MO 63552-1996
Mailing Address 510 WELLER STREET
 MACON MO 63552-1996

Telephone (660) 395-2273
Level of Care RCF
County MACON
Region 5

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 30888

MADISON**JONES' WILDWOOD CARE CENTER**

12806 HWY 151
 MADISON MO 65263-3114
Mailing Address PO BOX 69
 MADISON MO 65263-0069

Telephone (660) 291-8636
Level of Care RCF
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 08573

MALDEN**HAMPTON HOUSE OF MALDEN, INC**

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

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

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

MALDEN NURSING & REHAB

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

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

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

RIDGEVIEW LIVING COMMUNITY

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

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

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

MANSFIELD**ROCKY RIDGE MANOR**

3111 HIGHWAY A
 MANSFIELD MO 65704-8105
Mailing Address 3111 HWY A
 MANSFIELD MO 65704-8105

Telephone (417) 924-8116
Level of Care SNF
County WRIGHT
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 65
DMH Licensed No
Facility Number 04996

MARBLE HILL**DIANA'S BOARDING HOME - 2**

HC 64, BOX 4677
 MARBLE HILL MO 63764-9408
Mailing Address HC 64, BOX 4677
 MARBLE HILL MO 63764-9408

Telephone (573) 238-3344
Level of Care RCF
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 23940

DIANA'S BOARDING HOME #3

HC 64 BOX 4683
 MARBLE HILL MO 63764-9408
Mailing Address HC 64 BOX 4683
 MARBLE HILL MO 63764-9408

Telephone (573) 238-1300
Level of Care RCF
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 30984

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DIANA'S BOARDING HOME 1

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

J & J RESIDENTIAL CARE FACILITY II

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 104 WESBECHER | | Telephone (573) 238-4602 | Alzheimer's Unit | No |
| MARBLE HILL | MO 63764-0378 | Level of Care RCF* | Bed Capacity | 12 |
| Mailing Address PO BOX 378 | | County BOLLINGER | DMH Licensed | Yes |
| MARBLE HILL | MO 63764-0378 | Region 2 | Facility Number | 07171 |

MARY'S RANCH, INC

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

STONEBRIDGE MARBLE HILL

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

MARCELINE**BRISTOL MANOR OF MARCELINE**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 102 EAST HAYDEN | | Telephone (660) 376-2210 | Alzheimer's Unit | No |
| MARCELINE | MO 64658-2003 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 102 EAST HAYDEN | | County LINN | DMH Licensed | No |
| MARCELINE | MO 64658-2003 | Region 5 | Facility Number | 17764 |

PIONEER SKILLED NURSING CENTER

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 1500 SOUTH KANSAS AVE | | Telephone (660) 376-2001 | Alzheimer's Unit | No |
| MARCELINE | MO 64658-1716 | Level of Care SNF | Bed Capacity | 96 |
| Mailing Address 1500 S KANSAS AVE | | County CHARITON | DMH Licensed | No |
| MARCELINE | MO 64658-1716 | Region 5 Medicare/Medicaid | Facility Number | 05900 |

MARIONVILLE**OZARKS METHODIST MANOR, THE**

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 205 SOUTH COLLEGE | | Telephone (417) 258-2573 | Alzheimer's Unit | No |
| MARIONVILLE | MO 65705-9340 | Level of Care RCF | Bed Capacity | 76 |
| Mailing Address PO BOX 403 | | County LAWRENCE | DMH Licensed | No |
| MARIONVILLE | MO 65705-0403 | Region 1 | Facility Number | 06273 |

OZARKS METHODIST MANOR, THE

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 205 SOUTH COLLEGE | | Telephone (417) 258-2573 | Alzheimer's Unit | Yes |
| MARIONVILLE | MO 65705-9340 | Level of Care SNF | Bed Capacity | 78 |
| Mailing Address PO BOX 403 | | County LAWRENCE | DMH Licensed | No |
| MARIONVILLE | MO 65705-0403 | Region 1 Medicare/Medicaid | Facility Number | 06273 |

MARSHALL**GEORGIA BROWN BLOSSER HOME FOR THE AGED**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1210 EAST EASTWOOD ST | | Telephone (660) 886-5020 | Alzheimer's Unit | No |
| MARSHALL | MO 65340-1510 | Level of Care RCF | Bed Capacity | 11 |
| Mailing Address 1210 EAST EASTWOOD ST | | County SALINE | DMH Licensed | No |
| MARSHALL | MO 65340-1510 | Region 5 | Facility Number | 00633 |

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GOLDEN OAKS, LLC

27882 HIGHWAY H
 MARSHALL MO 65340-5303
Mailing Address 27882 HIGHWAY H
 MARSHALL MO 65340-5303

Telephone (660) 886-6172
Level of Care ALF**
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 15380

HARTLAND RESIDENTIAL CARE CENTER

23435 LADDER DR
 MARSHALL MO 65340-4662
Mailing Address 23435 LADDER DR
 MARSHALL MO 65340-4662

Telephone (660) 886-7093
Level of Care RCF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 15163

LEGENDARY NURSING & REHABILITATION LLC

809 EAST GORDON ST
 MARSHALL MO 65340-2811
Mailing Address 809 EAST GORDON ST
 MARSHALL MO 65340-2811

Telephone (660) 886-2247
Level of Care SNF
County SALINE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 04895

LIVING CENTER, THE

2506 LINDEN TREE PARKWAY
 MARSHALL MO 65340-0017
Mailing Address PO BOX 370
 MARSHALL MO 65340-0370

Telephone (660) 886-9676
Level of Care SNF
County SALINE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 99
DMH Licensed No
Facility Number 21791

WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE

904 APACHE DR
 MARSHALL MO 65340-2900
Mailing Address 904 APACHE DR
 MARSHALL MO 65340-2900

Telephone (660) 886-5500
Level of Care ALF**
County SALINE
Region 5

Alzheimer's Unit Yes
Bed Capacity 62
DMH Licensed No
Facility Number 16202

MARSHFIELD**MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE**

800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231
Mailing Address 800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231

Telephone (417) 859-3701
Level of Care SNF
County WEBSTER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 74
DMH Licensed No
Facility Number 18481

MARSHFIELD PLACE, LLC

820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231
Mailing Address 820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231

Telephone (417) 859-6133
Level of Care RCF*
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 20500

WEBCO EAST

1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325
Mailing Address 1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325

Telephone (417) 859-5144
Level of Care RCF*
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 08405

WEBCO MANOR

1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325
Mailing Address 1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325

Telephone (417) 859-5144
Level of Care SNF
County WEBSTER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 08405

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MARYLAND HEIGHTS

NHC HEALTHCARE, MARYLAND HEIGHTS

| | | | | | |
|--|---------------|----------------------|--------------------|--------------------------|-------|
| 2920 FEE FEE RD | | Telephone | (314) 291-0121 | Alzheimer's Unit | Yes |
| MARYLAND HEIGHTS | MO 63043-1915 | Level of Care | SNF | Bed Capacity | 220 |
| Mailing Address 2920 FEE FEE RD | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| MARYLAND HEIGHTS | MO 63043-1915 | Region | 7 | Medicare/Medicaid | |
| | | | | Facility Number | 08272 |

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 |

MARYVILLE

BRISTOL MANOR OF MARYVILLE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 323 EAST SUMMIT DR | | Telephone | (660) 582-4131 | Alzheimer's Unit | No |
| MARYVILLE | MO 64468-3619 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 323 EAST SUMMIT 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 |

NODAWAY NURSING HOME

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|--------------------------|-------|
| 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

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 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 CARE CENTER

| | | | | | |
|--|---------------|----------------------|----------------|--------------------------|-------|
| 814 WEST SOUTH AVE | | Telephone | (660) 582-8161 | Alzheimer's Unit | No |
| MARYVILLE | MO 64468-2772 | Level of Care | SNF | Bed Capacity | 92 |
| Mailing Address 814 W SOUTH AVE | | County | NODAWAY | DMH Licensed | No |
| MARYVILLE | MO 64468-2772 | Region | 4 | Medicare/Medicaid | |
| | | | | Facility Number | 06308 |

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VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515
Level of Care RCF*
County NODAWAY
Region 4

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 20361

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515
Level of Care SNF
County NODAWAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 46
DMH Licensed No
Facility Number 20361

MATTHEWS**COTTON POINT LIVING CENTER**

609 SOUTH RAILROAD ST
 MATTHEWS MO 63867-9751
Mailing Address 609 S RAILROAD ST
 MATTHEWS MO 63867-9751

Telephone (573) 471-7861
Level of Care SNF
County NEW MADRID
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 98
DMH Licensed No
Facility Number 07057

MAYSVILLE**SUNSET HOME**

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

Telephone (816) 449-2158
Level of Care SNF
County DEKALB
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07798

MEMPHIS**SCOTLAND COUNTY CARE CENTER**

434 E SIGLER AVE
 MEMPHIS MO 63555-1714
Mailing Address 434 E SIGLER AVE
 MEMPHIS MO 63555-1714

Telephone (660) 465-7221
Level of Care SNF
County SCOTLAND
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 07013

SCOTLAND COUNTY RESIDENTIAL TERRACE

434 E SIGLER AVE
 MEMPHIS MO 63555-1718
Mailing Address 434 E SIGLER AVE
 MEMPHIS MO 63555-1718

Telephone (660) 465-7221
Level of Care RCF*
County SCOTLAND
Region 5

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 07013

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

1700 ASBURY CIRCLE WEST
 MEXICO MO 65265-1400
Mailing Address 1722 HUNTINGFIELD DR
 MEXICO MO 65265-3808

Telephone (573) 581-8777
Level of Care ALF**
County AUDRAIN
Region 5

Alzheimer's Unit Yes
Bed Capacity 39
DMH Licensed No
Facility Number 13544

ESSEX OF MEXICO, THE

1109 OLD FARM RD WEST
 MEXICO MO 65265-3250
Mailing Address 1109 OLD FARM RD WEST
 MEXICO MO 65265-3250

Telephone (573) 581-5223
Level of Care RCF
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24425

KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST
 MEXICO MO 65265-2199
Mailing Address 620 WEST BOULEVARD ST
 MEXICO MO 65265-2199

Telephone (573) 581-1577
Level of Care RCF*
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 04146

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KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST
 MEXICO MO 65265-2199
Mailing Address 620 WEST BOULEVARD ST
 MEXICO MO 65265-2199

Telephone (573) 581-1577
Level of Care ICF
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 04146

PIN OAKS LIVING CENTER

1525 WEST MONROE ST
 MEXICO MO 65265-1201
Mailing Address 1525 WEST MONROE ST
 MEXICO MO 65265-1201

Telephone (573) 581-7261
Level of Care SNF
County AUDRAIN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 124
DMH Licensed No
Facility Number 05804

SOUTHSIDE TOWNE HOUSE

510 SOUTH WASHINGTON
 MEXICO MO 65265-2786
Mailing Address PO BOX 6
 MEXICO MO 65265-0006

Telephone (573) 581-3203
Level of Care RCF*
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 16987

TEAL LAKE - ASSISTED LIVING BY AMERICARE

1722 HUNTINGFIELD DR
 MEXICO MO 65265-3808
Mailing Address 1722 HUNTINGFIELD DR
 MEXICO MO 65265-3808

Telephone (573) 582-7800
Level of Care ALF**
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 23534

TOWNE HOUSE, THE

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

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

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

MILAN**MILAN HEALTH CARE CENTER**

52435 INFIRMARY RD
 MILAN MO 63556-2874
Mailing Address 52435 INFIRMARY RD
 MILAN MO 63556-2874

Telephone (660) 265-4032
Level of Care SNF
County SULLIVAN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 05418

ROLLING HILLS CARE FACILITY, LLC

24583 HIGHWAY 5
 MILAN MO 63556-2809
Mailing Address 24583 HWY 5
 MILAN MO 63556-2809

Telephone (660) 265-4391
Level of Care RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 19990

STOVER'S RESIDENTIAL CARE FACILITY

520 EAST 5TH ST
 MILAN MO 63556-1222
Mailing Address 520 EAST 5TH ST
 MILAN MO 63556-1222

Telephone (660) 265-3262
Level of Care RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07709

MINERAL POINT**HILLSIDE LIVING CENTER**

10109 RESTORATION CIRCLE
 MINERAL POINT MO 63660-8538
Mailing Address PO BOX 534
 PARK HILLS MO 63601-0534

Telephone (573) 562-0303
Level of Care ALF**
County WASHINGTON
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 09270

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SOUTH HAVEN RESIDENTIAL CARE CENTER, LLC

10462 AIRPORT RD
 MINERAL POINT MO 63660-9325
Mailing Address 10462 AIRPORT RD
 MINERAL POINT MO 63660-9325

Telephone (573) 438-4150
Level of Care RCF*
County WASHINGTON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 10529

MOBERLY**COATES STREET COMFORT HOUSE**

612 WEST COATES ST
 MOBERLY MO 65270-1319
Mailing Address PO BOX 781
 MOBERLY MO 65270-0781

Telephone (660) 263-6759
Level of Care RCF
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 08220

MARK TWAIN ASSISTED LIVING, INC

901 UNION AVE
 MOBERLY MO 65270-2456
Mailing Address 901 UNION AVE
 MOBERLY MO 65270-2456

Telephone (660) 263-6515
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 16369

MEADOW RIDGE SENIOR LIVING

521 MEADOW RIDGE LN
 MOBERLY MO 65270-4550
Mailing Address 521 MEADOW RIDGE LANE
 MOBERLY MO 65270-4550

Telephone (660) 263-0550
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 28019

MOBERLY NURSING & REHAB

700 EAST URBANDALE DR
 MOBERLY MO 65270-1966
Mailing Address 700 EAST URBANDALE DR
 MOBERLY MO 65270-1966

Telephone (660) 263-9060
Level of Care SNF
County RANDOLPH
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12523

NORTH VILLAGE PARK

2041 SILVA LN
 MOBERLY MO 65270-3658
Mailing Address 2041 SILVA LN
 MOBERLY MO 65270-3658

Telephone (660) 269-7300
Level of Care SNF
County RANDOLPH
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 184
DMH Licensed No
Facility Number 06481

RAVENWOOD TERRACE - ASSISTED LIVING BY AMERICARE

1830 RAVENWOOD
 MOBERLY MO 65270-3002
Mailing Address 1830 RAVENWOOD
 MOBERLY MO 65270-3002

Telephone (660) 263-8004
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 16411

VALLEY VIEW HEALTH & REHABILITATION

1600 EAST ROLLINS ST
 MOBERLY MO 65270-2478
Mailing Address 1600 E ROLLINS ST
 MOBERLY MO 65270-2478

Telephone (660) 263-6887
Level of Care SNF
County RANDOLPH
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 13167

MOKANE**RIVERVIEW NURSING CENTER**

10303 STATE RD C
 MOKANE MO 65059-1211
Mailing Address 10303 STATE RD C
 MOKANE MO 65059-1211

Telephone (573) 676-3136
Level of Care SNF
County CALLAWAY
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06730

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MONETT

BENTONVIEW PARK HEALTH & REHABILITATION

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

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

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

COUNTRYSIDE CARE CENTER, LLC

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

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

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

LACOPA HOMES, INC

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

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

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

LEISURE LIVING

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

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

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

OAK POINTE OF MONETT

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

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

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 30206

MONROE CITY

BRISTOL MANOR OF MONROE CITY

1017 EAST LAWN ST
 MONROE CITY MO 63456-1433
Mailing Address 1017 EAST LAWN ST
 MONROE CITY MO 63456-1433

Telephone (573) 735-3068
Level of Care RCF
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 20045

MONROE CITY MANOR CARE CENTER

1010 HIGHWAY 24 & 36 EAST
 MONROE CITY MO 63456-1116
Mailing Address 1010 HWY 24 & 36 EAST
 MONROE CITY MO 63456-1116

Telephone (573) 735-4850
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05473

MONTGOMERY CITY

ASHBURY HEIGHTS OF MONTGOMERY CITY

625 WEST 2ND ST
 MONTGOMERY CITY MO 63361-1762
Mailing Address 625 WEST 2ND ST
 MONTGOMERY CITY MO 63361-1762

Telephone (573) 564-3386
Level of Care RCF
County MONTGOMERY
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20160

MOSCOW MILLS

FOUR SEASONS ASSISTED LIVING

230 RAILROAD ST
 MOSCOW MILLS MO 63362-1600
Mailing Address 230 RAILROAD ST
 MOSCOW MILLS MO 63362-1600

Telephone (636) 366-4231
Level of Care ALF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 02624

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FOUR SEASONS RCF I

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 220 RAILROAD ST | | Telephone (636) 366-4231 | Alzheimer's Unit | No |
| MOSCOW MILLS | MO 63362-1600 | Level of Care RCF | Bed Capacity | 23 |
| Mailing Address 230 RAILROAD ST | | County LINCOLN | DMH Licensed | Yes |
| MOSCOW MILLS | MO 63362-1600 | Region 5 | Facility Number | 02624 |

MOUND 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 | Facility Number | 07998 |

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 |

MOUNTAIN 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 | Facility 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 |

MOUNTAIN 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 1 | Facility Number | 15542 |

PARK PLACE APARTMENTS

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1211 NORTH ASH ST | | Telephone (417) 934-6818 | Alzheimer's Unit | No |
| MOUNTAIN VIEW | MO 65548-7376 | Level of Care ALF | Bed Capacity | 18 |
| Mailing Address PO BOX 879 | | County HOWELL | DMH Licensed | No |
| MOUNTAIN VIEW | MO 65548-0879 | Region 1 | Facility Number | 15542 |

MT VERNON**LAWRENCE COUNTY MANOR**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 915 CARL ALLEN ST | | Telephone (417) 466-2183 | Alzheimer's Unit | Yes |
| MT VERNON | MO 65712-1612 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 915 CARL ALLEN ST | | County LAWRENCE | DMH Licensed | No |
| MT VERNON | MO 65712-1612 | Region 1 | Facility Number | 04349 |

LAWRENCE COUNTY RESIDENTIAL 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 | | County LAWRENCE | DMH Licensed | No |
| MT VERNON | MO 65712-1612 | Region 1 | Facility Number | 04349 |

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MT VERNON PLACE CARE CENTER, INC

| | | | | |
|---------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 1425 SOUTH LANDRUM | | Telephone (417) 466-2260 | Alzheimer's Unit | No |
| MT VERNON | MO 65712-1912 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 1425 S LANDRUM | | County LAWRENCE | DMH Licensed | No |
| MT VERNON | MO 65712-1912 | Region 1 Medicare/Medicaid | Facility Number | 16304 |

NEOSHO**GRAN VILLAS NEOSHO**

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 420 LYON DR | | Telephone (417) 451-7071 | Alzheimer's Unit | No |
| NEOSHO | MO 64850-9194 | Level of Care RCF | Bed Capacity | 30 |
| Mailing Address 420 LYON DR | | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850-9194 | Region 1 | Facility Number | 20156 |

MEDICALODGES NEOSHO

| | | | | |
|------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 400 LYON DR | | Telephone (417) 451-2544 | Alzheimer's Unit | Yes |
| NEOSHO | MO 64850-9194 | Level of Care SNF | Bed Capacity | 114 |
| Mailing Address 400 LYON DR | | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850-9194 | Region 1 Medicare/Medicaid | Facility Number | 05383 |

OAK POINTE OF NEOSHO

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 2601 OAK RIDGE EXTENSION | | Telephone (417) 451-8872 | Alzheimer's Unit | Yes |
| NEOSHO | MO 64850-7765 | Level of Care ALF** | Bed Capacity | 55 |
| Mailing Address 2601 OAK RIDGE EXTENSION | | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850-7765 | Region 1 | Facility Number | 29972 |

SPRINGHILL - ASSISTED LIVING BY AMERICARE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1105 VILLAGE RD | | Telephone (417) 451-1000 | Alzheimer's Unit | No |
| NEOSHO | MO 64850-9076 | Level of Care ALF** | Bed Capacity | 50 |
| Mailing Address 1105 VILLAGE RD | | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850-9076 | Region 1 | Facility Number | 20193 |

WEBWOOD ASSISTED LIVING, LLC

| | | | | |
|--|-----------|---------------------------------|-------------------------|-------|
| 1640 WALDO HATLER DRIVE | | Telephone (417) 451-2997 | Alzheimer's Unit | NO |
| NEOSHO | MO 64850- | Level of Care ALF | Bed Capacity | 25 |
| Mailing Address 1640 WALDO HATLER DRIVE | | County NEWTON | DMH Licensed | No |
| NEOSHO | MO 64850- | Region 1 | Facility Number | 31265 |

NEVADA**BRISTOL MANOR OF NEVADA**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 401 EAST WALNUT | | Telephone (417) 667-5700 | Alzheimer's Unit | No |
| NEVADA | MO 64772-2457 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 401 EAST WALNUT | | County VERNON | DMH Licensed | Yes |
| NEVADA | MO 64772-2457 | Region 1 | Facility Number | 18471 |

CLARK CARE CENTER - ONE

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1505 EAST ASHLAND ST | | Telephone (417) 667-3900 | Alzheimer's Unit | No |
| NEVADA | MO 64772-4025 | Level of Care RCF* | Bed Capacity | 38 |
| Mailing Address PO BOX 246 | | County VERNON | DMH Licensed | Yes |
| NEVADA | MO 64772-0246 | Region 1 | Facility Number | 20206 |

JOE CLARK RESIDENTIAL CARE HOME

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1495 EAST ASHLAND ST | | Telephone (417) 667-5000 | Alzheimer's Unit | No |
| NEVADA | MO 64772-4016 | Level of Care ALF** | Bed Capacity | 34 |
| Mailing Address PO BOX 246 | | County VERNON | DMH Licensed | No |
| NEVADA | MO 64772-0246 | Region 1 | Facility Number | 23419 |

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MEDICAL LODGES NEVADA

1210 W ASHLAND ST
 NEVADA MO 64772-1906
Mailing Address 1210 W ASHLAND ST
 NEVADA MO 64772-1906

Telephone (417) 667-5064 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County VERNON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 05717

MOORE-FEW CARE CENTER

901 SOUTH ADAMS
 NEVADA MO 64772-3209
Mailing Address 901 SOUTH ADAMS
 NEVADA MO 64772-3209

Telephone (417) 448-3841 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 108
County VERNON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 05703

MORNINGSIDE OF NEVADA

640 EAST HIGHLAND
 NEVADA MO 64772-1091
Mailing Address 640 EAST HIGHLAND
 NEVADA MO 64772-1091

Telephone (417) 667-3883 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 37
County VERNON **DMH Licensed** No
Region 1 **Facility Number** 23732

NATHAN RICHARD HEALTH CARE CENTER

700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025
Mailing Address 700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025

Telephone (417) 667-8889 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 68
County VERNON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 18210

PAUL L & MARTHA BARONE CARE CENTER

2101 NORTH ASH ST
 NEVADA MO 64772-1082
Mailing Address 2101 N ASH ST
 NEVADA MO 64772-1082

Telephone (417) 448-3999 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 40
County VERNON **DMH Licensed** No
Region 1 Medicaid **Facility Number** 16917

NEW FLORENCE**ST ANDREW'S AT NEW FLORENCE**

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 87
County MONTGOMERY **DMH Licensed** No
Region 6 Medicare/Medicaid **Facility Number** 05723

ST ANDREW'S AT NEW FLORENCE

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 33
County MONTGOMERY **DMH Licensed** No
Region 6 **Facility Number** 05723

NEW HAVEN**ARIZONA CARE CENTER**

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

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

NEW HAVEN CARE CENTER

9503 HIGHWAY 100
 NEW HAVEN MO 63068-1300
Mailing Address 9503 HWY 100
 NEW HAVEN MO 63068-1300

Telephone (573) 237-2103 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County FRANKLIN **DMH Licensed** No
Region 6 Medicare/Medicaid **Facility Number** 05738

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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 MADRID**NEW MADRID LIVING CENTER**

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 1050 DAWSON RD | | Telephone (573) 748-5622 | Alzheimer's Unit | Yes |
| NEW MADRID | MO 63869-1116 | Level of Care SNF | Bed Capacity | 112 |
| Mailing Address 1050 DAWSON RD | | County NEW MADRID | DMH Licensed | No |
| NEW MADRID | MO 63869-1116 | Region 2 Medicare/Medicaid | Facility Number | 04952 |

NIANGUA**ANNA'S HOUSE RESIDENTIAL CARE FACILITY LLC**

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 194 STATE HIGHWAY MM | | Telephone (417) 473-6000 | Alzheimer's Unit | No |
| NIANGUA | MO 65713-8411 | Level of Care RCF | Bed Capacity | 11 |
| Mailing Address 194 STATE HWY MM | | County WEBSTER | DMH Licensed | Yes |
| NIANGUA | MO 65713-8411 | Region 1 | Facility Number | 13487 |

NIXA**BRADFORD COURT - ASSISTED LIVING BY AMERICARE**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 902 NORTH MAIN | | Telephone (417) 725-0177 | Alzheimer's Unit | No |
| NIXA | MO 65714-9384 | Level of Care ALF** | Bed Capacity | 50 |
| Mailing Address 902 NORTH MAIN | | County CHRISTIAN | DMH Licensed | No |
| NIXA | MO 65714-9384 | Region 1 | Facility Number | 17732 |

CASTLEWOOD SENIOR LIVING THE

| | | | | |
|---|-----------|---------------------------------|-------------------------|-------|
| 1538 N OLD CASTLE ROAD | | Telephone (417) 724-8188 | Alzheimer's Unit | Yes |
| NIXA | MO 65714- | Level of Care ALF** | Bed Capacity | 66 |
| Mailing Address 1538 N OLD CASTLE ROAD | | County CHRISTIAN | DMH Licensed | No |
| NIXA | MO 65714- | Region 1 | Facility Number | 30722 |

LIFE ENHANCEMENT VILLAGE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 732 SOUTH GREGG ROAD | | Telephone (417) 725-6671 | Alzheimer's Unit | No |
| NIXA | MO 65714-7419 | Level of Care RCF* | Bed Capacity | 44 |
| Mailing Address 732 SOUTH GREGG RD | | County CHRISTIAN | DMH Licensed | Yes |
| NIXA | MO 65714-7419 | Region 1 | Facility Number | 14190 |

NIXA NURSING & REHAB

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 1104 NORTH MAIN ST | | Telephone (417) 725-1777 | Alzheimer's Unit | No |
| NIXA | MO 65714-9316 | Level of Care SNF | Bed Capacity | 82 |
| Mailing Address 1104 N MAIN ST | | County CHRISTIAN | DMH Licensed | No |
| NIXA | MO 65714-9316 | Region 1 Medicare/Medicaid | Facility Number | 13840 |

NIXA NURSING & REHAB

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1104 NORTH MAIN ST | | Telephone (417) 725-1777 | Alzheimer's Unit | No |
| NIXA | MO 65714-9316 | Level of Care RCF | Bed Capacity | 62 |
| Mailing Address 1104 N MAIN ST | | County CHRISTIAN | DMH Licensed | No |
| NIXA | MO 65714-9316 | Region 1 | Facility Number | 13840 |

PROMISE CARE CENTER, LLC

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1111 CARE AVE | | Telephone (417) 494-5037 | Alzheimer's Unit | No |
| NIXA | MO 65714-9679 | Level of Care ALF** | Bed Capacity | 126 |
| Mailing Address 1111 CARE AVE | | County CHRISTIAN | DMH Licensed | No |
| NIXA | MO 65714-9679 | Region 1 | Facility Number | 15935 |

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SPECIAL FORCE FAMILY MINISTRIES

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 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 |

NORMANDY**OAKWOOD ESTATES NURSING & REHAB**

| | | | | |
|--|---------------|--|-------------------------|-------|
| 5303 BERMUDA DR | | Telephone (314) 385-0910 | Alzheimer's Unit | Yes |
| 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 |

OAK GROVE**BRISTOL MANOR OF OAK GROVE**

| | | | | |
|-------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 300 NORTH AUSTIN | | Telephone (816) 625-8691 | Alzheimer's Unit | No |
| OAK GROVE | MO 64075-8109 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 300 N AUSTIN | | County JACKSON | DMH Licensed | No |
| OAK GROVE | MO 64075-8109 | Region 3 | Facility Number | 16552 |

OAK GROVE NURSING & REHAB

| | | | | |
|--|---------------|--|-------------------------|-------|
| 2108 SOUTH MITCHELL | | Telephone (816) 690-4118 | Alzheimer's Unit | Yes |
| OAK GROVE | MO 64075-9472 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 2108 S MITCHELL | | County JACKSON | DMH Licensed | No |
| OAK GROVE | MO 64075-9472 | Region 3 Medicare/Medicaid | Facility Number | 05849 |

ODESSA**BRISTOL MANOR OF ODESSA**

| | | | | |
|-------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 115 SOUTH 5TH ST | | Telephone (816) 633-8692 | Alzheimer's Unit | No |
| ODESSA | MO 64076-1330 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 115 S 5TH ST | | County LAFAYETTE | DMH Licensed | No |
| ODESSA | MO 64076-1330 | Region 3 | Facility Number | 16547 |

NEW HAVEN LIVING CENTER

| | | | | |
|------------------------------------|---------------|--|-------------------------|-------|
| 609 GOLF ST | | Telephone (816) 230-7530 | Alzheimer's Unit | No |
| ODESSA | MO 64076-1462 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 609 GOLF ST | | County LAFAYETTE | DMH Licensed | No |
| ODESSA | MO 64076-1462 | Region 3 Medicare/Medicaid | Facility Number | 05749 |

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 MAIN ST | | County SAINT CHARLES | DMH Licensed | No |
| O'FALLON | MO 63366-2299 | Region 5 Medicare/Medicaid | Facility Number | 27367 |

ASSISTED LIVING AT THE MEADOWLANDS

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 135 MEADOWLANDS ESTATES LN | | Telephone (636) 978-3600 | Alzheimer's Unit | Yes |
| O'FALLON | MO 63366-4591 | Level of Care ALF** | Bed Capacity | 86 |
| Mailing Address 135 MEADOWLANDS ESTATES LN | | County SAINT CHARLES | DMH Licensed | No |
| O'FALLON | MO 63366-4591 | Region 5 | Facility Number | 26475 |

DELMAR GARDENS OF O'FALLON

| | | | | |
|---|---------------|--|-------------------------|-------|
| 7068 SOUTH OUTER 364 | | Telephone (636) 240-6100 | Alzheimer's Unit | Yes |
| O'FALLON | MO 63368-7757 | Level of Care SNF | Bed Capacity | 240 |
| Mailing Address 7068 SOUTH OUTER 364 | | County SAINT CHARLES | DMH Licensed | No |
| O'FALLON | MO 63368-7757 | Region 5 Medicare/Medicaid | Facility Number | 24291 |

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GARDEN VIEW CARE CENTER

700 GARDEN PATH
 O'FALLON MO 63366-3052
Mailing Address 700 GARDEN PATH
 O'FALLON MO 63366-3052

Telephone (636) 240-2840
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 13963

GARDEN VILLAS OF O'FALLON

7092 SOUTH OUTER 364 ROAD
 O'FALLON MO 63368-7757
Mailing Address 7092 SOUTH OUTER 364 RD
 O'FALLON MO 63368-7757

Telephone (636) 240-5560
Level of Care ALF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 95
DMH Licensed No
Facility Number 27793

PARK PLACE

2004 BOARDWALK PLACE DR
 O'FALLON MO 63368-3900
Mailing Address 2004 BOARDWALK PLACE DR
 O'FALLON MO 63368-3900

Telephone (636) 695-4360
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 44
DMH Licensed No
Facility Number 25379

PARK PLACE II

2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901
Mailing Address 2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901

Telephone (636) 561-7275
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 29016

PATHWAYS PROGRAM, THE

161 PIEPER RD
 O'FALLON MO 63366-
Mailing Address PO BOX 815
 O'FALLON MO 63366-0815

Telephone (636) 978-3132
Level of Care ALF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 10934

TWIN OAKS ESTATE, INC

707 EMGE RD
 O'FALLON MO 63366-2118
Mailing Address 707 EMGE RD
 O'FALLON MO 63366-2118

Telephone (636) 240-6152
Level of Care RCF*
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 149
DMH Licensed No
Facility Number 08209

OREGON**OREGON CARE CENTER**

501 MONROE
 OREGON MO 64473-7800
Mailing Address PO BOX 19
 OREGON MO 64473-0019

Telephone (660) 446-3355
Level of Care SNF
County HOLT
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06097

OSAGE BEACH**ARROWHEAD SENIOR LIVING COMMUNITY**

6100 ARROWHEAD DRIVE
 OSAGE BEACH MO 65065-
Mailing Address 6100 ARROWHEAD DRIVE
 OSAGE BEACH MO 65065-

Telephone (573) 302-7111
Level of Care SNF
County CAMDEN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 31536

ARROWHEAD SENIOR LIVING COMMUNITY

6100 ARROWHEAD DRIVE
 OSAGE BEACH MO 65065-
Mailing Address 6100 ARROWHEAD DRIVE
 OSAGE BEACH MO 65065-

Telephone (573) 302-7111
Level of Care ALF**
County CAMDEN
Region 6

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 31536

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LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 872 COLLEGE BLVD | | Telephone (573) 302-0900 | Alzheimer's Unit | No |
| OSAGE BEACH | MO 65065-8408 | Level of Care RCF* | Bed Capacity | 40 |
| Mailing Address 872 COLLEGE BLVD | | County MILLER | DMH Licensed | No |
| OSAGE BEACH | MO 65065-8408 | Region 6 | Facility Number | 20926 |

LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY

| | | | | |
|---|---------------|--|-------------------------|-------|
| 872 COLLEGE BLVD | | Telephone (573) 302-0900 | Alzheimer's Unit | No |
| OSAGE BEACH | MO 65065-8408 | Level of Care SNF | Bed Capacity | 66 |
| Mailing Address 872 COLLEGE BLVD | | County MILLER | DMH Licensed | No |
| OSAGE BEACH | MO 65065-8408 | Region 6 Medicare/Medicaid | Facility Number | 20926 |

OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER

| | | | | |
|--|---------------|--|-------------------------|-------|
| 844 PASSOVER RD | | 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 | | County CAMDEN | DMH Licensed | No |
| OSAGE BEACH | MO 65065-2834 | Region 6 Medicare/Medicaid | Facility Number | 06116 |

OZARK REHABILITATION & HEALTH 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 |

OVERLAND**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 |

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 BLVD | | County SAINT LOUIS COUNTY | DMH Licensed | Yes |
| OVERLAND | MO 63114-3328 | Region 7 | Facility Number | 00709 |

JANE HOWELL STUPP APARTMENTS

| | | | | |
|---|---------------|----------------------------------|-------------------------|-------|
| 2443 PROUHET AVE | | Telephone (314) 890-7100 | Alzheimer's Unit | No |
| OVERLAND | MO 63114-1946 | Level of Care RCF* | Bed Capacity | 30 |
| Mailing Address 2443 PROUHET AVE | | County SAINT LOUIS COUNTY | DMH Licensed | Yes |
| OVERLAND | MO 63114-1946 | Region 7 | Facility Number | 18369 |

OWENSVILLE**FRENE VALLEY OF OWENSVILLE-A STONEBRIDGE COMMUNITY**

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

GASCONADE MANOR NURSING HOME

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

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GASCONADE TERRACE RETIREMENT CENTER

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

VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE

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

OZARK**BAPTIST HOME, THE**

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1625 WEST GARTON RD | | Telephone (417) 581-2101 | Alzheimer's Unit | No |
| OZARK | MO 65721-6637 | Level of Care ALF** | Bed Capacity | 30 |
| Mailing Address PO BOX 1040 | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-1040 | Region 1 | Facility Number | 21509 |

BAPTIST HOME, THE

| | | | | |
|------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1625 WEST GARTON RD | | Telephone (417) 581-2101 | Alzheimer's Unit | No |
| OZARK | MO 65721-6637 | Level of Care ICF | Bed Capacity | 33 |
| Mailing Address PO BOX 1040 | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-1040 | Region 1 | Facility Number | 21509 |

CENTURY PINES ASSISTED LIVING

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 709 EAST MCCRACKEN RD | | Telephone (417) 581-7278 | Alzheimer's Unit | No |
| OZARK | MO 65721-9499 | Level of Care ALF | Bed Capacity | 58 |
| Mailing Address 709 EAST MCCRACKEN RD | | County CHRISTIAN | DMH Licensed | Yes |
| OZARK | MO 65721-9499 | Region 1 | Facility Number | 01200 |

CENTURY PINES ASSISTED LIVING

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 709 EAST MCCRACKEN RD | | Telephone (417) 581-7278 | Alzheimer's Unit | Yes |
| OZARK | MO 65721-9499 | Level of Care ALF** | Bed Capacity | 18 |
| Mailing Address 709 EAST MCCRACKEN RD | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-9499 | Region 1 | Facility Number | 01200 |

COTTAGE AT CENTURY PINES, THE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 707 EAST MCCRACKEN ROAD | | Telephone (417) 485-4382 | Alzheimer's Unit | Yes |
| OZARK | MO 65721-9499 | Level of Care ALF** | Bed Capacity | 12 |
| Mailing Address 709 EAST MCCRACKEN ROAD | | County CHRISTIAN | 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 CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-7637 | Region 1 | Facility Number | 24318 |

HOPEDALE COTTAGE ASSISTED LIVING THE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1314 W SCHOOL STREET | | Telephone (417) 581-1308 | Alzheimer's Unit | Yes |
| OZARK | MO 65721-6618 | Level of Care ALF** | Bed Capacity | 14 |
| Mailing Address 1314 W SCHOOL STREET | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-6618 | Region 1 | Facility Number | 30302 |

NORTH PARK VILLAGE - ASSISTED 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 HIGHWAY NN | | County CHRISTIAN | DMH Licensed | No |
| OZARK | MO 65721-7221 | Region 1 | Facility Number | 20003 |

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OAKS COTTAGE ASSISTED LIVING, THE

5448 N 2ND AVENUE
 OZARK MO 65721-6210
Mailing Address 5448 N 2ND AVENUE
 OZARK MO 65721-6210

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

Alzheimer's Unit YES
Bed Capacity 12
DMH Licensed No
Facility Number 31804

OZARK NURSING & CARE CENTER

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

Telephone (417) 581-7126
Level of Care SNF
County CHRISTIAN
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 06240

OZARK RIVERVIEW MANOR

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

Telephone (417) 581-6025
Level of Care SNF
County CHRISTIAN
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 01426

RIVERVIEW RESIDENTIAL PLACE

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

Telephone (417) 581-2510
Level of Care RCF*
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 01426

PACIFIC**BRISTOL MANOR OF PACIFIC**

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

Telephone (636) 257-8020
Level of Care RCF
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20237

PACIFIC CARE CENTER

105 SOUTH SIXTH ST
 PACIFIC MO 63069-1328
Mailing Address 105 S SIXTH ST
 PACIFIC MO 63069-1328

Telephone (636) 271-4222
Level of Care SNF
County FRANKLIN
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 12638

PACIFIC CARE CENTER

105 SOUTH SIXTH ST
 PACIFIC MO 63069-1328
Mailing Address 105 S SIXTH ST
 PACIFIC MO 63069-1328

Telephone (636) 271-4222
Level of Care ALF**
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 12638

PALMYRA**BRISTOL MANOR OF PALMYRA**

1815 SOUTH MAIN
 PALMYRA MO 63461-1961
Mailing Address 1815 S MAIN
 PALMYRA MO 63461-1961

Telephone (573) 769-2127
Level of Care RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20260

MAPLE LAWN NURSING HOME

1410 WEST LINE ST
 PALMYRA MO 63461-1831
Mailing Address PO BOX 232
 PALMYRA MO 63461-0232

Telephone (573) 769-2213
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 09961

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PARIS

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 | | County | MONROE | DMH Licensed | No |
| PARIS | MO 65275-1165 | Region | 5 Medicare/Medicaid | Facility Number | 05484 |

PARK HILLS

COUNTRY MEADOWS

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 1301 N ST JOE DR | | Telephone | (573) 431-2889 | Alzheimer's Unit | No |
| PARK HILLS | MO 63601-1965 | Level of Care | SNF | Bed Capacity | 72 |
| Mailing Address 1301 N ST JOE DR | | County | SAINT FRANCOIS | DMH Licensed | No |
| PARK HILLS | MO 63601-1965 | Region | 2 Medicare/Medicaid | Facility Number | 14443 |

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 |

GREATER HEIGHTS RCF, LLC

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 600 NORTH FRONT ST | | Telephone | (573) 431-0344 | Alzheimer's Unit | No |
| PARK HILLS | MO 63601-3804 | Level of Care | RCF | Bed Capacity | 40 |
| Mailing Address PO BOX 603 | | County | SAINT FRANCOIS | DMH Licensed | Yes |
| PARK HILLS | MO 63601-0603 | Region | 2 | Facility Number | 07181 |

SECRET GARDENS

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 351 KEITH ST | | Telephone | (573) 518-0444 | Alzheimer's Unit | No |
| PARK HILLS | MO 63601-2049 | Level of Care | RCF | Bed Capacity | 10 |
| Mailing Address PO BOX 481 | | County | SAINT FRANCOIS | DMH Licensed | Yes |
| PARK HILLS | MO 63601-0481 | Region | 2 | Facility Number | 17813 |

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 |

PATTON

HERITAGE HILLS ASSISTED LIVING FACILITY

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

PERRYVILLE

ESTATES OF PERRYVILLE, LLC, THE

| | | | | | |
|--------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 430 NORTH WEST ST | | Telephone | (573) 547-1011 | Alzheimer's Unit | No |
| PERRYVILLE | MO 63775-1359 | Level of Care | SNF | Bed Capacity | 156 |
| Mailing Address 430 N WEST ST | | County | PERRY | DMH Licensed | No |
| PERRYVILLE | MO 63775-1359 | Region | 2 Medicare/Medicaid | Facility Number | 00137 |

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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 RD | | County PERRY | DMH Licensed | No |
| PERRYVILLE | MO 63775-1298 | Region 2 | Facility Number | 19872 |

INDEPENDENCE CARE CENTER OF PERRY COUNTY

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 800 SOUTH KINGSHIGHWAY | | Telephone (573) 547-6546 | Alzheimer's Unit | Yes |
| PERRYVILLE | MO 63775-2106 | Level of Care SNF | Bed Capacity | 133 |
| Mailing Address 800 SOUTH KINGSHWY | | County PERRY | DMH Licensed | No |
| PERRYVILLE | MO 63775-2106 | Region 2 Medicare/Medicaid | Facility Number | 06393 |

INDEPENDENCE COURT

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 121 INDEPENDENCE DR | | Telephone (573) 547-1499 | Alzheimer's Unit | No |
| PERRYVILLE | MO 63775-1496 | Level of Care RCF* | Bed Capacity | 75 |
| Mailing Address 121 INDEPENDENCE DR | | County PERRY | DMH Licensed | No |
| PERRYVILLE | MO 63775-1496 | Region 2 | Facility Number | 06393 |

INDEPENDENCE SQUARE RESIDENTIAL CARE CENTER

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 1136 SOUTH MAIN ST | | Telephone (573) 547-8600 | Alzheimer's Unit | No |
| PERRYVILLE | MO 63775-8802 | Level of Care RCF* | Bed Capacity | 20 |
| Mailing Address 1136 S MAIN ST | | County PERRY | DMH Licensed | No |
| PERRYVILLE | MO 63775-8802 | Region 2 | Facility Number | 14309 |

PIEDMONT**CLARK'S MOUNTAIN NURSING CENTER**

| | | | | |
|------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 2100 BARNES | | Telephone (573) 223-4297 | Alzheimer's Unit | No |
| PIEDMONT | MO 63957-1008 | Level of Care SNF | Bed Capacity | 91 |
| Mailing Address 2100 BARNES | | County WAYNE | DMH Licensed | No |
| PIEDMONT | MO 63957-1008 | Region 2 Medicare/Medicaid | Facility Number | 01496 |

PILOT GROVE**KATY MANOR**

| | | | | |
|---------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 205 PROSPECT | | Telephone (660) 834-3111 | Alzheimer's Unit | No |
| PILOT GROVE | MO 65276-1111 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 8 | | County COOPER | DMH Licensed | No |
| PILOT GROVE | MO 65276-0008 | Region 6 Medicare/Medicaid | Facility Number | 14982 |

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 63663-0510 | Region 2 | Facility Number | 20513 |

PLATTE CITY**HERITAGE VILLAGE OF PLATTE CITY**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 15 WALLINGFORD DR | | Telephone (816) 858-2182 | Alzheimer's Unit | No |
| PLATTE CITY | MO 64079-9604 | Level of Care RCF* | Bed Capacity | 30 |
| Mailing Address 15 WALLINGFORD DR | | County PLATTE | DMH Licensed | No |
| PLATTE CITY | MO 64079-9604 | Region 4 | Facility Number | 13182 |

HILLVIEW NURSING & REHAB

| | | | | |
|------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 220 O'ROURKE | | Telephone (816) 858-5222 | Alzheimer's Unit | No |
| PLATTE CITY | MO 64079-9360 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 1310 | | County PLATTE | DMH Licensed | No |
| PLATTE CITY | MO 64079-1310 | Region 4 Medicare/Medicaid | Facility Number | 12655 |

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PLATTSBURG

NICK'S HEALTH CARE CENTER, LLC

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 253 EAST HIGHWAY 116 | | Telephone | (816) 539-2376 | Alzheimer's Unit | No |
| PLATTSBURG | MO 64477-1561 | Level of Care | SNF | Bed Capacity | 70 |
| Mailing Address 253 EAST HWY 116 | | County | CLINTON | DMH Licensed | No |
| PLATTSBURG | MO 64477-1561 | Region | 4 Medicare/Medicaid | Facility Number | 22058 |

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 |

PLEASANT HILL

BRISTOL MANOR OF PLEASANT 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 REHABILITATION CENTER

| | | | | | |
|--------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1300 BROADWAY | | Telephone | (816) 540-2116 | Alzheimer's Unit | Yes |
| PLEASANT HILL | MO 64080-1842 | Level of Care | SNF | Bed Capacity | 90 |
| Mailing Address 1300 BROADWAY | | County | CASS | DMH Licensed | No |
| PLEASANT HILL | MO 64080-1842 | Region | 3 Medicare/Medicaid | Facility Number | 15101 |

POPLAR BLUFF

CEDARGATE HEALTHCARE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 2350 KANELL BLVD | | Telephone | (573) 785-0188 | Alzheimer's Unit | No |
| POPLAR BLUFF | MO 63901-4036 | Level of Care | ALF | Bed Capacity | 16 |
| Mailing Address 2350 KANELL BLVD | | County | BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 63901-4036 | Region | 2 | Facility Number | 01182 |

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 BLVD | | County | BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 63901-4036 | Region | 2 Medicare/Medicaid | 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 |

MARK TWAIN CARING CENTER

| | | | | | |
|------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 3001 MAY ST | | Telephone | (573) 686-6999 | Alzheimer's Unit | Yes |
| POPLAR BLUFF | MO 63901-1942 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 3001 MAY ST | | County | BUTLER | DMH Licensed | No |
| POPLAR BLUFF | MO 63901-1942 | Region | 2 Medicare/Medicaid | Facility Number | 16013 |

OAKDALE CARE CENTER

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 2702 DEBBIE LN | | Telephone | (573) 686-5242 | Alzheimer's Unit | No |
| POPLAR BLUFF | MO 63901-2650 | Level of Care | RCF* | Bed Capacity | 36 |
| Mailing Address 2702 DEBBIE LN | | County | BUTLER | DMH Licensed | Yes |
| POPLAR BLUFF | MO 63901-2650 | Region | 2 | Facility Number | 18157 |

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OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address 2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650

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

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

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address 2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650

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

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

PEACEFUL PINES RESIDENTIAL CARE FACILITY

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

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

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

PORTIA'S RESIDENTIAL CARE

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

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

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

RIVER MIST - ASSISTED LIVING BY AMERICARE

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

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

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

SWIFT CREEK RESIDENTIAL CARE CENTER

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

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

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

SWITZER RESIDENTIAL CARE

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

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

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

WESTWOOD HILLS HEALTH & REHABILITATION CENTER

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

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

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

WHISPERING OAKS RCF II, LLC

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

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

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

PORTAGEVILLE**PORTAGEVILLE HEALTH CARE CENTER**

290 WEST STATE HWY 162
 PORTAGEVILLE MO 63873-9397
Mailing Address PO BOX 408
 PORTAGEVILLE MO 63873-0408

Telephone (573) 379-2017
Level of Care SNF
County NEW MADRID
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 17119

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POTOSI

GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 1 GEORGIAN GARDENS DR | | Telephone (573) 438-6261 | Alzheimer's Unit | NO |
| 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, INC

| | | | | |
|-------------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 307 SOUTH HIGHWAY 21 | | Telephone (573) 438-3225 | Alzheimer's Unit | No |
| POTOSI | MO 63664-9317 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 307 S HWY 21 | | County WASHINGTON | DMH Licensed | No |
| POTOSI | MO 63664-9317 | Region 2 Medicare/Medicaid | Facility Number | 21648 |

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 |

PEARL'S RESIDENTIAL CARE

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 308 SOUTH BROADWAY | | Telephone (660) 748-3307 | Alzheimer's Unit | No |
| PRINCETON | MO 64673-1111 | Level of Care RCF* | Bed Capacity | 26 |
| Mailing Address 308 S BROADWAY | | County MERCER | DMH Licensed | Yes |
| PRINCETON | MO 64673-1111 | Region 4 | Facility Number | 20643 |

PUXICO

MINGO RESIDENTIAL CARE OF PUXICO LLC

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 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 & REHABILITATION 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 |

QUEEN CITY

SCHUYLER COUNTY NURSING HOME

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 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 |

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 |

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BRISTOL MANOR OF RAYMORE

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

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

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

FOXWOOD SPRINGS LIVING CENTER

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

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

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

FOXWOOD SPRINGS LIVING CENTER

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

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

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

REDWOOD OF RAYMORE

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

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

Alzheimer's Unit Yes
Bed Capacity 152
DMH Licensed No
Facility Number 16170

RAYTOWN**AUTUMN TERRACE HEALTH & REHABILITATION**

6124 RAYTOWN RD
 RAYTOWN MO 64133-4007
Mailing Address 6124 RAYTOWN RD
 RAYTOWN MO 64133-4007

Telephone (816) 358-8222
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 154
DMH Licensed No
Facility Number 00768

EDGEWOOD MANOR HEALTH CARE CENTER

11900 JESSICA LN
 RAYTOWN MO 64138-2649
Mailing Address 11900 JESSICA LN
 RAYTOWN MO 64138-2649

Telephone (816) 358-7858
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 14119

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 112
DMH Licensed No
Facility Number 17146

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010
Level of Care RCF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 17146

RAYTOWN BICKFORD HOUSE

9110 EAST 63RD ST
 RAYTOWN MO 64133-4893
Mailing Address 9110 EAST 63RD ST
 RAYTOWN MO 64133-4893

Telephone (816) 353-3400
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 85
DMH Licensed No
Facility Number 24227

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REEDS SPRING

WEDGEWOOD GARDENS

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 17996 BUSINESS 13 | | Telephone | (417) 272-6666 | Alzheimer's Unit | Yes |
| REEDS SPRING | MO 65737-9663 | Level of Care | ALF** | Bed Capacity | 46 |
| Mailing Address 17996 BUSINESS 13 | | County | STONE | DMH Licensed | No |
| REEDS SPRING | MO 65737-9663 | Region | 1 | Facility Number | 20615 |

REPUBLIC

BRISTOL MANOR OF REPUBLIC

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 634 EAST HIGHWAY 174 | | Telephone | (417) 732-8998 | Alzheimer's Unit | No |
| REPUBLIC | MO 65738-1124 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 634 EAST HWY 174 | | County | GREENE | DMH Licensed | No |
| REPUBLIC | MO 65738-1124 | Region | 1 | Facility Number | 20841 |

REPUBLIC NURSING & REHAB

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 901 EAST HIGHWAY 174 | | Telephone | (417) 732-1822 | Alzheimer's Unit | Yes |
| REPUBLIC | MO 65738-1155 | Level of Care | SNF | Bed Capacity | 127 |
| Mailing Address 901 EAST HIGHWAY 174 | | County | GREENE | DMH Licensed | No |
| REPUBLIC | MO 65738-1155 | Region | 1 Medicare/Medicaid | Facility Number | 13684 |

SONSHINE MANOR

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 300 SOUTH COTTONWOOD AVE | | Telephone | (417) 732-2929 | Alzheimer's Unit | No |
| REPUBLIC | MO 65738-2093 | Level of Care | SNF | Bed Capacity | 69 |
| Mailing Address 300 S COTTONWOOD AVE | | County | GREENE | DMH Licensed | No |
| REPUBLIC | MO 65738-2093 | Region | 1 Medicare/Medicaid | Facility Number | 16723 |

RICHLAND

RICHLAND CARE CENTER, INC

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 400 TRI-COUNTY LN | | Telephone | (573) 765-3243 | Alzheimer's Unit | No |
| RICHLAND | MO 65556- | Level of Care | SNF | Bed Capacity | 86 |
| Mailing Address PO BOX 756 | | County | PULASKI | DMH Licensed | No |
| RICHLAND | MO 65556-0756 | Region | 6 Medicare/Medicaid | Facility Number | 08100 |

ROSEWOOD MANOR

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 101 EAST PULASKI ST | | Telephone | (573) 765-4200 | Alzheimer's Unit | No |
| RICHLAND | MO 65556-7404 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 101 EAST PULASKI ST | | County | PULASKI | DMH Licensed | No |
| RICHLAND | MO 65556-7404 | Region | 6 | Facility Number | 26939 |

RICHMOND

OAK RIDGE ASSISTED LIVING

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 403 CRISPIN ST | | Telephone | (816) 776-3877 | Alzheimer's Unit | Yes |
| RICHMOND | MO 64085-1212 | Level of Care | ALF** | Bed Capacity | 55 |
| Mailing Address 403 CRISPIN ST | | County | RAY | DMH Licensed | No |
| RICHMOND | MO 64085-1212 | Region | 4 | Facility Number | 29711 |

SHIRKEY NURSING & REHABILITATION CENTER

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 804 WOLLARD BLVD | | Telephone | (816) 776-5403 | Alzheimer's Unit | Yes |
| RICHMOND | MO 64085-2227 | Level of Care | SNF | Bed Capacity | 197 |
| Mailing Address 804 WOLLARD BLVD | | County | RAY | DMH Licensed | No |
| RICHMOND | MO 64085-2227 | Region | 4 Medicare/Medicaid | Facility Number | 07289 |

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 AVENUE | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| RICHMOND HEIGHTS | MO 63117-1827 | Region | 7 | Facility Number | 31437 |

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SUNRISE 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 RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| RICHMOND HEIGHTS | MO 63117-1327 | Region 7 | Facility Number | 24149 |

RIVERSIDE**RIVERSIDE NURSING & REHABILITATION CENTER, LLC**

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 4700 NW CLIFFVIEW DR | | 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 RESIDENTIAL CARE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 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 PORT**PLEASANT VIEW**

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

ROGERSVILLE**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 |

ROLLA**ARBORS AT PARKSIDE - MEMORY CARE ASSISTED LIVING BY AMERICARE**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 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 E 10TH ST | | County PHELPS | DMH Licensed | No |
| ROLLA | MO 65401-4600 | Region 6 | Facility Number | 13589 |

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

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 1000 EAST LIONS CLUB DRIVE | | Telephone (573) 426-2186 | Alzheimer's Unit | Yes |
| ROLLA | MO 65401-4356 | Level of Care ALF** | Bed Capacity | 65 |
| Mailing Address 1000 EAST LIONS CLUB DRIVE | | County PHELPS | DMH Licensed | No |
| ROLLA | MO 65401-4356 | Region 6 | Facility Number | 31216 |

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 |

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ROLLA HEALTH & REHABILITATION SUITES

1200 MCCUTCHEN RD
 ROLLA MO 65401-2615
Mailing Address 1200 MCCUTCHEN RD
 ROLLA MO 65401-2615

Telephone (573) 364-2311
Level of Care SNF
County PHELPS
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 116
DMH Licensed No
Facility Number 08862

ROLLA PRESBYTERIAN MANOR

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care ALF**
County PHELPS
Region 6

Alzheimer's Unit Yes
Bed Capacity 37
DMH Licensed No
Facility Number 18727

ROLLA PRESBYTERIAN MANOR

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care SNF
County PHELPS
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 18727

ROSEWOOD RESIDENTIAL CARE

13450 COUNTY RD 7040
 ROLLA MO 65401-8122
Mailing Address 13450 COUNTY RD 7040
 ROLLA MO 65401-8122

Telephone (573) 341-8000
Level of Care RCF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed No
Facility Number 21083

SILVERSTONE PLACE

2735 EAGLESON DR
 ROLLA MO 65401-8384
Mailing Address 2735 EAGLESON DR
 ROLLA MO 65401-8384

Telephone (573) 426-6200
Level of Care SNF
County PHELPS
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 29351

SAINT ANN**ST ANN ASSISTED LIVING CENTER**

10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805
Mailing Address 10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805

Telephone (314) 423-1254
Level of Care ALF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 21994

SAINT CHARLES**ARBORS AT MOUNT CARMEL, THE**

723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729
Mailing Address 723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729

Telephone (636) 946-4140
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 29396

BOULEVARD SENIOR LIVING OF ST CHARLES

3340 EHLMANN ROAD
 SAINT CHARLES MO 63301-4087
Mailing Address 3340 EHLMANN ROAD
 SAINT CHARLES MO 63301-4087

Telephone (636) 757-5077
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 128
DMH Licensed No
Facility Number 31029

CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY CARE

1800 FIRST CAPITOL DRIVE
 SAINT CHARLES MO 63301-1646
Mailing Address 1800 FIRST CAPITOL DRIVE
 SAINT CHARLES MO 63301-1646

Telephone (636) 442-4500
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 155
DMH Licensed No
Facility Number 30676

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FRONTIER HEALTH & REHABILITATION

2840 WEST CLAY ST
 SAINT CHARLES MO 63301-2536
Mailing Address 2840 WEST CLAY ST
 SAINT CHARLES MO 63301-2536

Telephone (636) 946-6100 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 180
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01521

HARVESTER RESIDENTIAL CARE

35 LILLIAN DR
 SAINT CHARLES MO 63304-7032
Mailing Address 35 LILLIAN DR
 SAINT CHARLES MO 63304-7032

Telephone (636) 939-3833 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 38
County SAINT CHARLES **DMH Licensed** Yes
Region 5 **Facility Number** 03411

LAKE ST CHARLES ASSISTED LIVING APARTMENTS

45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711
Mailing Address 45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711

Telephone (636) 947-1100 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 50
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 18030

LANDING OF O'FALLON, THE

1000 LANDING CIRCLE
 SAINT CHARLES MO 63304-7647
Mailing Address 1000 LANDING CIRCLE
 SAINT CHARLES MO 63304-7647

Telephone (636) 669-0780 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 142
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 31181

LEWIS & CLARK GARDENS

1221 BOONES LICK RD
 SAINT CHARLES MO 63301-2328
Mailing Address 1221 BOONES LICK RD
 SAINT CHARLES MO 63301-2328

Telephone (636) 946-6140 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 142
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01266

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 81
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 56
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 23
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC

723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729
Mailing Address 723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729

Telephone (636) 946-4140 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 110
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07560

NHC HEALTHCARE, ST CHARLES

35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740
Mailing Address 35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740

Telephone (636) 946-8887 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07503

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SUNSHINE HOME CARE - ST CHARLES

618 HEMSATH RD
 SAINT CHARLES MO 63303-5919
Mailing Address 618 HEMSATH RD
 SAINT CHARLES MO 63303-5919

Telephone (636) 947-7799
Level of Care RCF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed Yes
Facility Number 08653

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06316

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 06316

SAINT CLAIR**CRAB APPLE VILLAGE SENIOR ESTATES**

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

Telephone (636) 629-6161
Level of Care ALF**
County FRANKLIN
Region 6

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 24395

ST CLAIR NURSING CENTER

1035 PLAZA COURT NORTH
 SAINT CLAIR MO 63077-1129
Mailing Address 1035 PLAZA CT NORTH
 SAINT CLAIR MO 63077-1129

Telephone (636) 629-2100
Level of Care SNF
County FRANKLIN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 13744

VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICARE

160 CHARLES DR
 SAINT CLAIR MO 63077-1936
Mailing Address 160 CHARLES DR
 SAINT CLAIR MO 63077-1936

Telephone (636) 322-0003
Level of Care ALF**
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 26005

SAINT ELIZABETH**ST ELIZABETH CARE CENTER**

649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440
Mailing Address 649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440

Telephone (573) 493-2215
Level of Care SNF
County MILLER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 63
DMH Licensed No
Facility Number 07523

SAINT JAMES**CEDAR KNOLL**

13635 STATE ROUTE V
 SAINT JAMES MO 65559-8331
Mailing Address 13635 STATE ROUTE V
 SAINT JAMES MO 65559-8331

Telephone (573) 265-3658
Level of Care ALF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 01142

COUNTRY VALLEY HOME

15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211
Mailing Address 15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211

Telephone (573) 265-8250
Level of Care RCF*
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed Yes
Facility Number 01852

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FERNDALE, INC

15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210
Mailing Address 15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210

Telephone (573) 265-3344
Level of Care ALF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 02526

ST JAMES LIVING CENTER

415 SIDNEY ST
 SAINT JAMES MO 65559-1070
Mailing Address PO BOX 69
 SAINT JAMES MO 65559-0069

Telephone (573) 265-8921
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 05238

SAINT JOSEPH**ABBEY WOODS CENTER FOR REHABILITATION AND HEALING**

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

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

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

CARRIAGE SQUARE LIVING & REHAB CENTER

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

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

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

CARRIAGE SQUARE LIVING & REHAB CENTER

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

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

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

DIVERSICARE OF ST JOSEPH

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

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

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

HEARTLAND II RCF

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

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

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

HEARTLAND RESIDENTIAL CARE FACILITY, INC

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

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

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

LIVING COMMUNITY OF ST JOSEPH

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

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

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

LIVING COMMUNITY OF ST JOSEPH

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

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

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

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MCDONALD BOARDING HOME

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

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

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

MEADOWVIEW RESIDENTIAL CARE

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

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

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

OAK TREE MANOR

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

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

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

RIVERSIDE PLACE

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

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

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

RIVERSIDE PLACE

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

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

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

ST JOSEPH CHATEAU

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

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

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

ST JOSEPH SENIOR LIVING

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

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

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 00526

STARCARE

1606 SOUTH 38TH ST
 SAINT JOSEPH MO 64507-2216
Mailing Address PO BOX 8162
 SAINT JOSEPH MO 64508-8162

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

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

THOMAS RESIDENTIAL CARE CENTER II

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

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

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

THOMAS RESIDENTIAL CARE FACILITY III

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

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

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

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VINTAGE GARDENS ASSISTED LIVING

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

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

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

VINTAGE GARDENS ASSISTED LIVING

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

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

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

SAINT LOUIS**AKINS HEALTH CARE, INC**

4432 WEST BELLE PL
 SAINT LOUIS MO 63108-2617
Mailing Address 4432 WEST BELLE PL
 SAINT LOUIS MO 63108-2617

Telephone (314) 652-8908
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 00078

ALEXIAN BROTHERS SHERBROOKE VILLAGE

4005 RIPA AVE
 SAINT LOUIS MO 63125-2378
Mailing Address 4005 RIPA AVE
 SAINT LOUIS MO 63125-2378

Telephone (314) 544-1111
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 167
DMH Licensed No
Facility Number 15436

ALEXIAN BROTHERS SHERBROOKE VILLAGE

4005 RIPA AVE
 SAINT LOUIS MO 63125-2378
Mailing Address 4005 RIPA AVE
 SAINT LOUIS MO 63125-2378

Telephone (314) 544-1111
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 88
DMH Licensed No
Facility Number 15436

ALLWAYS KARE RESIDENTIAL FACILITY, INC

5076 WATERMAN
 SAINT LOUIS MO 63108-1102
Mailing Address 5076 WATERMAN
 SAINT LOUIS MO 63108-1102

Telephone (314) 367-9516
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 05212

ANTHOLOGY OF CLAYTON VIEW

8825 EAGER ROAD
 SAINT LOUIS MO 63144-1205
Mailing Address 8825 EAGER ROAD
 SAINT LOUIS MO 63144-1205

Telephone (314) 961-1700
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 30363

APPLEGATE RETIREMENT HOME

1204 TELEGRAPH RD
 SAINT LOUIS MO 63125-2528
Mailing Address 1204 TELEGRAPH RD
 SAINT LOUIS MO 63125-2528

Telephone (314) 631-2003
Level of Care RCF*
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed Yes
Facility Number 14409

ASSISTED LIVING AT CHARLESS VILLAGE

5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715
Mailing Address 5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715

Telephone (314) 846-2002
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 05586

AUTUMN VIEW GARDENS AT SCHUETZ ROAD

11210 SCHUETZ RD
 SAINT LOUIS MO 63146-4933
Mailing Address 11210 SCHUETZ RD
 SAINT LOUIS MO 63146-4933

Telephone (314) 993-9888
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 22909

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AVALON GARDEN

4359 TAFT AVE
 SAINT LOUIS MO 63116-1533
Mailing Address 4359 TAFT AVE
 SAINT LOUIS MO 63116-1533

Telephone (314) 752-2022
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 77
DMH Licensed No
Facility Number 00244

AVALON MEMORY CARE

5342 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152
Mailing Address 5342 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152

Telephone (314) 849-2985
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 30
DMH Licensed No
Facility Number 30425

BARNES-JEWISH EXTENDED CARE

401 CORPORATE PARK DR
 SAINT LOUIS MO 63105-4201
Mailing Address 401 CORPORATE PARK DR
 SAINT LOUIS MO 63105-4201

Telephone (314) 725-7447
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 15878

BEAUVAIS MANOR HEALTHCARE & REHAB CENTER

3625 MAGNOLIA AVE
 SAINT LOUIS MO 63110-4048
Mailing Address 3625 MAGNOLIA AVE
 SAINT LOUIS MO 63110-4048

Telephone (314) 771-2990
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 184
DMH Licensed No
Facility Number 09528

BELLEFONTAINE GARDENS NURSING & REHAB

9500 BELLEFONTAINE RD
 SAINT LOUIS MO 63137-1336
Mailing Address 9500 BELLEFONTAINE RD
 SAINT LOUIS MO 63137-1336

Telephone (314) 388-0796
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 02598

BENEDICT JOSEPH LABRE CENTER

3863 CLEVELAND
 SAINT LOUIS MO 63110-4009
Mailing Address 3863 CLEVELAND
 SAINT LOUIS MO 63110-4009

Telephone (314) 664-3927
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 21163

BERNARD CARE CENTER

4335 WEST PINE BLVD
 SAINT LOUIS MO 63108-2205
Mailing Address 4335 WEST PINE BLVD
 SAINT LOUIS MO 63108-2205

Telephone (314) 371-0200
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 141
DMH Licensed No
Facility Number 00436

BETHESDA DILWORTH

9645 BIG BEND BLVD
 SAINT LOUIS MO 63122-6521
Mailing Address 9645 BIG BEND BLVD
 SAINT LOUIS MO 63122-6521

Telephone (314) 968-5460
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 400
DMH Licensed No
Facility Number 00508

BETHESDA HAWTHORNE PLACE

1111 SOUTH BERRY ROAD
 SAINT LOUIS MO 63122-6598
Mailing Address 1111 SOUTH BERRY ROAD
 SAINT LOUIS MO 63122-6598

Telephone (314) 942-5750
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 30509

BETHESDA SOUTHGATE

5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715
Mailing Address 5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715

Telephone (314) 846-2000
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 192
DMH Licensed No
Facility Number 05586

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BLUE CIRCLE REHAB AND NURSING

2939 MAGAZINE STREET
 SAINT LOUIS MO 63106-1245
Mailing Address 2939 MAGAZINE STREET
 SAINT LOUIS MO 63106-1245

Telephone (314) 531-0500
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 15258

BRENTMOOR RETIREMENT COMMUNITY

8600 DELMAR BLVD
 SAINT LOUIS MO 63124-1973
Mailing Address 8600 DELMAR BLVD
 SAINT LOUIS MO 63124-1973

Telephone (314) 995-3811
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 19968

CARONDELET RETIREMENT MANOR

6811 MICHIGAN
 SAINT LOUIS MO 63111-2834
Mailing Address PO BOX 37073
 SAINT LOUIS MO 63141-1573

Telephone (314) 353-9552
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed Yes
Facility Number 01058

CARRIE ELLIGSON GIETNER HOME

5000 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2015
Mailing Address 5000 S BROADWAY
 SAINT LOUIS MO 63111-2015

Telephone (314) 752-0000
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 02877

CEDARHURST OF DES PERES

12826 DAYLIGHT CIRCLE
 SAINT LOUIS MO 63131-1890
Mailing Address 12826 DAYLIGHT CIRCLE
 SAINT LOUIS MO 63131-1890

Telephone (314) 384-3654
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 76
DMH Licensed No
Facility Number 30351

CEDARHURST OF TESSON HEIGHTS

12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160
Mailing Address 12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160

Telephone (314) 849-1366
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 13663

CENTRAL RESIDENCE, THE

5143 WATERMAN BLVD
 SAINT LOUIS MO 63108-1103
Mailing Address 5143 WATERMAN BLVD
 SAINT LOUIS MO 63108-1103

Telephone (314) 367-5620
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed Yes
Facility Number 02785

CHARTER SENIOR LIVING AT ST LOUIS HILLS

6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100
Mailing Address 6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100

Telephone (314) 647-6600
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit Yes
Bed Capacity 181
DMH Licensed No
Facility Number 07594

CHATEAU ANN MARIE

7700 MINNESOTA AVE
 SAINT LOUIS MO 63111-3336
Mailing Address 7700 MINNESOTA AVE
 SAINT LOUIS MO 63111-3336

Telephone (314) 449-1497
Level of Care ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed Yes
Facility Number 14711

CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC

3409 MISSOURI AVE
 SAINT LOUIS MO 63118-3236
Mailing Address 3409 MISSOURI AVE
 SAINT LOUIS MO 63118-3236

Telephone (314) 771-8360
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 14047

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CHESTNUT REHAB AND NURSING

10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018
Mailing Address 10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018

Telephone (314) 843-4242 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 167
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 03182

CHRISTIAN EXTENDED CARE & REHABILITATION

11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159
Mailing Address 11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159

Telephone (314) 355-8010 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 08300

COMMUNITY CARE CENTER OF LEMAY, INC

9353 SOUTH BROADWAY
 SAINT LOUIS MO 63125-1600
Mailing Address 9353 SOUTH BROADWAY
 SAINT LOUIS MO 63125-1600

Telephone (314) 631-0540 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 01732

COOPER HOUSE

4385 MARYLAND AVE
 SAINT LOUIS MO 63108-2703
Mailing Address 4385 MARYLAND AVE
 SAINT LOUIS MO 63108-2703

Telephone (314) 535-1919 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 36
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 21439

CREST VIEW REHABILITATION AND HEALTHCARE CENTER

11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957
Mailing Address 11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957

Telephone (314) 991-4066 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 16378

CREVE COEUR MANOR

1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482
Mailing Address 1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482

Telephone (314) 434-8361 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 149
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02417

DELHAVEN MANOR

5460 DELMAR BLVD
 SAINT LOUIS MO 63112-3104
Mailing Address 5460 DELMAR BLVD
 SAINT LOUIS MO 63112-3104

Telephone (314) 361-2902 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 156
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02089

DELMAR GARDENS SOUTH

5300 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152
Mailing Address 5300 BUTLER HILL RD
 SAINT LOUIS MO 63128-4152

Telephone (314) 842-0588 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 250
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 12909

DOLAN MEMORY CARE AT CALAIS

1225 TENNANT RD
 SAINT LOUIS MO 63146-5523
Mailing Address 1225 TENNANT RD
 SAINT LOUIS MO 63146-5523

Telephone (314) 569-9060 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 44
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 27755

DOLAN MEMORY CARE AT FRONTIER

11566 FRONTIER DR
 SAINT LOUIS MO 63146-4873
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 995-5331 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 20
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 25162

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DOLAN MEMORY CARE AT MASON MANOR

12740 MASON MANOR
 SAINT LOUIS MO 63141-7350
Mailing Address 12740 MASON MANOR
 SAINT LOUIS MO 63141-7350

Telephone (314) 576-6200
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 8
DMH Licensed No
Facility Number 19861

DOLAN MEMORY CARE AT SCHUETZ

1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931
Mailing Address 1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931

Telephone (314) 989-1762
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 10
DMH Licensed No
Facility Number 23805

DOLAN MEMORY CARE AT WATERFORD CROSSING

11350 DOLAN WAY
 SAINT LOUIS MO 63146-5533
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 994-1391
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 31366

DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE

2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368
Mailing Address 2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368

Telephone (636) 825-6665
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 110
DMH Licensed No
Facility Number 30034

DUBOURG HOUSE

5890 EICHELBERGER ST
 SAINT LOUIS MO 63109-3454
Mailing Address 5890 EICHELBERGER ST
 SAINT LOUIS MO 63109-3454

Telephone (314) 752-1901
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed Yes
Facility Number 12349

DUNN-DUNN HOUSE LLC

2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020
Mailing Address 2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020

Telephone (314) 869-2431
Level of Care RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed Yes
Facility Number 14694

DUTCHTOWN CARE CENTER

3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201
Mailing Address 3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201

Telephone (314) 832-4700
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 21455

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 38
DMH Licensed No
Facility Number 18442

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833
Level of Care ALF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 18442

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 18442

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ESTATES OF SPANISH LAKE, THE

610 PRIGGE ROAD
 SAINT LOUIS MO 63138-3543
Mailing Address 610 PRIGGE RD
 SAINT LOUIS MO 63138-3543

Telephone (314) 741-9393
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 15265

ESTATES OF ST LOUIS, LLC, THE

2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115
Mailing Address 2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115

Telephone (314) 867-7474
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed No
Facility Number 05340

FAMILY PARTNERS HOME LLC

232 CREVE COEUR AVE
 SAINT LOUIS MO 63011-4040
Mailing Address 12880 MANCHESTER ROAD
 SAINT LOUIS MO 63131-1803

Telephone (314) 686-4444
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 8
DMH Licensed No
Facility Number 30492

FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE

12777 POINTE DR
 SAINT LOUIS MO 63127-1757
Mailing Address 12777 POINTE DR
 SAINT LOUIS MO 63127-1757

Telephone (314) 270-7111
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 02703

FRIENDSHIP VILLAGE SUNSET HILLS

12651 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1778
Mailing Address 12651 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1778

Telephone (314) 270-7777
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 144
DMH Licensed No
Facility Number 02703

GABLES AT BRADY CIRCLE, LLC THE

11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110
Mailing Address 11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110

Telephone (314) 890-2230
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 30048

GARDEN VILLAS SOUTH

13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010
Mailing Address 13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010

Telephone (314) 843-7788
Level of Care ALF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 76
DMH Licensed No
Facility Number 28964

GRAND MANOR NURSING & REHABILITATION CENTER

3645 COOK AVE
 SAINT LOUIS MO 63113-3801
Mailing Address 3645 COOK AVE
 SAINT LOUIS MO 63113-3801

Telephone (314) 531-2352
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 13324

GREEN PARK SENIOR LIVING COMMUNITY

9350 GREEN PARK ROAD
 SAINT LOUIS MO 63123-7211
Mailing Address 9350 GREEN PARK RD
 SAINT LOUIS MO 63123-7211

Telephone (314) 845-0900
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 188
DMH Licensed No
Facility Number 17565

HERITAGE CARE CENTER

4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710
Mailing Address 4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710

Telephone (314) 521-7471
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00411

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HILLSIDE MANOR HEALTHCARE AND REHAB CENTER

1265 MCLARAN AVE
 SAINT LOUIS MO 63147-1606
Mailing Address 1265 MCLARAN AVE
 SAINT LOUIS MO 63147-1606

Telephone (314) 388-4121 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 208
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 04687

HOLLY HILLS RETIREMENT HOME

6421 MINNESOTA
 SAINT LOUIS MO 63111-2808
Mailing Address 6421 MINNESOTA
 SAINT LOUIS MO 63111-2808

Telephone (314) 351-0767 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 15
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 03678

KASEY PAIGE ASSISTED LIVING

3715 JAMIESON AVE
 SAINT LOUIS MO 63109-1109
Mailing Address 3715 JAMIESON AVE
 SAINT LOUIS MO 63109-1109

Telephone (314) 781-0222 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 111
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 04650

LACLEDE COMMONS

727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911
Mailing Address 727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 242
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17713

LANSDOWNE VILLAGE

4624 LANSDOWNE AVE
 SAINT LOUIS MO 63116-1523
Mailing Address 4624 LANSDOWNE AVE
 SAINT LOUIS MO 63116-1523

Telephone (314) 351-6888 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 145
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 14557

LIFE CARE CENTER OF ST LOUIS

3520 CHOUTEAU AVE
 SAINT LOUIS MO 63103-2916
Mailing Address 3520 CHOUTEAU AVE
 SAINT LOUIS MO 63103-2916

Telephone (314) 771-2100 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 19823

LINDELL MANOR

4336 LINDELL BLVD
 SAINT LOUIS MO 63108-2702
Mailing Address PO BOX 525
 CUBA MO 65453-

Telephone (314) 652-4828 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 24
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 10470

MARY RYDER HOME

4361 OLIVE ST
 SAINT LOUIS MO 63108-2621
Mailing Address 4361 OLIVE ST
 SAINT LOUIS MO 63108-2621

Telephone (314) 531-2981 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 80
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 20972

MATTIS POINTE - ASSISTED LIVING BY AMERICARE

4962 MATTIS ROAD
 SAINT LOUIS MO 63128-2795
Mailing Address 4962 MATTIS ROAD
 SAINT LOUIS MO 63128-2795

Telephone (314) 328-4084 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30805

MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE

THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 997-5333 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23542

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MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE

THREE MCKNIGHT PLACE
 SAINT LOUIS MO 63124-1900
Mailing Address THREE MCKNIGHT PLACE
 SAINT LOUIS MO 63124-1900

Telephone (314) 993-3333
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 23542

MCKNIGHT PLACE EXTENDED CARE

TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 993-2221
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 18914

MOTHER OF GOOD COUNSEL HOME

6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314
Mailing Address 6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314

Telephone (314) 383-4765
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 114
DMH Licensed No
Facility Number 05568

MOTHER OF PERPETUAL HELP RESIDENCE, INC

7609 WATSON ROAD
 SAINT LOUIS MO 63119-5001
Mailing Address 7609 WATSON RD
 SAINT LOUIS MO 63119-5001

Telephone (314) 918-2260
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 160
DMH Licensed No
Facility Number 21111

MS B'S BLESSINGS

4739 COTE BRILLIANTE AVE
 SAINT LOUIS MO 63113-1813
Mailing Address 4739 COTE BRILLIANTE AVE
 SAINT LOUIS MO 63113-1813

Telephone (314) 533-1922
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 6
DMH Licensed Yes
Facility Number 10889

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 121
DMH Licensed No
Facility Number 17458

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 114
DMH Licensed No
Facility Number 17458

NEWSTEAD PLACE

19 NORTH NEWSTEAD
 SAINT LOUIS MO 63108-2260
Mailing Address 19 N NEWSTEAD
 SAINT LOUIS MO 63108-2260

Telephone (314) 286-4510
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 19169

NORMANDY NURSING CENTER

7301 SAINT CHARLES ROCK RD
 SAINT LOUIS MO 63133-1737
Mailing Address 7301 SAINT CHARLES ROCK RD
 SAINT LOUIS MO 63133-1737

Telephone (314) 862-0555
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 01118

NORTHVIEW VILLAGE

2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109
Mailing Address 2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109

Telephone (314) 361-1300
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 320
DMH Licensed No
Facility Number 08058

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OAK PARK CARE CENTER

6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318
Mailing Address 6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318

Telephone (314) 781-3444 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 05914

OASIS RESIDENTIAL CARE FACILITY

3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214
Mailing Address 3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214

Telephone (314) 534-3355 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 15415

PARC PROVENCE

605 COEUR DE VILLE DR
 SAINT LOUIS MO 63141-6603
Mailing Address 605 COEUR DE VILLE DR
 SAINT LOUIS MO 63141-6603

Telephone (314) 542-2500 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 140
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24122

PROVISION OF PROMISE LLC

4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113
Mailing Address 4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113

Telephone (314) 535-5509 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 17937

RICHMOND TERRACE ASSISTED LIVING

1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038
Mailing Address 1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038

Telephone (314) 646-8000 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 22269

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 130
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02273

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 11
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 02273

ROYAL OAK NURSING & REHAB

4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404
Mailing Address 4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404

Telephone (314) 361-6240 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 168
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 06322

SADDLER RESIDENTIAL CARE FACILITY INC

730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002
Mailing Address 730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002

Telephone (314) 725-3709 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 16828

SILVER SPUR

3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111
Mailing Address 3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111

Telephone (314) 773-3408 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 37
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 00185

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SISTERS MISSION

3225 NORTH FLORISSANT AVE
 SAINT LOUIS MO 63107-3521
Mailing Address 3225 N FLORISSANT AVE
 SAINT LOUIS MO 63107-3521

Telephone (314) 374-7419 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 47
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 04563

SMILEY MANOR LLC

5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513
Mailing Address 5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513

Telephone (314) 932-1360 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 04078

SMILEY MANOR WEST

1119 GOODFELLOW BLVD
 SAINT LOUIS MO 63112-
Mailing Address 1119 GOODFELLOW BLVD
 SAINT LOUIS MO 63112-

Telephone 314-833-3238 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 27
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 31147

SPRING MANOR

3610 PALM ST
 SAINT LOUIS MO 63107-2505
Mailing Address 3610 PALM ST
 SAINT LOUIS MO 63107-2505

Telephone (314) 533-3111 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 94
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 28552

ST ELIZABETH HALL

325 NORTH NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707
Mailing Address 325 N NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707

Telephone (314) 652-9525 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 50
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 07516

ST JOHNS PLACE

3333 BROWN ROAD
 SAINT LOUIS MO 63114-4327
Mailing Address 3333 BROWN RD
 SAINT LOUIS MO 63114-4327

Telephone (314) 426-2211 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 18454

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 S BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 24
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 24
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicaid **Facility Number** 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 23
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 07585

ST LOUIS PLACE HEALTH & REHABILITATION

2600 REDMAN RD
 SAINT LOUIS MO 63136-5863
Mailing Address 2600 REDMAN RD
 SAINT LOUIS MO 63136-5863

Telephone (314) 355-8585 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 18697

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SUNRISE OF WEBSTER GROVES

45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050
Mailing Address 45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050

Telephone (314) 918-7300
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 28242

SUPERIOR MANOR OF DOWNTOWN, LLC

1501 CLINTON STREET
 SAINT LOUIS MO 63106-4100
Mailing Address 1501 CLINTON STREET
 SAINT LOUIS MO 63106-4100

Telephone (314) 376-5000
Level of Care RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit NO
Bed Capacity 40
DMH Licensed No
Facility Number 30136

SYLVAN HOUSE

30 SHERMAN RD
 SAINT LOUIS MO 63125-4125
Mailing Address 30 SHERMAN RD
 SAINT LOUIS MO 63125-4125

Telephone (314) 892-2212
Level of Care RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 15078

U-CITY FOREST MANOR

1301 PARTRIDGE AVE
 SAINT LOUIS MO 63130-1944
Mailing Address 1301 PARTRIDGE AVE
 SAINT LOUIS MO 63130-1944

Telephone (314) 862-5556
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 15454

UNION MANOR, LLC

2711 NORTH UNION BLVD
 SAINT LOUIS MO 63113-1003
Mailing Address 2711 NORTH UNION BLVD
 SAINT LOUIS MO 63113-1003

Telephone (314) 383-7310
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 11002

WEST PINE GROUP HOME

4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840
Mailing Address 4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840

Telephone (314) 531-9450
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 05948

SAINT MARY**MARIAN CLIFF RESIDENTIAL CARE CENTER LLC**

381 ELM ST
 SAINT MARY MO 63673-9330
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0272

Telephone (573) 543-2218
Level of Care RCF*
County SAINTE GENEVIEVE
Region 2

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed Yes
Facility Number 05058

SAINT PETERS**CHESTNUT GLENN - ASSISTED LIVING BY AMERICARE**

121 KLONDIKE CROSSING
 SAINT PETERS MO 63376-5394
Mailing Address 121 KLONDIKE CROSSING
 SAINT PETERS MO 63376-5394

Telephone (636) 928-4200
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 74
DMH Licensed No
Facility Number 25446

CLARENDALE OF ST PETERS

10 DUBRAY DRIVE
 SAINT PETERS MO 63376-3558
Mailing Address 10 DUBRAY DRIVE
 SAINT PETERS MO 63376-3558

Telephone (636)706-5100
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit yes
Bed Capacity 110
DMH Licensed No
Facility Number 32095

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MCCLAY SENIOR CARE

3801 MCCLAY ROAD
 SAINT PETERS MO 63376-7327
Mailing Address 3801 MCCLAY ROAD
 SAINT PETERS MO 63376-7327

Telephone (636) 244-3323
Level of Care SNF
County SAINT CHARLES
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 29933

SPENCER PLACE - ASSISTED LIVING BY AMERICARE

265 SPENCER RD
 SAINT PETERS MO 63376-2430
Mailing Address 265 SPENCER RD
 SAINT PETERS MO 63376-2430

Telephone (636) 441-6662
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 74
DMH Licensed No
Facility Number 13294

ST PETERS MANOR CARE CENTER

230 SPENCER RD
 SAINT PETERS MO 63376-2425
Mailing Address 230 SPENCER RD
 SAINT PETERS MO 63376-2425

Telephone (636) 441-2750
Level of Care SNF
County SAINT CHARLES
Region 5 Medicare/Medicaid

Alzheimer's Unit NO
Bed Capacity 96
DMH Licensed No
Facility Number 07613

VILLAGES OF ST PETERS MEMORY CARE

5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182
Mailing Address 5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182

Telephone (636) 477-6955
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 29889

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 26014

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care SNF
County SAINT CHARLES
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 26014

SAINTE GENEVIEVE**COUNTRY HAVEN BOARDING HOME - BUILDING I**

19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213
Mailing Address 19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213

Telephone (573) 756-8141
Level of Care ALF
County SAINTE GENEVIEVE
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 11134

COUNTRY HAVEN BOARDING HOME - BUILDING II

19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213
Mailing Address 19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213

Telephone (573) 756-8141
Level of Care ALF
County SAINTE GENEVIEVE
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 19721

PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE

805 PARKWOOD DR
 SAINTE GENEVIEVE MO 63670-1858
Mailing Address 805 PARKWOOD DR
 SAINTE GENEVIEVE MO 63670-1858

Telephone (573) 883-3883
Level of Care ALF**
County SAINTE GENEVIEVE
Region 2

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 23234

RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER

1100 PROGRESS PARKWAY
 SAINTE GENEVIEVE MO 63670-9232
Mailing Address 1100 PROGRESS PARKWAY
 SAINTE GENEVIEVE MO 63670-9232

Telephone (573) 883-3454
Level of Care SNF
County SAINTE GENEVIEVE
Region 2 Medicare/Medicaid

Alzheimer's Unit YES
Bed Capacity 120
DMH Licensed No
Facility Number 06729

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ST GENEVIEVE CARE CENTER, INC

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 1010 STE GENEVIEVE DR | | Telephone (573) 883-5725 | Alzheimer's Unit | No |
| SAINTE GENEVIEVE | MO 63670-1447 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address PO BOX 426 | | County SAINTE GENEVIEVE | DMH Licensed | No |
| SAINTE GENEVIEVE | MO 63670-0426 | Region 2 Medicare/Medicaid | Facility Number | 03254 |

SALEM**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 PO BOX 29 | | County DENT | DMH Licensed | No |
| SALEM | MO 65560-0029 | Region 6 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 PO BOX 746 | | County DENT | DMH Licensed | No |
| SALEM | MO 65560-0746 | Region 6 Medicare/Medicaid | Facility Number | 07110 |

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 |

SARCOXIE**SARCOXIE NURSING CENTER**

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 1505 MINER | | Telephone (417) 548-3434 | Alzheimer's Unit | No |
| SARCOXIE | MO 64862-9211 | Level of Care SNF | Bed Capacity | 40 |
| Mailing Address PO BOX 248 | | County JASPER | DMH Licensed | No |
| SARCOXIE | MO 64862-0248 | Region 1 Medicare/Medicaid | Facility Number | 06864 |

SAVANNAH**LAVERNA SENIOR LIVING**

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

SHADY LAWN LIVING CENTER

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 13277 STATE ROUTE D | | Telephone (816) 324-5991 | Alzheimer's Unit | Yes |
| SAVANNAH | MO 64485-9431 | Level of Care SNF | Bed Capacity | 88 |
| Mailing Address 13277 STATE ROUTE D | | County ANDREW | DMH Licensed | No |
| SAVANNAH | MO 64485-9431 | Region 4 Medicare/Medicaid | Facility Number | 07147 |

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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 HWY 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 ST | | County | SCOTT | DMH Licensed | Yes |
| SCOTT CITY | MO 63780-1219 | Region | 2 | Facility Number | 07039 |

SEDALIA

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 |

CEDARHURST OF SEDALIA

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 3761 WEST 10TH ST | | Telephone | (660) 827-8900 | Alzheimer's Unit | No |
| SEDALIA | MO 65301-2524 | Level of Care | ALF** | Bed Capacity | 90 |
| Mailing Address 3761 WEST 10TH ST | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-2524 | Region | 6 | Facility Number | 25967 |

E W THOMPSON HEALTH & REHABILITATION CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 975 MITCHELL ROAD | | Telephone | (660) 851-0668 | Alzheimer's Unit | Yes |
| SEDALIA | MO 65301-2133 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 975 MITCHELL ROAD | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-2133 | Region | 6 Medicare/Medicaid | Facility Number | 30182 |

ESSEX BY BRISTOL, THE

| | | | | | |
|-------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 301 EAST 3RD | | Telephone | (660) 829-1758 | Alzheimer's Unit | No |
| SEDALIA | MO 65301-4335 | Level of Care | RCF | Bed Capacity | 24 |
| Mailing Address 301 EAST 3RD | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-4335 | Region | 6 | Facility Number | 23020 |

FAIR VIEW NURSING HOME

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 1714 WEST 16TH ST | | Telephone | (660) 827-1594 | Alzheimer's Unit | No |
| SEDALIA | MO 65301-5273 | Level of Care | SNF | Bed Capacity | 75 |
| Mailing Address 1714 WEST 16TH ST | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-5273 | Region | 6 Medicare/Medicaid | Facility Number | 02469 |

FOUR SEASONS LIVING CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 2800 HIGHWAY TT | | Telephone | (660) 826-8803 | Alzheimer's Unit | Yes |
| SEDALIA | MO 65301-1410 | Level of Care | SNF | Bed Capacity | 239 |
| Mailing Address 2800 HIGHWAY TT | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-1410 | Region | 6 Medicare/Medicaid | Facility Number | 00836 |

LOVING ARMS MEMORY CARE AND ASSISTED LIVING

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1300 EAST 24TH ST | | Telephone | (660) 851-2266 | Alzheimer's Unit | yes |
| SEDALIA | MO 65301-8233 | Level of Care | ALF** | Bed Capacity | 20 |
| Mailing Address 1300 EAST 24TH STREET | | County | PETTIS | DMH Licensed | No |
| SEDALIA | MO 65301-8233 | Region | 6 | Facility Number | 15971 |

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PETTIS COUNTY ASSISTED LIVING, LLC

3017 BROOKING PARK AVENUE
 SEDALIA MO 65301-9327
Mailing Address 3017 BROOKING PARK AVE
 SEDALIA MO 65301-9327

Telephone (660) 851-7118
Level of Care ALF**
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 139
DMH Licensed Yes
Facility Number 30112

REST HAVEN CONVALESCENT & RETIREMENT HOME

1800 SOUTH INGRAM
 SEDALIA MO 65301-7538
Mailing Address 1800 S INGRAM
 SEDALIA MO 65301-7538

Telephone (660) 827-0845
Level of Care SNF
County PETTIS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 86
DMH Licensed No
Facility Number 06582

STONE RIDGE VILLAGE

25023 BOTHWELL PARK RD
 SEDALIA MO 65301-0084
Mailing Address 25023 BOTHWELL PARK RD
 SEDALIA MO 65301-0084

Telephone (660) 827-3993
Level of Care RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 81
DMH Licensed No
Facility Number 05035

SUNNY MEADOWS LIVING CENTER

419 NORTH PROSPECT AVE
 SEDALIA MO 65301-2729
Mailing Address 419 N PROSPECT AVE
 SEDALIA MO 65301-2729

Telephone (660) 826-5353
Level of Care RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06527

SYLVIA G THOMPSON RESIDENCE CENTER, INC

3333 WEST TENTH ST
 SEDALIA MO 65301-2113
Mailing Address 3333 WEST TENTH ST
 SEDALIA MO 65301-2113

Telephone (660) 826-2118
Level of Care SNF
County PETTIS
Region 6 **Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 17278

SENATH**SENATH SOUTH HEALTH CARE CENTER**

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

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

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 16147

SENECA**SENECA HOME PLACE**

2400 SOUTH CHEROKEE AVE
 SENECA MO 64865-9323
Mailing Address 2400 S CHEROKEE AVE
 SENECA MO 64865-9323

Telephone (417) 776-8053
Level of Care RCF*
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 17571

SENECA HOUSE

914 CHICKESAW ST
 SENECA MO 64865-9281
Mailing Address 914 CHICKESAW ST
 SENECA MO 64865-9281

Telephone (417) 776-8041
Level of Care SNF
County NEWTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 17090

SEYMOUR**GLENWOOD HEALTHCARE**

851 THOROUGHFARE
 SEYMOUR MO 65746-8767
Mailing Address 851 THOROUGHFARE
 SEYMOUR MO 65746-8767

Telephone (417) 935-2992
Level of Care SNF
County WEBSTER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 16944

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SHELBY

SALT RIVER COMMUNITY CARE

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 142 SHELBY PLAZA RD | | Telephone | (573) 588-4175 | Alzheimer's Unit | Yes |
| SHELBY | MO 63468-1065 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address PO BOX 529 | | County | SHELBY | DMH Licensed | No |
| SHELBY | MO 63468-0529 | Region | 5 Medicare/Medicaid | Facility Number | 06934 |

SHELBY VILLA LIFECARE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 218 EAST SHELBY AVE | | Telephone | (573) 588-4115 | Alzheimer's Unit | No |
| SHELBY | MO 63468-4328 | Level of Care | ALF** | Bed Capacity | 68 |
| Mailing Address 218 EAST SHELBY AVE | | County | SHELBY | DMH Licensed | No |
| SHELBY | MO 63468-4328 | Region | 5 | Facility Number | 18584 |

SHREWSBURY

MARY, QUEEN AND MOTHER CENTER

| | | | | | |
|---------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 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 |

SIKESTON

ARBORS AT WESTRIDGE PLACE - MEMORY CARE 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 | Level of Care | SNF | Bed Capacity | 98 |
| Mailing Address PO BOX 707 | | County | SCOTT | DMH Licensed | No |
| SIKESTON | MO 63801-0707 | Region | 2 Medicare/Medicaid | Facility Number | 19913 |

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 MALONE ST | | County | SCOTT | DMH Licensed | Yes |
| SIKESTON | MO 63801-2425 | Region | 2 | Facility Number | 13255 |

DELTA SOUTH NURSING & REHABILITATION

| | | | | | |
|---|---------------|----------------------|---------------------|-------------------------|-------|
| 640 COLONEL GEORGE E DAY PARKWAY | | Telephone | (573) 471-3400 | Alzheimer's Unit | No |
| SIKESTON | MO 63801-0624 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address 640 COLONEL GEORGE E DAY PARKWAY | | County | NEW MADRID | DMH Licensed | No |
| SIKESTON | MO 63801-0624 | Region | 2 Medicare/Medicaid | Facility Number | 30584 |

GREEN ACRES ASSISTED LIVING, LLC

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 411 NORTH KINGSHIGHWAY | | Telephone | (573) 471-5503 | Alzheimer's Unit | No |
| SIKESTON | MO 63801- | Level of Care | ALF | Bed Capacity | 66 |
| Mailing Address PO BOX 909 | | County | SCOTT | DMH Licensed | Yes |
| SIKESTON | MO 63801-0909 | Region | 2 | Facility Number | 03229 |

HUNTER ACRES CARING CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 628 NORTH WEST ST | | Telephone | (573) 471-7130 | Alzheimer's Unit | Yes |
| SIKESTON | MO 63801-4738 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 628 NORTH WEST ST | | County | SCOTT | DMH Licensed | No |
| SIKESTON | MO 63801-4738 | Region | 2 Medicare/Medicaid | Facility Number | 07345 |

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LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

226 PLAZA DR
 SIKESTON MO 63801-5105
Mailing Address 226 PLAZA DR
 SIKESTON MO 63801-5105

Telephone (573) 472-2546
Level of Care ALF**
County SCOTT
Region 2

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 28804

MINER NURSING CENTER

410 H ROAD
 SIKESTON MO 63801-5350
Mailing Address PO BOX 430
 SIKESTON MO 63801-0430

Telephone (573) 471-7683
Level of Care SNF
County SCOTT
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 11496

SIKESTON CONVALESCENT CENTER

103 KENNEDY DR
 SIKESTON MO 63801-5126
Mailing Address 103 KENNEDY DR
 SIKESTON MO 63801-5126

Telephone (573) 471-6900
Level of Care SNF
County SCOTT
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 07331

WESTFIELD NURSING CENTER, INC

3144 STATE HIGHWAY FF
 SIKESTON MO 63801-8580
Mailing Address PO BOX 489
 SIKESTON MO 63801-0489

Telephone (573) 471-1174
Level of Care SNF
County NEW MADRID
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 98
DMH Licensed No
Facility Number 07306

SILEX**SILEX COMMUNITY CARE**

111 DUNCAN MANSION RD
 SILEX MO 63377-2229
Mailing Address 111 DUNCAN MANSION RD
 SILEX MO 63377-2229

Telephone (573) 384-5218
Level of Care SNF
County LINCOLN
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06838

SILEX RESIDENTIAL HOME, LLC

145 DUNCAN MANSION RD
 SILEX MO 63377-2229
Mailing Address 145 DUNCAN MANSION RD
 SILEX MO 63377-2229

Telephone (573) 384-5213
Level of Care RCF*
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 20982

SLATER**BIG BEND RETREAT**

620 NORTH EMMERSON
 SLATER MO 65349-1157
Mailing Address 620 NORTH EMMERSON
 SLATER MO 65349-1157

Telephone (660) 529-2237
Level of Care ICF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 00546

BIG BEND RETREAT

620 NORTH EMMERSON
 SLATER MO 65349-1157
Mailing Address 620 NORTH EMMERSON
 SLATER MO 65349-1157

Telephone (660) 529-2237
Level of Care RCF*
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed No
Facility Number 00546

SMITHVILLE**BRISTOL MANOR OF SMITHVILLE**

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

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

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

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SPRINGFIELD

BIRCH POINTE HEALTH AND REHABILITATION

3705 S JEFFERSON AVE
 SPRINGFIELD MO 65807-
Mailing Address 3705 S JEFFERSON AVE
 SPRINGFIELD MO 65807-

Telephone (417) 889-0773
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 31013

BROOKHAVEN NURSING & REHAB

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

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

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

CEDARHURST OF SPRINGFIELD

1146 EAST LAKEWOOD ST
 SPRINGFIELD MO 65810-2614
Mailing Address 1146 E LAKEWOOD ST
 SPRINGFIELD MO 65810-2614

Telephone (417) 885-9050
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 28295

FREMONT SENIOR LIVING, THE

1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401
Mailing Address 1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401

Telephone (417) 881-0500
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 28782

GARDENS, THE

1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943
Mailing Address 1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943

Telephone (417) 889-7600
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 148
DMH Licensed No
Facility Number 20288

GLENDALE GARDENS NURSING & REHAB

3535 EAST CHEROKEE
 SPRINGFIELD MO 65809-2829
Mailing Address 3535 EAST CHEROKEE
 SPRINGFIELD MO 65809-2829

Telephone (417) 889-9955
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 16735

GOLDEN ESTATE RESIDENTIAL CARE

1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070
Mailing Address 1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070

Telephone (417) 833-4440
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed Yes
Facility Number 02984

JACOBS CARE CENTER, LLC

932 WEST STATE
 SPRINGFIELD MO 65806-2846
Mailing Address 932 WEST STATE
 SPRINGFIELD MO 65806-2846

Telephone (417) 865-6140
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06229

JAMES RIVER NURSING AND REHABILITATION

3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400
Mailing Address 3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400

Telephone (417) 889-9500
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 17645

JORDAN CREEK NURSING & REHAB

910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950
Mailing Address 910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950

Telephone (417) 865-8741
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 03245

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JOY ASSISTED LIVING FOR SENIORS

2030 W MOUNT VERNON ST
 SPRINGFIELD MO 65802-4846
Mailing Address PO BOX 9655
 SPRINGFIELD MO 65801-9655

Telephone (417) 864-8805
Level of Care ALF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 74
DMH Licensed Yes
Facility Number 19668

LAKESWOOD - ASSISTED LIVING BY AMERICARE

4685 ROBBERSON AVE
 SPRINGFIELD MO 65810-1785
Mailing Address 4685 ROBBERSON AVE
 SPRINGFIELD MO 65810-1785

Telephone (417) 881-1411
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 67
DMH Licensed No
Facility Number 23613

LODGES, THE

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed Yes
Facility Number 09756

MAGNOLIA SQUARE NURSING AND REHAB

1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567
Mailing Address 1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567

Telephone (417) 877-7545
Level of Care SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 23400

MANOR AT ELFINDALE, THE

1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1246
Mailing Address 1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1246

Telephone (417) 831-2273
Level of Care SNF
County GREENE
Region 1 **Medicare**

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 17371

MAPLES HEALTH AND REHABILITATION, THE

610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696
Mailing Address 610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696

Telephone (417) 891-1700
Level of Care SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 06441

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed No
Facility Number 04907

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016
Level of Care SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 04907

MORNINGSIDE OF CHESTERFIELD VILLAGE

2410 WEST CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631
Mailing Address 2410 W CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631

Telephone (417) 886-4000
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 22584

MORNINGSIDE OF SPRINGFIELD

3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828
Mailing Address 3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828

Telephone (417) 889-2222
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 21025

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NEIGHBORHOODS AT QUAIL CREEK, THE

1514 WEST LARK
 SPRINGFIELD MO 65810-2270
Mailing Address 1514 WEST LARK
 SPRINGFIELD MO 65810-2270

Telephone (417) 889-1275
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 24701

QUALITY RESIDENTIAL CARE

2034 WEST COLLEGE
 SPRINGFIELD MO 65806-1524
Mailing Address PO BOX 8127
 SPRINGFIELD MO 65801-8127

Telephone (417) 831-6466
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed Yes
Facility Number 13150

RAVENWOOD - ASSISTED LIVING BY AMERICARE

1950 EAST REPUBLIC RD
 SPRINGFIELD MO 65804-6763
Mailing Address 1950 E REPUBLIC RD
 SPRINGFIELD MO 65804-6763

Telephone (417) 890-6000
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 20791

SPRING RIDGE - ASSISTED LIVING BY AMERICARE

2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925
Mailing Address 2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925

Telephone (417) 889-7100
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 19713

SPRING VALLEY ASSISTED LIVING

2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 S FREMONT
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022
Level of Care ALF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 00144

SPRING VALLEY HEALTH & REHABILITATION CENTER

2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 S FREMONT
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 194
DMH Licensed No
Facility Number 00144

SPRINGFIELD REHABILITATION & HEALTH CARE CENTER

2800 S FORT AVE
 SPRINGFIELD MO 65807-3480
Mailing Address PO BOX 3438 GS
 SPRINGFIELD MO 65808-3438

Telephone (417) 882-0035
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 146
DMH Licensed No
Facility Number 07460

SPRINGFIELD SKILLED CARE CENTER

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 09756

SPRINGFIELD VILLA

1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076
Mailing Address 1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076

Telephone (417) 569-1114
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 146
DMH Licensed No
Facility Number 05280

SUNTERRA SPRINGS SPRINGFIELD

4935 S NATIONAL AVE
 SPRINGFIELD MO 65810-2989
Mailing Address 4935 S NATIONAL AVE
 SPRINGFIELD MO 65810-2989

Telephone (417) 720-8050
Level of Care SNF
County GREENE
Region 1 Medicare

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 31273

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WILSON'S CREEK NURSING & REHAB

3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241
Mailing Address 3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241

Telephone (417) 864-5600
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 172
DMH Licensed No
Facility Number 05579

WOODLAND MANOR

1347 EAST VALLEY WATERMILL RD
 SPRINGFIELD MO 65803-3739
Mailing Address 1347 EAST VALLEY WATERMILL RD
 SPRINGFIELD MO 65803-3739

Telephone (417) 833-1220
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 180
DMH Licensed No
Facility Number 05794

STANBERRY**PINE VIEW MANOR, INC**

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

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

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

PINE VIEW MANOR, INC

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

Telephone (660) 783-2118
Level of Care SNF
County GENTRY
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 05832

STEELE**RIVER OAKS CARE CENTER**

1001 NORTH WALNUT
 STEELE MO 63877-1355
Mailing Address 1001 N WALNUT
 STEELE MO 63877-1355

Telephone (573) 695-2121
Level of Care SNF
County PEMISCOT
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 06672

STEELVILLE**STEELVILLE SENIOR LIVING**

311 NORTH SPRING ST
 STEELVILLE MO 65565-5089
Mailing Address 311 NORTH SPRING ST
 STEELVILLE MO 65565-5089

Telephone (573) 775-5815
Level of Care SNF
County CRAWFORD
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 02860

STEELVILLE SENIOR LIVING

311 NORTH SPRING ST
 STEELVILLE MO 65565-5089
Mailing Address 311 NORTH SPRING ST
 STEELVILLE MO 65565-5089

Telephone (573) 775-5815
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 MO 65785-9608
Mailing Address PO BOX 945
 STOCKTON MO 65785-0945

Telephone (417) 276-5126
Level of Care SNF
County CEDAR
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 07680

STOVER**BRISTOL MANOR OF STOVER**

607 WEST 4TH ST
 STOVER MO 65078-0807
Mailing Address 607 WEST 4TH ST
 STOVER MO 65078-0807

Telephone (573) 377-4519
Level of Care RCF
County MORGAN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18863

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GOLDEN AGE LIVING CENTER

| | | | | |
|-----------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 404 E THIRD ST | | Telephone (573) 377-4521 | Alzheimer's Unit | Yes |
| STOVER | MO 65078-0947 | Level of Care SNF | Bed Capacity | 61 |
| Mailing Address PO BOX 307 | | County MORGAN | DMH Licensed | No |
| STOVER | MO 65078-0307 | Region 6 | Medicare/Medicaid | Facility Number 02949 |

STRAFFORD**STRAFFORD CARE CENTER**

| | | | | |
|---|---------------|---------------------------------|--------------------------|------------------------------|
| 505 WEST EVERGREEN | | Telephone (417) 736-9332 | Alzheimer's Unit | Yes |
| STRAFFORD | MO 65757-8625 | Level of Care SNF | Bed Capacity | 78 |
| Mailing Address 505 WEST EVERGREEN | | County GREENE | DMH Licensed | No |
| STRAFFORD | MO 65757-8625 | Region 1 | Medicare/Medicaid | Facility Number 21285 |

STURGEON**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 | Medicare/Medicaid | Facility Number 07733 |

SULLIVAN**LIFE CARE CENTER OF SULLIVAN**

| | | | | |
|--|---------------|---------------------------------|--------------------------|------------------------------|
| 875 DUNSFORD DR | | Telephone (573) 468-3128 | Alzheimer's Unit | No |
| SULLIVAN | MO 63080-1238 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 875 DUNSFORD DR | | County FRANKLIN | DMH Licensed | No |
| SULLIVAN | MO 63080-1238 | Region 6 | Medicare/Medicaid | Facility Number 07744 |

MERAMEC NURSING CENTER

| | | | | |
|--------------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 940 MATTOX DR | | Telephone (573) 468-7733 | Alzheimer's Unit | No |
| SULLIVAN | MO 63080-2364 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address 940 MATTOX DR | | County CRAWFORD | DMH Licensed | No |
| SULLIVAN | MO 63080-2364 | Region 6 | Medicare/Medicaid | Facility Number 18277 |

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 | Medicare/Medicaid | Facility Number 06668 |

VICTORIAN PLACE OF SULLIVAN, ASSISTED LIVING BY AMERICARE

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

SUNSET HILLS**SHERIDAN AT LAUMEIER PARK, THE**

| | | | | |
|--|---------------|----------------------------------|--------------------------|------------------------------|
| 12422 ROTT ROAD | | Telephone (314) 219-5232 | Alzheimer's Unit | Yes |
| SUNSET HILLS | MO 63127-1247 | Level of Care ALF** | Bed Capacity | 98 |
| Mailing Address 12422 ROTT ROAD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| SUNSET HILLS | MO 63127-1247 | Region 7 | Medicare/Medicaid | Facility Number 30466 |

SWEET SPRINGS**ROYAL OAKS RESIDENCE**

| | | | | |
|-----------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 507 EAST MARSHALL | | Telephone (660) 335-6500 | 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 | Medicare/Medicaid | Facility Number 14953 |

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SWEET SPRINGS VILLA

| | | | | |
|---------------------------------------|---------------|--|-------------------------|-------|
| 518 E MARSHALL | | Telephone (660) 335-6391 | Alzheimer's Unit | NO |
| SWEET SPRINGS | MO 65351-9756 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 518 E MARSHALL | | County SALINE | DMH Licensed | No |
| SWEET SPRINGS | MO 65351-9756 | Region 5 Medicare/Medicaid | Facility Number | 05378 |

TARKIO**TARKIO REHABILITATION & HEALTH CARE**

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

THAYER**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 |
| THAYER | MO 65791-1415 | Region 2 Medicare/Medicaid | Facility Number | 01364 |

TIPTON**ASHBURY HEIGHTS OF TIPTON**

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 908 SOUTH PARK | | Telephone (660) 433-6496 | Alzheimer's Unit | No |
| TIPTON | MO 65081-8408 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 908 SOUTH PARK | | County MONITEAU | DMH Licensed | No |
| TIPTON | MO 65081-8408 | Region 6 | Facility Number | 16506 |

TIPTON OAK MANOR

| | | | | |
|---|---------------|--|-------------------------|-------|
| 601 WEST MORGAN ST | | Telephone (660) 433-5574 | Alzheimer's Unit | Yes |
| TIPTON | MO 65081-8214 | Level of Care SNF | Bed Capacity | 66 |
| Mailing Address 601 WEST MORGAN ST | | County MONITEAU | DMH Licensed | No |
| TIPTON | MO 65081-8214 | Region 6 Medicare/Medicaid | Facility Number | 08036 |

TOWN AND COUNTRY**ANTHOLOGY OF TOWN & COUNTRY**

| | | | | |
|---|---------------|----------------------------------|-------------------------|-------|
| 1020 WOODS MILL ROAD | | Telephone (636) 527-4444 | Alzheimer's Unit | Yes |
| TOWN AND COUNTRY | MO 63017-0603 | Level of Care ALF** | Bed Capacity | 95 |
| Mailing Address 1020 WOODS MILL ROAD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-0603 | Region 7 | Facility Number | 30612 |

DELMAR GARDENS WEST

| | | | | |
|--|---------------|--|-------------------------|-------|
| 13550 SOUTH OUTER 40 RD | | Telephone (314) 878-1330 | Alzheimer's Unit | No |
| TOWN AND COUNTRY | MO 63017-5812 | Level of Care SNF | Bed Capacity | 321 |
| Mailing Address 13550 SOUTH OUTER 40 RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-5812 | Region 7 Medicare/Medicaid | Facility Number | 02120 |

GARDEN VILLAS

| | | | | |
|--|---------------|----------------------------------|-------------------------|-------|
| 13590 SOUTH OUTER 40 RD | | Telephone (314) 434-2520 | Alzheimer's Unit | No |
| TOWN AND COUNTRY | MO 63017-5823 | Level of Care ALF** | Bed Capacity | 46 |
| Mailing Address 13590 SOUTH OUTER 40 RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-5823 | Region 7 | Facility Number | 28978 |

MARI DE VILLA RETIREMENT CENTER, INC

| | | | | |
|---|---------------|----------------------------------|-------------------------|-------|
| 13900 CLAYTON RD | | Telephone (636) 227-5347 | Alzheimer's Unit | No |
| TOWN AND COUNTRY | MO 63017-8406 | Level of Care SNF | Bed Capacity | 224 |
| Mailing Address 13900 CLAYTON RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| TOWN AND COUNTRY | MO 63017-8406 | Region 7 | Facility Number | 05047 |

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TOWN AND COUNTRY HEALTH & REHAB

| | | | | |
|---|---------------|-----------------------------------|-------------------------|-------|
| 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 |

TRENTON**BRISTOL MANOR OF TRENTON**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1701 EAST 28TH ST | | Telephone (660) 359-5599 | Alzheimer's Unit | No |
| TRENTON | MO 64683-1177 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 1701 EAST 28TH ST | | County GRUNDY | DMH Licensed | No |
| TRENTON | MO 64683-1177 | Region 4 | Facility Number | 18597 |

EASTVIEW MANOR CARE CENTER

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 1622 EAST 28TH ST | | Telephone (660) 359-2251 | Alzheimer's Unit | No |
| TRENTON | MO 64683-1104 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address 1622 EAST 28TH ST | | County GRUNDY | DMH Licensed | No |
| TRENTON | MO 64683-1104 | Region 4 Medicare/Medicaid | Facility Number | 18267 |

PREMIER RESIDENTIAL CARE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 109 E CROWDER RD | | Telephone (660) 359-4292 | Alzheimer's Unit | No |
| TRENTON | MO 64683-1802 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 109 EAST CROWDER RD | | County GRUNDY | DMH Licensed | Yes |
| TRENTON | MO 64683-1802 | Region 4 | Facility Number | 02238 |

SUNNYVIEW NURSING HOME & APARTMENTS

| | | | | |
|--|---------------|-----------------------------------|-------------------------|-------|
| 1311 EAST 28TH ST | | Telephone (660) 359-5647 | Alzheimer's Unit | No |
| TRENTON | MO 64683-1103 | Level of Care SNF | Bed Capacity | 154 |
| Mailing Address 1311 EAST 28TH ST | | County GRUNDY | DMH Licensed | No |
| TRENTON | MO 64683-1103 | Region 4 Medicare/Medicaid | Facility Number | 18509 |

SUNNYVIEW NURSING HOME & APARTMENTS

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 1311 EAST 28TH ST | | Telephone (660) 359-5647 | Alzheimer's Unit | No |
| TRENTON | MO 64683-1103 | Level of Care RCF* | Bed Capacity | 38 |
| Mailing Address 1311 EAST 28TH ST | | County GRUNDY | DMH Licensed | No |
| TRENTON | MO 64683-1103 | Region 4 | Facility Number | 18509 |

TROY**ELDERHAUS INN**

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 125 ANNA AVE, #18 | | Telephone (636) 462-6979 | Alzheimer's Unit | No |
| TROY | MO 63379-2402 | Level of Care RCF | Bed Capacity | 20 |
| Mailing Address 125 ANNA AVE, #18 | | County LINCOLN | DMH Licensed | Yes |
| TROY | MO 63379-2402 | Region 5 | Facility Number | 16992 |

LINCOLN COUNTY NURSING & REHAB

| | | | | |
|-----------------------------------|---------------|-----------------------------------|-------------------------|-------|
| 1145 EAST CHERRY ST | | Telephone (636) 528-5712 | Alzheimer's Unit | No |
| TROY | MO 63379-1520 | Level of Care SNF | Bed Capacity | 90 |
| Mailing Address PO BOX 130 | | County LINCOLN | DMH Licensed | No |
| TROY | MO 63379-0130 | Region 5 Medicare/Medicaid | Facility Number | 15750 |

SUGAR CREEK - ASSISTED LIVING BY AMERICARE

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 161 PROFESSIONAL PARKWAY | | Telephone (636) 528-3136 | Alzheimer's Unit | Yes |
| TROY | MO 63379-2829 | Level of Care ALF** | Bed Capacity | 60 |
| Mailing Address 161 PROFESSIONAL PRKWY | | County LINCOLN | DMH Licensed | No |
| TROY | MO 63379-2829 | Region 5 | Facility Number | 26349 |

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TROY HOUSE RESCARE

350 CAP AU GRIS
 TROY MO 63379-1761
Mailing Address PO BOX 271
 TROY MO 63379-0271

Telephone (636) 462-4915
Level of Care RCF*
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed No
Facility Number 08129

TROY MANOR

200 THOMPSON DR
 TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
 TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care SNF
County LINCOLN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 05397

TROY MANOR

200 THOMPSON DR
 TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
 TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care ALF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 05397

TUSCUMBIA**MILLER COUNTY CARE AND REHABILITATION CENTER**

1157 HIGHWAY 17
 TUSCUMBIA MO 65082-2100
Mailing Address 1157 HWY 17
 TUSCUMBIA MO 65082-2100

Telephone (573) 369-2318
Level of Care SNF
County MILLER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 86
DMH Licensed No
Facility Number 05422

UNION**SUNSET HEALTH CARE CENTER**

400 WEST PARK AVE
 UNION MO 63084-1140
Mailing Address 400 WEST PARK AVE
 UNION MO 63084-1140

Telephone (636) 583-2252
Level of Care SNF
County FRANKLIN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 07831

UNION CARE CENTER

1080 MARIE LANE
 UNION MO 63084-1056
Mailing Address 1080 MARIE LANE
 UNION MO 63084-1056

Telephone (636) 206-8585
Level of Care SNF
County FRANKLIN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 31476

VICTORIAN PLACE OF UNION, ASSISTED LIVING BY AMERICARE

1320 W MAIN
 UNION MO 63084-1084
Mailing Address 1320 W MAIN
 UNION MO 63084-1084

Telephone (636) 584-0085
Level of Care ALF**
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 24408

WILLOW BROOKE - ASSISTED LIVING BY AMERICARE

#1 NORTH POTOMAC CT
 UNION MO 63084-1113
Mailing Address 1 NORTH POTOMAC CT
 UNION MO 63084-1113

Telephone (636) 583-2799
Level of Care ALF**
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 13596

UNIONVILLE**BRISTOL MANOR OF UNIONVILLE**

715 NORTH 22ND ST, HWY 5 NORTH
 UNIONVILLE MO 63565-1142
Mailing Address 715 NORTH 22ND ST, HWY 5 NORTH
 UNIONVILLE MO 63565-1142

Telephone (660) 947-2151
Level of Care RCF
County PUTNAM
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19153

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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 |

UNIVERSITY CITY**ACKERT PARK SKILLED NURSING & REHABILITATION CENTER**

| | | | | |
|---------------------------------------|---------------|----------------------------------|--------------------------|------------------------------|
| 894 LELAND AVE | | Telephone (314) 726-4767 | Alzheimer's Unit | No |
| UNIVERSITY CITY | MO 63130-3239 | Level of Care SNF | Bed Capacity | 130 |
| Mailing Address 894 LELAND AVE | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| UNIVERSITY CITY | MO 63130-3239 | Region 7 | Medicare/Medicaid | Facility Number 02100 |

KINGSLAND WALK SENIOR LIVING

| | | | | |
|---|-----------|----------------------------------|--------------------------|------------------------------|
| 868 KINGSLAND AVENUE | | Telephone (314) 955-6884 | Alzheimer's Unit | YES |
| UNIVERSITY CITY | MO 63130- | Level of Care ALF** | Bed Capacity | 70 |
| Mailing Address 868 KINGSLAND AVENUE | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| UNIVERSITY CITY | MO 63130- | Region 7 | Medicare/Medicaid | Facility Number 32203 |

URBANA**URBANA REST HOME**

| | | | | |
|--------------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 310 WALNUT ST | | Telephone (417) 993-4638 | Alzheimer's Unit | No |
| URBANA | MO 65767-9208 | Level of Care RCF | Bed Capacity | 20 |
| Mailing Address 310 WALNUT ST | | County DALLAS | DMH Licensed | Yes |
| URBANA | MO 65767-9208 | Region 1 | Medicare/Medicaid | Facility Number 08242 |

VALLEY PARK**BIG BEND WOODS HEALTHCARE CENTER**

| | | | | |
|---|---------------|----------------------------------|--------------------------|------------------------------|
| 110 HIGHLAND AVE | | Telephone (636) 225-5144 | Alzheimer's Unit | No |
| VALLEY PARK | MO 63088-1422 | Level of Care SNF | Bed Capacity | 135 |
| Mailing Address 110 HIGHLAND AVE | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| VALLEY PARK | MO 63088-1422 | Region 7 | Medicare/Medicaid | Facility Number 01170 |

CAPE ALBEON

| | | | | |
|--|---------------|----------------------------------|--------------------------|------------------------------|
| 3300 LAKE BEND DR | | Telephone (636) 861-3200 | Alzheimer's Unit | Yes |
| VALLEY PARK | MO 63088-2524 | Level of Care ALF** | Bed Capacity | 100 |
| Mailing Address 3300 LAKE BEND DR | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| VALLEY PARK | MO 63088-2524 | Region 7 | Medicare/Medicaid | Facility Number 22838 |

GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY

| | | | | |
|--|---------------|----------------------------------|--------------------------|------------------------------|
| 13612 BIG BEND RD | | Telephone (636) 861-0500 | Alzheimer's Unit | Yes |
| VALLEY PARK | MO 63088-1447 | Level of Care SNF | Bed Capacity | 120 |
| Mailing Address 13612 BIG BEND RD | | County SAINT LOUIS COUNTY | DMH Licensed | No |
| VALLEY PARK | MO 63088-1447 | Region 7 | Medicare/Medicaid | Facility Number 23101 |

VAN BUREN**RIVERWAYS MANOR**

| | | | | |
|-----------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 403 WATERCRESS RD | | Telephone (573) 323-4282 | Alzheimer's Unit | No |
| VAN BUREN | MO 63965-9100 | Level of Care SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 969 | | County CARTER | DMH Licensed | No |
| VAN BUREN | MO 63965-0969 | Region 2 | Medicare/Medicaid | Facility Number 06744 |

SKYLINE ASSISTED LIVING LLC

| | | | | |
|-----------------------------------|---------------|---------------------------------|--------------------------|------------------------------|
| 100 HARD ROCK RD DR | | Telephone (573) 323-2108 | Alzheimer's Unit | No |
| VAN BUREN | MO 63965- | Level of Care ALF** | Bed Capacity | 24 |
| Mailing Address PO BOX 780 | | County CARTER | DMH Licensed | Yes |
| VAN BUREN | MO 63965-0780 | Region 2 | Medicare/Medicaid | Facility Number 29947 |

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VANDALIA

COUNTRYSIDE MANOR, LLC

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

TRI-COUNTY CARE CENTER

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 601 NORTH GALLOWAY RD | | Telephone | (573) 594-6467 | Alzheimer's Unit | No |
| VANDALIA | MO 63382-1252 | Level of Care | RCF* | Bed Capacity | 20 |
| Mailing Address 601 NORTH GALLOWAY RD | | County | AUDRAIN | DMH Licensed | No |
| VANDALIA | MO 63382-1252 | Region | 5 | Facility Number | 08096 |

TRI-COUNTY CARE CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 601 NORTH GALLOWAY RD | | Telephone | (573) 594-6467 | Alzheimer's Unit | Yes |
| VANDALIA | MO 63382-1252 | Level of Care | SNF | Bed Capacity | 90 |
| Mailing Address 601 NORTH GALLOWAY RD | | County | AUDRAIN | DMH Licensed | No |
| VANDALIA | MO 63382-1252 | Region | 5 Medicare/Medicaid | Facility Number | 08096 |

VERONA

POPA GOOD SAMARITAN SERVICES, LLC

| | | | | | |
|-------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 16979 HWY 39 | | Telephone | (417) 353-4448 | Alzheimer's Unit | Yes |
| VERONA | MO 65769-6319 | Level of Care | ALF** | Bed Capacity | 8 |
| Mailing Address 16979 HWY 39 | | County | LAWRENCE | DMH Licensed | No |
| VERONA | MO 65769-6319 | Region | 1 | Facility Number | 30440 |

VERSAILLES

GOOD SHEPHERD CARE CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 1101 WEST CLAY RD | | Telephone | (573) 378-5411 | Alzheimer's Unit | No |
| VERSAILLES | MO 65084-1177 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 1101 WEST CLAY RD | | County | MORGAN | DMH Licensed | No |
| VERSAILLES | MO 65084-1177 | Region | 6 Medicare/Medicaid | Facility Number | 21631 |

KIDWELL HOME

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 1000 KIDWELL DR | | Telephone | (573) 378-5175 | Alzheimer's Unit | No |
| VERSAILLES | MO 65084-1177 | Level of Care | RCF* | Bed Capacity | 44 |
| Mailing Address 1000 KIDWELL DR | | County | MORGAN | DMH Licensed | No |
| VERSAILLES | MO 65084-1177 | Region | 6 | Facility Number | 21631 |

VIBURNUM

STONECREST HEALTHCARE

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 2 HIGHWAY Y | | Telephone | (573) 244-3171 | Alzheimer's Unit | No |
| VIBURNUM | MO 65566-0707 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 707 | | County | IRON | DMH Licensed | No |
| VIBURNUM | MO 65566-0707 | Region | 2 Medicare/Medicaid | Facility Number | 16689 |

VIENNA

MARIES MANOR

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 174 BALLPARK RD | | Telephone | (573) 422-3177 | Alzheimer's Unit | No |
| VIENNA | MO 65582-8043 | Level of Care | SNF | Bed Capacity | 98 |
| Mailing Address 174 BALLPARK RD | | County | MARIES | DMH Licensed | No |
| VIENNA | MO 65582-8043 | Region | 6 Medicare/Medicaid | Facility Number | 10491 |

VICTORIAN PLACE OF VIENNA, RESIDENTIAL CARE BY AMERICARE

| | | | | | |
|---------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 112 PARKWAY DR | | Telephone | (573) 422-3230 | Alzheimer's Unit | No |
| VIENNA | MO 65582-8003 | Level of Care | RCF | Bed Capacity | 48 |
| Mailing Address 112 PARKWAY DR | | County | MARIES | DMH Licensed | No |
| VIENNA | MO 65582-8003 | Region | 6 | Facility Number | 23333 |

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WALNUT SHADE

LIFE ENHANCEMENT VILLAGE OF BRANSON

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 421 OAKRIDGE ROAD | | Telephone (417) 561-5395 | Alzheimer's Unit | No |
| WALNUT SHADE | MO 65771-9173 | Level of Care RCF* | Bed Capacity | 18 |
| Mailing Address 421 OAKRIDGE RD | | County TANEY | DMH Licensed | Yes |
| WALNUT SHADE | MO 65771-9173 | Region 1 | Facility Number | 21270 |

WAPPAPELLO

FAMILY COUNSELING CENTER INC

| | | | | |
|---------------------------------------|---------------|---------------------------------|-------------------------|-------|
| HC 2, BOX 2070 | | Telephone (573) 222-8676 | Alzheimer's Unit | No |
| WAPPAPELLO | MO 63966-9508 | Level of Care RCF* | Bed Capacity | 27 |
| Mailing Address HC 2, BOX 2070 | | County WAYNE | DMH Licensed | Yes |
| WAPPAPELLO | MO 63966-9508 | Region 2 | Facility Number | 23584 |

WARDSVILLE

AUBURN RIDGE LIVING CENTER

| | | | | |
|---|-----------|---------------------------------|-------------------------|-------|
| 1425 ASHBURY WAY | | Telephone (573) 634-2031 | Alzheimer's Unit | NO |
| WARDSVILLE | MO 65101- | Level of Care RCF | Bed Capacity | 24 |
| Mailing Address 1425 ASHBURY WAY | | County COLE | DMH Licensed | No |
| WARDSVILLE | MO 65101- | Region 6 | Facility Number | 31832 |

WARRENSBURG

ARBORS AT HARMONY GARDENS-MEMORY CARE ASSISTED LIVING BY AMERICARE THE

| | | | | |
|--|-----------|---------------------------------|-------------------------|-------|
| 539 EAST YOUNG AVENUE | | Telephone (660) 429-0034 | Alzheimer's Unit | Yes |
| WARRENSBURG | MO 64093- | Level of Care ALF** | Bed Capacity | 24 |
| Mailing Address 539 EAST YOUNG AVENUE | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093- | Region 3 | Facility Number | 31389 |

BRISTOL MANOR OF WARRENSBURG

| | | | | |
|-----------------------------------|---------------|---------------------------------|-------------------------|-------|
| 603 CREACH | | Telephone (660) 747-8319 | Alzheimer's Unit | No |
| WARRENSBURG | MO 64093-1994 | Level of Care RCF | Bed Capacity | 12 |
| Mailing Address 603 CREACH | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-1994 | Region 3 | Facility Number | 16599 |

COUNTRY CLUB CARE CENTER OF WARRENSBURG

| | | | | |
|--------------------------------------|---------------|---------------------------------|-------------------------|-------|
| 503 REGENT DR | | Telephone (660) 429-4444 | Alzheimer's Unit | No |
| WARRENSBURG | MO 64093-3231 | Level of Care RCF* | Bed Capacity | 40 |
| Mailing Address 503 REGENT DR | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-3231 | Region 3 | Facility Number | 20892 |

COUNTRY CLUB CARE CENTER OF WARRENSBURG

| | | | | |
|--------------------------------------|---------------|--|-------------------------|-------|
| 503 REGENT DR | | Telephone (660) 429-4444 | Alzheimer's Unit | No |
| WARRENSBURG | MO 64093-3231 | Level of Care SNF | Bed Capacity | 73 |
| Mailing Address 503 REGENT DR | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-3231 | Region 3 Medicare/Medicaid | Facility Number | 20892 |

HARMONY GARDENS - ASSISTED LIVING BY AMERICARE

| | | | | |
|--|---------------|---------------------------------|-------------------------|-------|
| 503 BURKARTH ROAD | | Telephone (660) 747-5411 | Alzheimer's Unit | No |
| WARRENSBURG | MO 64093-3145 | Level of Care ALF** | Bed Capacity | 44 |
| Mailing Address 503 BURKARTH RD | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-3145 | Region 3 | Facility Number | 18615 |

JOHNSON COUNTY CARE CENTER

| | | | | |
|---|---------------|---------------------------------|-------------------------|-------|
| 122 EAST MARKET ST | | Telephone (660) 747-8101 | Alzheimer's Unit | No |
| WARRENSBURG | MO 64093-1818 | Level of Care ICF | Bed Capacity | 87 |
| Mailing Address 122 EAST MARKET ST | | County JOHNSON | DMH Licensed | No |
| WARRENSBURG | MO 64093-1818 | Region 3 Medicaid | Facility Number | 05309 |

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MOOREVIEW RESIDENTIAL

130 WEST CULTON
 WARRENSBURG MO 64093-1720
Mailing Address 130 WEST CULTON
 WARRENSBURG MO 64093-1720

Telephone (660) 429-1587
Level of Care RCF
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 11225

RIDGE CREST NURSING CENTER

706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828
Mailing Address 706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828

Telephone (660) 429-2177
Level of Care SNF
County JOHNSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 06640

WARRENSBURG MANOR CARE CENTER

400 CARE CENTER DR
 WARRENSBURG MO 64093-3100
Mailing Address 400 CARE CENTER DR
 WARRENSBURG MO 64093-3100

Telephone (660) 747-2216
Level of Care SNF
County JOHNSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 88
DMH Licensed No
Facility Number 08383

WARRENTON**BRISTOL MANOR OF WARRENTON**

815 WOOLF ROAD
 WARRENTON MO 63383-6184
Mailing Address 815 WOOLF RD
 WARRENTON MO 63383-6184

Telephone (636) 456-1437
Level of Care RCF
County WARREN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19954

HARBOR PLACE ESTATES, LLC

1054 SOUTH HWY 47
 WARRENTON MO 63383-2625
Mailing Address 1054 SOUTH HWY 47
 WARRENTON MO 63383-2625

Telephone (636) 377-4444
Level of Care RCF
County WARREN
Region 6

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 30144

OAK POINTE OF WARRENTON

700 FORREST AVE
 WARRENTON MO 63383-7040
Mailing Address 700 FORREST AVE
 WARRENTON MO 63383-7040

Telephone (636) 456-6464
Level of Care ALF**
County WARREN
Region 6

Alzheimer's Unit Yes
Bed Capacity 71
DMH Licensed No
Facility Number 25045

WARSAW**BRISTOL MANOR OF WARSAW**

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

Telephone (660) 438-7173
Level of Care RCF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16343

LAKESIDE MANOR

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

Telephone (660) 438-8850
Level of Care RCF*
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 05970

WARSAW HEALTH AND REHABILITATION CENTER

1609 SUNCHASE DR
 WARSAW MO 65355-3059
Mailing Address 1609 SUNCHASE DR
 WARSAW MO 65355-3059

Telephone (660) 438-2970
Level of Care SNF
County BENTON
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 15243

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WASHINGTON

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

| | | |
|---|--|---|
| 2701 RABBIT TRAIL DR WASHINGTON MO 63090-6711 | Telephone (636) 390-0011 Level of Care ALF** County FRANKLIN Region 6 | Alzheimer's Unit Yes Bed Capacity 32 DMH Licensed No Facility Number 28065 |
| Mailing Address 2701 RABBIT TRAIL DR WASHINGTON MO 63090-6711 | | |

BRISTOL MANOR OF WASHINGTON

| | | |
|---|--|--|
| 100 WEST 12TH ST WASHINGTON MO 63090-4445 | Telephone (636) 390-0050 Level of Care RCF County FRANKLIN Region 6 | Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20138 |
| Mailing Address 100 WEST 12TH ST WASHINGTON MO 63090-4445 | | |

CEDARCREST MANOR

| | | |
|--|--|--|
| 324 WEST 5TH ST WASHINGTON MO 63090-2306 | Telephone (636) 239-7848 Level of Care SNF County FRANKLIN Region 6 | Alzheimer's Unit Yes Bed Capacity 177 DMH Licensed No Facility Number 01160 |
| Mailing Address 324 WEST 5TH ST WASHINGTON MO 63090-2306 | Medicare/Medicaid | |

GRANDVIEW HEALTHCARE CENTER

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

HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY, THE

| | | |
|---|--|--|
| 1481 MARBACH DRIVE WASHINGTON MO 63090-4636 | Telephone (636) 239-1941 Level of Care ALF County FRANKLIN Region 6 | Alzheimer's Unit NO Bed Capacity 36 DMH Licensed No Facility Number 32345 |
| Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4636 | | |

OAK POINTE OF WASHINGTON

| | | |
|---|--|---|
| 1650 HIGH STREET WASHINGTON MO 63090-4354 | Telephone (636) 390-3290 Level of Care ALF** County FRANKLIN Region 6 | Alzheimer's Unit YES Bed Capacity 65 DMH Licensed No Facility Number 32114 |
| Mailing Address 1650 HIGH STREET WASHINGTON MO 63090-4354 | | |

SOUTH POINTE - ASSISTED LIVING BY AMERICARE

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

VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE

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

WAVERLY

APPLE RIDGE CARE CENTER

| | | |
|--|---|---|
| 100 WEST THOMAS AVE WAVERLY MO 64096-9143 | Telephone (660) 493-2232 Level of Care SNF County LAFAYETTE Region 3 | Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 08823 |
| Mailing Address PO BOX 188 WAVERLY MO 64096-0188 | Medicare/Medicaid | |

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WAYNESVILLE

LIFE CARE CENTER OF WAYNESVILLE

| | | | | | |
|-------------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 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 |

WEBB CITY

BRISTOL MANOR OF WEBB CITY

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 1803 NORTH MAIN, HIGHWAY D | | Telephone | (417) 673-4231 | Alzheimer's Unit | No |
| WEBB CITY | MO 64870-1193 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 1803 NORTH MAIN, HIGHWAY D | | County | JASPER | DMH Licensed | No |
| WEBB CITY | MO 64870-1193 | Region 1 | | Facility Number | 20537 |

FOX BERRY TERRACE - ASSISTED LIVING BY AMERICARE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 4316 N ST LOUIS AVE | | Telephone | (417) 625-1000 | Alzheimer's Unit | No |
| WEBB CITY | MO 64870-9550 | Level of Care | ALF** | Bed Capacity | 46 |
| Mailing Address 4316 NORTH ST LOUIS AVE | | County | JASPER | DMH Licensed | No |
| WEBB CITY | MO 64870-9550 | Region 1 | | Facility Number | 25428 |

WEBB CITY HEALTH AND REHABILITATION CENTER

| | | | | | |
|--|---------------|----------------------|--------------------------|-------------------------|-------|
| 2077 STADIUM DR | | Telephone | (417) 673-1933 | Alzheimer's Unit | Yes |
| WEBB CITY | MO 64870-9743 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 2077 STADIUM DR | | County | JASPER | DMH Licensed | No |
| WEBB CITY | MO 64870-9743 | Region 1 | Medicare/Medicaid | Facility Number | 12286 |

WEBSTER GROVES

LUTHERAN CONVALESCENT HOME

| | | | | | |
|---|---------------|----------------------|--------------------------|-------------------------|-------|
| 723 SOUTH LACLEDE STATION RD | | Telephone | (314) 968-5570 | Alzheimer's Unit | No |
| WEBSTER GROVES | MO 63119-4911 | Level of Care | SNF | Bed Capacity | 286 |
| Mailing Address 723 SOUTH LACLEDE STATION RD | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| WEBSTER GROVES | MO 63119-4911 | Region 7 | Medicare/Medicaid | Facility Number | 04695 |

WELLSVILLE

GAMMA ROAD LODGE

| | | | | | |
|-------------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 250 E LOCUST | | Telephone | (573) 684-2002 | Alzheimer's Unit | Yes |
| WELLSVILLE | MO 63384-1422 | Level of Care | SNF | Bed Capacity | 112 |
| Mailing Address 250 E LOCUST | | County | MONTGOMERY | DMH Licensed | No |
| WELLSVILLE | MO 63384-1422 | Region 6 | Medicare/Medicaid | Facility Number | 02740 |

WENTZVILLE

BOULEVARD SENIOR LIVING OF WENTZVILLE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 120 PERRY CATE BOULEVARD | | Telephone | (636) 698-9458 | Alzheimer's Unit | Yes |
| WENTZVILLE | MO 63385-4719 | Level of Care | ALF** | Bed Capacity | 62 |
| Mailing Address 120 PERRY CATE BOULEVARD | | County | SAINT CHARLES | DMH Licensed | No |
| WENTZVILLE | MO 63385-4719 | Region 5 | | Facility Number | 31404 |

BRISTOL MANOR OF WENTZVILLE

| | | | | | |
|--|---------------|----------------------|----------------|-------------------------|-------|
| 840 WEST NORTHVIEW | | Telephone | (636) 639-6777 | Alzheimer's Unit | No |
| WENTZVILLE | MO 63385-1036 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 840 W NORTHVIEW | | County | SAINT CHARLES | DMH Licensed | No |
| WENTZVILLE | MO 63385-1036 | Region 5 | | Facility Number | 20397 |

PARKLANE CARE AND REHABILITATION CENTER

| | | | | | |
|--------------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 401 MAR-LE DR | | Telephone | (636) 332-9580 | Alzheimer's Unit | Yes |
| WENTZVILLE | MO 63385-1647 | Level of Care | SNF | Bed Capacity | 240 |
| Mailing Address 401 MAR-LE DR | | County | SAINT CHARLES | DMH Licensed | No |
| WENTZVILLE | MO 63385-1647 | Region 5 | Medicare/Medicaid | Facility Number | 04883 |

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TWIN OAKS AT HERITAGE POINTE

228 SAVANNAH TERRACE
 WENTZVILLE MO 63385-3741
Mailing Address 228 SAVANNAH TERRACE
 WENTZVILLE MO 63385-3741

Telephone (636) 542-5400
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 26877

VILLAGE CENTER CARE OF WENTZVILLE

909 E PITMAN AVE
 WENTZVILLE MO 63385-1818
Mailing Address 909 E PITMAN AVE
 WENTZVILLE MO 63385-1818

Telephone (636) 219-3114
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 28026

WEST PLAINS**BROOKE HAVEN HEALTHCARE**

1410 NORTH KENTUCKY AVE
 WEST PLAINS MO 65775-1822
Mailing Address 1410 NORTH KENTUCKY AVE
 WEST PLAINS MO 65775-1822

Telephone (417) 256-7975
Level of Care SNF
County HOWELL
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 06253

CEDARHURST OF WEST PLAINS

1521 US HIGHWAY 63
 WEST PLAINS MO 65775-9809
Mailing Address 1521 US HIGHWAY 63
 WEST PLAINS MO 65775-9809

Telephone (417) 372-8940
Level of Care ALF**
County HOWELL
Region 1

Alzheimer's Unit YES
Bed Capacity 84
DMH Licensed No
Facility Number 32028

LAMPLIGHT VILLAGE

309 LOCUST ST
 WEST PLAINS MO 65775-3906
Mailing Address PO BOX 166
 WEST PLAINS MO 65775-0166

Telephone (417) 256-2749
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 21563

NHC HEALTHCARE, WEST PLAINS

211 DAVIS DR
 WEST PLAINS MO 65775-2242
Mailing Address PO BOX 497
 WEST PLAINS MO 65775-0497

Telephone (417) 256-0798
Level of Care SNF
County HOWELL
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08434

PLEASANT VALLEY MANOR

213 DAVIS DR
 WEST PLAINS MO 65775-2274
Mailing Address 213 DAVIS DR
 WEST PLAINS MO 65775-2274

Telephone (417) 257-0179
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 13641

SOUTH VIEW HEALTH CARE, LLC

951 CREAMERY ROAD
 WEST PLAINS MO 65775-6052
Mailing Address PO BOX 88
 WEST PLAINS MO 65775-0088

Telephone (417) 255-9322
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 23567

WEST VUE NURSING AND REHABILITATION CENTER

210 DAVIS DR
 WEST PLAINS MO 65775-2241
Mailing Address 210 DAVIS DR
 WEST PLAINS MO 65775-2241

Telephone (417) 256-2152
Level of Care SNF
County HOWELL
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 21733

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WESTON

BRISTOL MANOR OF WESTON

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 178 WALNUT | | Telephone | (816) 386-5507 | Alzheimer's Unit | No |
| WESTON | MO 64098-1328 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 178 WALNUT | | County | PLATTE | DMH Licensed | No |
| WESTON | MO 64098-1328 | Region | 4 | Facility Number | 16741 |

WESTPHALIA

WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY

| | | | | | |
|------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1899 HIGHWAY 63 | | Telephone | (573) 455-2280 | Alzheimer's Unit | No |
| WESTPHALIA | MO 65085-2215 | Level of Care | SNF | Bed Capacity | 64 |
| Mailing Address 1899 HWY 63 | | County | OSAGE | DMH Licensed | No |
| WESTPHALIA | MO 65085-2215 | Region | 6 Medicare/Medicaid | Facility Number | 18653 |

WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY

| | | | | | |
|------------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 1899 HIGHWAY 63 | | Telephone | (573) 455-2280 | Alzheimer's Unit | No |
| WESTPHALIA | MO 65085-2215 | Level of Care | RCF* | Bed Capacity | 28 |
| Mailing Address 1899 HWY 63 | | County | OSAGE | DMH Licensed | No |
| WESTPHALIA | MO 65085-2215 | Region | 6 | Facility Number | 18653 |

WILDWOOD

ANTHOLOGY OF WILDWOOD

| | | | | | |
|--|---------------|----------------------|--------------------|-------------------------|-------|
| 251 PLAZA DRIVE | | Telephone | (636) 273-3900 | Alzheimer's Unit | Yes |
| WILDWOOD | MO 63040-1203 | Level of Care | ALF** | Bed Capacity | 94 |
| Mailing Address 251 PLAZA DRIVE | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| WILDWOOD | MO 63040-1203 | Region | 7 | Facility Number | 31049 |

BALLWIN RIDGE HEALTH & REHABILITATION

| | | | | | |
|---------------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 1441 CHARIC DR | | Telephone | (636) 394-2522 | Alzheimer's Unit | No |
| WILDWOOD | MO 63021-2001 | Level of Care | SNF | Bed Capacity | 66 |
| Mailing Address 1441 CHARIC DR | | County | SAINT LOUIS COUNTY | DMH Licensed | No |
| WILDWOOD | MO 63021-2001 | Region | 7 Medicare/Medicaid | Facility Number | 17887 |

WILLARD

BRISTOL MANOR OF WILLARD

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 511 WATSON | | Telephone | (417) 742-0090 | Alzheimer's Unit | No |
| WILLARD | MO 65781-8314 | Level of Care | RCF | Bed Capacity | 12 |
| Mailing Address 511 WATSON | | County | GREENE | DMH Licensed | No |
| WILLARD | MO 65781-8314 | Region | 1 | Facility Number | 20838 |

WILLARD CARE CENTER

| | | | | | |
|--|---------------|----------------------|---------------------|-------------------------|-------|
| 400 WEST WALNUT LN | | Telephone | (417) 742-3593 | Alzheimer's Unit | Yes |
| WILLARD | MO 65781-9432 | Level of Care | SNF | Bed Capacity | 66 |
| Mailing Address 400 W WALNUT LN | | County | GREENE | DMH Licensed | No |
| WILLARD | MO 65781-9432 | Region | 1 Medicare/Medicaid | Facility Number | 16393 |

WILLOW SPRINGS

WILLOW CARE NURSING HOME

| | | | | | |
|-----------------------------------|---------------|----------------------|---------------------|-------------------------|-------|
| 2646 STATE ROUTE 76 | | Telephone | (417) 469-3152 | Alzheimer's Unit | Yes |
| WILLOW SPRINGS | MO 65793-8254 | Level of Care | SNF | Bed Capacity | 105 |
| Mailing Address PO BOX 309 | | County | HOWELL | DMH Licensed | No |
| WILLOW SPRINGS | MO 65793-0309 | Region | 1 Medicare/Medicaid | Facility Number | 08614 |

WILLOW WEST APARTMENTS

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 2644 STATE ROUTE 76 | | Telephone | (417) 469-3152 | Alzheimer's Unit | No |
| WILLOW SPRINGS | MO 65793-8254 | Level of Care | ALF | Bed Capacity | 36 |
| Mailing Address PO BOX 309 | | County | HOWELL | DMH Licensed | No |
| WILLOW SPRINGS | MO 65793-0309 | Region | 1 | Facility Number | 08614 |

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WINDSOR**WINDSOR HEALTHCARE & REHAB CENTER**

| | | | | | |
|---------------------------------|---------------|----------------------|--------------------------|-------------------------|-------|
| 809 WEST BENTON | | Telephone | (660) 647-3102 | Alzheimer's Unit | No |
| WINDSOR | MO 65360-1239 | Level of Care | SNF | Bed Capacity | 60 |
| Mailing Address PO BOX 5 | | County | HENRY | DMH Licensed | No |
| WINDSOR | MO 65360-0005 | Region 1 | Medicare/Medicaid | Facility Number | 21715 |

WINFIELD**SUNSHINE HOME CARE - WINFIELD**

| | | | | | |
|-----------------------------------|---------------|----------------------|----------------|-------------------------|-------|
| 499 WALNUT ST | | Telephone | (636) 668-8500 | Alzheimer's Unit | No |
| WINFIELD | MO 63389-1138 | Level of Care | RCF | Bed Capacity | 49 |
| Mailing Address PO BOX 185 | | County | LINCOLN | DMH Licensed | Yes |
| WINFIELD | MO 63389-0185 | Region 5 | | Facility Number | 25266 |

WINFIELD RESIDENTIAL CARE

| | | | | | |
|---|---------------|----------------------|----------------|-------------------------|-------|
| 220 WEST WALNUT ST | | Telephone | (636) 668-8110 | Alzheimer's Unit | No |
| WINFIELD | MO 63389-1122 | Level of Care | RCF | Bed Capacity | 20 |
| Mailing Address 220 WEST WALNUT ST | | County | LINCOLN | DMH Licensed | Yes |
| WINFIELD | MO 63389-1122 | Region 5 | | Facility Number | 08729 |

WRIGHT CITY**WARRENTON MANOR**

| | | | | | |
|--|---------------|----------------------|--------------------------|-------------------------|-------|
| 65 STATE HIGHWAY AA | | Telephone | (636) 456-8700 | Alzheimer's Unit | No |
| WRIGHT CITY | MO 63383-3301 | Level of Care | SNF | Bed Capacity | 120 |
| Mailing Address 65 STATE HIGHWAY AA | | County | WARREN | DMH Licensed | No |
| WRIGHT CITY | MO 63390-3301 | Region 6 | Medicare/Medicaid | Facility Number | 02505 |

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