

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

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

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

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**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

WOODLAND MANOR OF ARNOLD, LLC

100 WOODLAND COURT		Telephone (636) 296-1400	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care ALF**	Bed Capacity	24
Mailing Address 100 WOODLAND COURT		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

ASHLAND VILLA - ASSISTED LIVING BY AMERICARE

301 SOUTH HENRY CLAY BLVD		Telephone (573) 657-1920	Alzheimer's Unit	No
ASHLAND	MO 65010-9439	Level of Care ALF**	Bed Capacity	72
Mailing Address 301 S HENRY CLAY BLVD		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-9439	Region 6	Facility Number	20303

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

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

BLUEGRASS TERRACE

102 REDTAIL DR		Telephone (573) 657-0899	Alzheimer's Unit	No
ASHLAND	MO 65010-1179	Level of Care RCF	Bed Capacity	16
Mailing Address 102 REDTAIL DR		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-1179	Region 6	Facility Number	25731

AURORA**AURORA NURSING CENTER**

1700 SOUTH HUDSON AVE		Telephone (417) 678-2165	Alzheimer's Unit	Yes
AURORA	MO 65605-2717	Level of Care SNF	Bed Capacity	125
Mailing Address 1700 S HUDSON AVE		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1 Medicare/Medicaid	Facility Number	00234

BRISTOL MANOR OF AURORA

740 SOUTH HUDSON		Telephone (417) 678-7535	Alzheimer's Unit	No
AURORA	MO 65605-2512	Level of Care RCF	Bed Capacity	12
Mailing Address 740 SOUTH HUDSON		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2512	Region 1	Facility Number	20352

HUDSON HOUSE

1700-B SOUTH HUDSON AVE		Telephone (417) 678-2169	Alzheimer's Unit	No
AURORA	MO 65605-2717	Level of Care RCF*	Bed Capacity	41
Mailing Address 1700-B S HUDSON AVE		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Facility Number	10444

AVA**AVA PLACE**

1000 NW 3RD ST		Telephone (417) 683-6999	Alzheimer's Unit	No
AVA	MO 65608-1269	Level of Care RCF*	Bed Capacity	40
Mailing Address PO BOX 1269		County DOUGLAS	DMH Licensed	Yes
AVA	MO 65608-1269	Region 1	Facility Number	20718

HEART OF THE OZARKS HEALTHCARE CENTER

2004 CRESTVIEW ST		Telephone (417) 683-4129	Alzheimer's Unit	No
AVA	MO 65608-8903	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 727		County DOUGLAS	DMH Licensed	No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number	01290

BALLWIN**BROOKDALE WEST COUNTY**

785 HENRY AVE		Telephone (636) 527-5700	Alzheimer's Unit	Yes
BALLWIN	MO 63011-2736	Level of Care ALF**	Bed Capacity	98
Mailing Address 785 HENRY AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63011-2736	Region 7	Facility Number	28149

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR		Telephone (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care SNF	Bed Capacity	128
Mailing Address 50 MERAMEC TRAIL DR		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number	23643

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

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

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

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

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	60
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 RESIDENTIAL CARE, INC**

404 WINCHESTER ROAD		Telephone (573) 293-6705	Alzheimer's Unit	No
BERNIE	MO 63822-0000	Level of Care RCF*	Bed Capacity	26
Mailing Address PO BOX 760		County STODDARD	DMH Licensed	No
BERNIE	MO 63822-0760	Region 2	Facility Number	24912

BERTRAND**BERTRAND NURSING AND REHAB CENTER**

603 WEST HIGHWAY 62		Telephone (573) 683-4290	Alzheimer's Unit	No
BERTRAND	MO 63823-9738	Level of Care SNF	Bed Capacity	64
Mailing Address 603 WEST HIGHWAY 62		County MISSISSIPPI	DMH Licensed	No
BERTRAND	MO 63823-9738	Region 2 Medicare/Medicaid	Facility Number	00440

BETHANY**BETHANY CARE CENTER**

1305 S 7TH ST		Telephone (660) 425-2273	Alzheimer's Unit	Yes
BETHANY	MO 64424-1780	Level of Care SNF	Bed Capacity	60
Mailing Address 1305 S 7TH ST		County HARRISON	DMH Licensed	No
BETHANY	MO 64424-1780	Region 4 Medicare/Medicaid	Facility Number	00481

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

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

BRISTOL MANOR OF BETHANY

811 SOUTH 24TH ST		Telephone (660) 425-7133	Alzheimer's Unit	No
BETHANY	MO 64424-2631	Level of Care RCF	Bed Capacity	12
Mailing Address 811 SOUTH 24TH ST		County HARRISON	DMH Licensed	No
BETHANY	MO 64424-2631	Region 4	Facility Number	19068

CRESTVIEW HOME

1313 SOUTH 25TH ST		Telephone (660) 425-3128	Alzheimer's Unit	No
BETHANY	MO 64424-2634	Level of Care RCF*	Bed Capacity	24
Mailing Address PO BOX 430		County HARRISON	DMH Licensed	No
BETHANY	MO 64424-0430	Region 4	Facility Number	01936

CRESTVIEW HOME

1313 SOUTH 25TH ST		Telephone (660) 425-3128	Alzheimer's Unit	No
BETHANY	MO 64424-2634	Level of Care SNF	Bed Capacity	92
Mailing Address PO BOX 430		County HARRISON	DMH Licensed	No
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number	01936

BIRCH TREE**BIRCH VIEW NURSING CENTER**

RR 2, BOX 2215		Telephone (573) 292-3212	Alzheimer's Unit	No
BIRCH TREE	MO 65438-9215	Level of Care SNF	Bed Capacity	90
Mailing Address RR 2, BOX 2215		County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-9215	Region 2 Medicare/Medicaid	Facility Number	00560

BISMARCK**COLONIAL RESIDENTIAL CARE FACILITY II**

1162 CEDAR ST		Telephone (573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care RCF*	Bed Capacity	48
Mailing Address PO BOX 727		County SAINT FRANCOIS	DMH Licensed	Yes
BISMARCK	MO 63624-0727	Region 2	Facility Number	01693

BLACK JACK**DELMAR GARDENS NORTH**

4401 PARKER ROAD		Telephone (314) 355-1516	Alzheimer's Unit	Yes
BLACK JACK	MO 63033-4266	Level of Care SNF	Bed Capacity	240
Mailing Address 4401 PARKER RD		County SAINT LOUIS COUNTY	DMH Licensed	No
BLACK JACK	MO 63033-4266	Region 7 Medicare/Medicaid	Facility Number	14093

GARDEN VILLAS NORTH

4505 PARKER ROAD		Telephone (314) 355-6100	Alzheimer's Unit	No
BLACK JACK	MO 63033-4268	Level of Care ALF**	Bed Capacity	70
Mailing Address 4505 PARKER RD		County SAINT LOUIS COUNTY	DMH Licensed	No
BLACK JACK	MO 63033-4268	Region 7	Facility Number	28930

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

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

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

COLLIER CARE HOME, INC

3001 NW VESPER ST
 BLUE SPRINGS MO 64015-3104
Mailing Address 3001 NW VESPER ST
 BLUE SPRINGS MO 64015-3104

Telephone (816) 229-6231
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 01591

PARKWAY SENIOR LIVING, THE

550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403
Mailing Address 550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403

Telephone (816) 228-8866
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 29917

SHANGRI LA REHAB & LIVING CENTER

930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173
Mailing Address 930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173

Telephone (816) 229-6677
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00677

ST MARY'S MANOR

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 13219

ST MARY'S MANOR

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 13219

WATERFORD LADIES HOME

500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744
Mailing Address 500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744

Telephone (816) 228-6337
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 13774

BOLIVAR**ALBANY PLACE LLC**

520 S ALBANY
 BOLIVAR MO 65613-2116
Mailing Address PO BOX 176
 BOLIVAR MO 65613-0176

Telephone (417) 777-8040
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 24731

BLUE CASTLE OF THE OZARKS

1830 E LAVERNE ST
 BOLIVAR MO 65613-1488
Mailing Address 1830 E LAVERNE ST
 BOLIVAR MO 65613-1488

Telephone (417) 777-2583
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 24698

BOLIVAR MANOR HOUSE

404 EAST BROADWAY
 BOLIVAR MO 65613-2019
Mailing Address PO BOX 175
 BOLIVAR MO 65613-0175

Telephone (417) 326-7873
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 04529

BUTTERFIELD RESIDENTIAL CARE CENTER

1120 NORTH BUTTERFIELD RD
 BOLIVAR MO 65613-1000
Mailing Address 1120 N BUTTERFIELD RD
 BOLIVAR MO 65613-1000

Telephone (417) 326-5200
Level of Care RCF
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 14436

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

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

BUTTERFIELD RESIDENTIAL CARE CENTER

1120 NORTH BUTTERFIELD RD
 BOLIVAR MO 65613-1000
Mailing Address 1120 N BUTTERFIELD RD
 BOLIVAR MO 65613-1000

Telephone (417) 326-5200
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 14436

CASABLANCA CARE CENTER

524 SOUTH ALBANY
 BOLIVAR MO 65613-2116
Mailing Address PO BOX 970
 BOLIVAR MO 65613-0970

Telephone (417) 777-7247
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 21150

CITIZENS MEMORIAL HEALTH CARE FACILITY

1218 W LOCUST ST
 BOLIVAR MO 65613-1312
Mailing Address PO BOX 590
 BOLIVAR MO 65613-0590

Telephone (417) 326-7648
Level of Care SNF
County POLK
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 111
DMH Licensed No
Facility Number 00710

PARKVIEW HEALTH CARE FACILITY

119 WEST FOREST
 BOLIVAR MO 65613-1316
Mailing Address 119 WEST FOREST
 BOLIVAR MO 65613-1316

Telephone (417) 326-3000
Level of Care SNF
County POLK
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 17638

BONNE TERRE**ST JOE MANOR**

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 156
DMH Licensed No
Facility Number 22664

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 22664

BOONVILLE**ASHLEY MANOR CARE CENTER**

1630 RADIO HILL RD
 BOONVILLE MO 65233-1957
Mailing Address 1630 RADIO HILL RD
 BOONVILLE MO 65233-1957

Telephone (660) 882-6584
Level of Care SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 00216

BRISTOL MANOR OF BOONVILLE

1290 ASHLEY RD
 BOONVILLE MO 65233-2108
Mailing Address 1290 ASHLEY RD
 BOONVILLE MO 65233-2108

Telephone (660) 882-3393
Level of Care RCF
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17310

HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE

615 RANKIN MILL LN
 BOONVILLE MO 65233-2873
Mailing Address 615 RANKIN MILL LN
 BOONVILLE MO 65233-2873

Telephone (660) 882-9933
Level of Care ALF**
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 26026

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

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

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care SNF
County COOPER
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care ICF
County COOPER
Region 6 Medicaid

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care RCF*
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed No
Facility Number 01602

RIVERDELL CARE CENTER

1121 11TH ST
 BOONVILLE MO 65233-1419
Mailing Address 1121 11TH ST
 BOONVILLE MO 65233-1419

Telephone (660) 882-7600
Level of Care SNF
County COOPER
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14428

BOURBON**BARNABAS REDWOOD MANOR**

1194 LONDON RD
 BOURBON MO 65441-8218
Mailing Address 1194 LONDON RD
 BOURBON MO 65441-8218

Telephone (573) 468-8150
Level of Care RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed Yes
Facility Number 08609

SUNSHINE ACRES RESIDENTIAL CARE

541 ROCK ROAD
 BOURBON MO 65441-6324
Mailing Address PO BOX 67
 BOURBON MO 65441-0067

Telephone (573) 732-5366
Level of Care RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 03540

BOWLING GREEN**BOWLING GREEN RESIDENTIAL CARE**

119 WEST CENTENNIAL AVE
 BOWLING GREEN MO 63334-1605
Mailing Address 119 WEST CENTENNIAL AVE
 BOWLING GREEN MO 63334-1605

Telephone (573) 324-5560
Level of Care RCF*
County PIKE
Region 5

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 07712

COUNTRY VIEW NURSING FACILITY, INC

2106 WEST MAIN ST
 BOWLING GREEN MO 63334-1049
Mailing Address PO BOX 330
 BOWLING GREEN MO 63334-0330

Telephone (573) 324-2216
Level of Care SNF
County PIKE
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14926

BRANSON**MORNINGSIDE OF BRANSON**

5351 GRETNA ROAD
 BRANSON MO 65616-7298
Mailing Address 5351 GRETNA RD
 BRANSON MO 65616-7298

Telephone (417) 334-3336
Level of Care RCF
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 104
DMH Licensed No
Facility Number 23683

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

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

SHEPHERD OF THE HILLS 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 Medicare/Medicaid	Facility Number	06810

BRAYMER**GOLDEN AGE NURSING HOME**

12498 SE HWY 116		Telephone (660) 645-2243	Alzheimer's Unit	No
BRAYMER	MO 64624-9107	Level of Care SNF	Bed Capacity	83
Mailing Address 12498 SE HWY 116		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

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

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

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

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	No
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

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

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

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

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**

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

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

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

MONITEAU CARE CENTER

200 SOUTH GERHART
 CALIFORNIA MO 65018-2433
Mailing Address 200 S GERHART
 CALIFORNIA MO 65018-2433

Telephone (573) 796-3822
Level of Care SNF
County MONITEAU
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 20884

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

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

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

VILLAGE, 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

CAMPBELL**GENERAL BAPTIST NURSING HOME**

17108 US HIGHWAY 62
CAMPBELL MO 63933-6383
Mailing Address 17108 US HWY 62
CAMPBELL MO 63933-6383

Telephone (573) 246-2155
Level of Care SNF
County DUNKLIN
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 02820

CANTON**LEWIS COUNTY NURSING HOME DISTRICT**

17528 STATE HIGHWAY 81
CANTON MO 63435-3463
Mailing Address PO BOX 266
CANTON MO 63435-0266

Telephone (573) 288-4454
Level of Care SNF
County LEWIS
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 04790

CAPE GIRARDEAU**AUBURN CREEK - ASSISTED LIVING BY AMERICARE**

2910 BEAVER CREEK DR
CAPE GIRARDEAU MO 63701-1732
Mailing Address 2910 BEAVER CREEK DR
CAPE GIRARDEAU MO 63701-1732

Telephone (573) 651-0199
Level of Care ALF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit Yes
Bed Capacity 53
DMH Licensed No
Facility Number 19892

BARNABAS ACRES

210 FRANKS LN
CAPE GIRARDEAU MO 63701-8439
Mailing Address 210 FRANKS LN
CAPE GIRARDEAU MO 63701-8439

Telephone (573) 334-7679
Level of Care ALF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed Yes
Facility Number 05130

CAPETOWN ASSISTED LIVING

2857 CAPE LACROIX RD
CAPE GIRARDEAU MO 63701-8588
Mailing Address 2857 CAPE LACROIX RD
CAPE GIRARDEAU MO 63701-8588

Telephone (573) 334-4855
Level of Care ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit Yes
Bed Capacity 48
DMH Licensed No
Facility Number 23989

CHATEAU GIRARDEAU

3120 INDEPENDENCE ST
CAPE GIRARDEAU MO 63703-5043
Mailing Address 3120 INDEPENDENCE ST
CAPE GIRARDEAU MO 63703-5043

Telephone (573) 335-1281
Level of Care SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 75
DMH Licensed No
Facility Number 01386

CHATEAU GIRARDEAU

3120 INDEPENDENCE ST
CAPE GIRARDEAU MO 63703-5043
Mailing Address 3120 INDEPENDENCE ST
CAPE GIRARDEAU MO 63703-5043

Telephone (573) 335-1281
Level of Care ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 01386

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
CAPE GIRARDEAU MO 63701-2127
Mailing Address 2001 NORTH KINGSHIGHWAY
CAPE GIRARDEAU MO 63701-2127

Telephone (573) 335-1999
Level of Care ALF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 12751

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

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

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127
Mailing Address 2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127

Telephone (573) 335-1999 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 33
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 12751

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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 32
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 102
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 01023

JEFFERSON MANOR

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

Telephone (573) 651-1373 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 10
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 01032

LUTHERAN HOME ASSISTED LIVING

2825 BLOOMFIELD18104 RD
 CAPE GIRARDEAU MO 63703-6335
Mailing Address 2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335

Telephone (573) 335-0158 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 115
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 274
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 48
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 03628

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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 10
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 06291

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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 06291

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

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

RATLIFF CARE CENTER

717 NORTH SPRIGG		Telephone (573) 335-5810	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4815	Level of Care SNF	Bed Capacity	46
Mailing Address 717 NORTH SPRIGG		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-4815	Region 2 Medicare/Medicaid	Facility Number	17420

SPRIGG STREET MANOR

701 NORTH SPRIGG		Telephone (573) 334-2975	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4815	Level of Care RCF	Bed Capacity	15
Mailing Address 701 NORTH SPRIGG		County CAPE GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU	MO 63701-4815	Region 2	Facility Number	17420

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

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

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

OAK POINTE OF CARTHAGE

300 W AIRPORT DR
 CARTHAGE MO 64836-3511
Mailing Address 300 W AIRPORT DR
 CARTHAGE MO 64836-3511

Telephone (417) 358-3355
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 30168

ST LUKE'S CARE CENTER, INC

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

Telephone (417) 358-9084
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 07606

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
Level of Care SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 95
DMH Licensed No
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
Level of Care RCF
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
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
Level of Care SNF
County PEMISCOT
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed No
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
Level of Care SNF
County BARRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
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
Level of Care RCF*
County BARRY
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 15295

PEACH WOOD MANOR

15895 STATE HIGHWAY 76
 CASSVILLE MO 65625-8098
Mailing Address 15895 STATE HIGHWAY 76
 CASSVILLE MO 65625-8098

Telephone (417) 847-3902
Level of Care RCF
County BARRY
Region 1

Alzheimer's Unit No
Bed Capacity 14
DMH Licensed No
Facility Number 07679

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
Level of Care SNF
County BARRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 10644

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

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

CEDAR HILL

BIG RIVER NURSING & REHABILITATION CENTER

6400 THE CEDARS COURT		Telephone	(636) 274-1777	Alzheimer's Unit	Yes
CEDAR HILL	MO 63016-2220	Level of Care	SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS CT		County	JEFFERSON	DMH Licensed	No
CEDAR HILL	MO 63016-2220	Region 2	Medicare/Medicaid	Facility Number	12647

CENTER

WESTVIEW NURSING HOME

301 WEST DUNLOP ST		Telephone	(573) 267-3920	Alzheimer's Unit	No
CENTER	MO 63436-2267	Level of Care	SNF	Bed Capacity	60
Mailing Address 301 WEST DUNLOP ST		County	RALLS	DMH Licensed	No
CENTER	MO 63436-2267	Region 5	Medicare/Medicaid	Facility Number	15634

CENTRALIA

BRISTOL MANOR OF CENTRALIA

610 NORTH JEFFERSON ST		Telephone	(573) 682-5913	Alzheimer's Unit	No
CENTRALIA	MO 65240-1178	Level of Care	RCF	Bed Capacity	12
Mailing Address 610 NORTH JEFFERSON ST		County	BOONE	DMH Licensed	No
CENTRALIA	MO 65240-1178	Region 6		Facility Number	18286

HERITAGE HALL NURSING CENTER

750 EAST HIGHWAY 22		Telephone	(573) 682-5551	Alzheimer's Unit	No
CENTRALIA	MO 65240-1146	Level of Care	SNF	Bed Capacity	60
Mailing Address 750 EAST HIGHWAY 22		County	BOONE	DMH Licensed	No
CENTRALIA	MO 65240-1146	Region 6	Medicare/Medicaid	Facility Number	03069

STUART HOUSE, LLC THE

117 S HICKMAN		Telephone	(573) 682-3204	Alzheimer's Unit	No
CENTRALIA	MO 65240-1316	Level of Care	ICF	Bed Capacity	27
Mailing Address 117 S HICKMAN		County	BOONE	DMH Licensed	No
CENTRALIA	MO 65240-1316	Region 6		Facility Number	10146

CHAFFEE

CHAFFEE NURSING CENTER

12273 STATE HIGHWAY 77		Telephone	(573) 887-3615	Alzheimer's Unit	No
CHAFFEE	MO 63740-8219	Level of Care	SNF	Bed Capacity	71
Mailing Address 12273 STATE HIGHWAY 77		County	SCOTT	DMH Licensed	No
CHAFFEE	MO 63740-8219	Region 2	Medicare/Medicaid	Facility Number	13652

CHARLESTON

CHARLESTON MANOR

1220 EAST MARSHALL		Telephone	(573) 683-3721	Alzheimer's Unit	Yes
CHARLESTON	MO 63834-1349	Level of Care	SNF	Bed Capacity	120
Mailing Address 1220 EAST MARSHALL		County	MISSISSIPPI	DMH Licensed	No
CHARLESTON	MO 63834-1349	Region 2	Medicare/Medicaid	Facility Number	01251

CHESTERFIELD

BROOKING PARK

307 SOUTH WOODS MILL RD		Telephone	(314) 576-5545	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-3418	Level of Care	ALF**	Bed Capacity	93
Mailing Address 307 SOUTH WOODS MILL RD		County	SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7		Facility Number	14661

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

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

BROOKING PARK

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

Telephone (314) 576-5545
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare**

Alzheimer's Unit No
Bed Capacity 97
DMH Licensed No
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
Level of Care ALF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 237
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 180
DMH Licensed No
Facility Number 01515

FRIENDSHIP VILLAGE CHESTERFIELD

15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810
Mailing Address 15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810

Telephone (636) 532-1515
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed Yes
Facility Number 02715

FRIENDSHIP VILLAGE CHESTERFIELD

15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810
Mailing Address 15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810

Telephone (636) 532-1515
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 02715

GARDEN VIEW CARE CENTER OF CHESTERFIELD

1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957
Mailing Address 1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957

Telephone (636) 537-3333
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 16409

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 S OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3330
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 03957

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 S OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3330
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 304
DMH Licensed No
Facility Number 03957

SHERIDAN AT CHESTERFIELD, THE

16300 JUSTUS POST ROAD
 CHESTERFIELD MO 63017-4608
Mailing Address 16300 JUSTUS POST ROAD
 CHESTERFIELD MO 63017-4608

Telephone (636) 778-4800
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 95
DMH Licensed No
Facility Number 30848

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

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

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 3
DMH Licensed No
Facility Number 23767

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 95
DMH Licensed No
Facility Number 23767

SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING

14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221
Mailing Address 14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221

Telephone (314) 542-3300
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 15467

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

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

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

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

MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS

1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170
Level of Care ALF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed No
Facility Number 05557

CLARENCE**CLARENCE CARE CENTER**

111 EAST ST
 CLARENCE MO 63437-1902
Mailing Address 111 EAST ST
 CLARENCE MO 63437-1902

Telephone (660) 699-2118
Level of Care SNF
County SHELBY
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01475

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

1300 SOUTH MAIN
 CLINTON MO 64735-2728
Mailing Address 1300 S MAIN
 CLINTON MO 64735-2728

Telephone (660) 885-2272
Level of Care ALF**
County HENRY
Region 1

Alzheimer's Unit Yes
Bed Capacity 42
DMH Licensed No
Facility Number 17054

BRISTOL MANOR OF CLINTON

1402 EAST FRANKLIN
 CLINTON MO 64735-1768
Mailing Address 1402 EAST FRANKLIN
 CLINTON MO 64735-1768

Telephone (660) 885-8391
Level of Care RCF
County HENRY
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16656

CLINTON HEALTHCARE AND REHABILITATION CENTER

1009 EAST OHIO
 CLINTON MO 64735-2455
Mailing Address 1009 EAST OHIO
 CLINTON MO 64735-2455

Telephone (660) 885-5571
Level of Care SNF
County HENRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 01318

JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE

509 WEST ROGERS ST
 CLINTON MO 64735-2548
Mailing Address 509 WEST ROGERS ST
 CLINTON MO 64735-2548

Telephone (660) 885-9770
Level of Care ALF**
County HENRY
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 20603

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

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

JOY ADULT CARE CENTER

614 SOUTH MAIN
 CLINTON MO 64735-2620
Mailing Address PO BOX 8
 CLINTON MO 64735-0008

Telephone (660) 885-8328
Level of Care RCF**
County HENRY
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed Yes
Facility Number 07268

WESTWOOD LIVING CENTER

1801 NORTH GAINES DR
 CLINTON MO 64735-1127
Mailing Address 1801 N GAINES DR
 CLINTON MO 64735-1127

Telephone (660) 885-8196
Level of Care SNF
County HENRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08521

COLE CAMP**AMBROSE PARK RESIDENTIAL CARE**

517 NORTH OAK
 COLE CAMP MO 65325-1264
Mailing Address PO BOX 252
 COLE CAMP MO 65325-0252

Telephone (660) 668-3140
Level of Care RCF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 26313

GOOD SAMARITAN CARE CENTER

403 WEST MAIN ST
 COLE CAMP MO 65325-1144
Mailing Address 403 WEST MAIN ST
 COLE CAMP MO 65325-1144

Telephone (660) 668-4515
Level of Care SNF
County BENTON
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 03039

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

3104 BLUFF CREEK DR
 COLUMBIA MO 65201-3524
Mailing Address 3104 BLUFF CREEK DR
 COLUMBIA MO 65201-3524

Telephone (573) 815-9111
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 48
DMH Licensed No
Facility Number 20625

BLUFFS, THE

3105 BLUFF CREEK DR
 COLUMBIA MO 65201-3529
Mailing Address 3105 BLUFF CREEK DR
 COLUMBIA MO 65201-3529

Telephone (573) 442-6060
Level of Care SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 00754

CANDLELIGHT LODGE RETIREMENT CENTER

1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324
Mailing Address 1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324

Telephone (573) 449-5287
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 01013

CANDLELIGHT LODGE RETIREMENT CENTER

1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324
Mailing Address 1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324

Telephone (573) 449-5287
Level of Care ALF
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 37
DMH Licensed No
Facility Number 01013

COLONY POINTE-ASSISTED LIVING BY AMERICARE

1510 CHAPEL HILL RD
 COLUMBIA MO 65203-5457
Mailing Address 1510 CHAPEL HILL RD
 COLUMBIA MO 65203-5457

Telephone (573) 234-1193
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 59
DMH Licensed No
Facility Number 28191

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

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

COLUMBIA MANOR CARE CENTER

2012 NIFONG BLVD
 COLUMBIA MO 65201-3874
Mailing Address 2012 NIFONG BLVD
 COLUMBIA MO 65201-3874

Telephone (573) 449-1246 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 52
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 01715

COLUMBIA POST ACUTE

3535 BERRYWOOD DRIVE
 COLUMBIA MO 65201-6584
Mailing Address 3535 BERRYWOOD DRIVE
 COLUMBIA MO 65201-6584

Telephone 573-397-7144 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 70
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 30959

HARAMBEE HOUSE, INC

703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516
Mailing Address 703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516

Telephone (573) 443-6972 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 15
County BOONE **DMH Licensed** Yes
Region 6 **Facility Number** 17197

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 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 33
County BOONE **DMH Licensed** Yes
Region 6 **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 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 10
County BOONE **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 04750

LENOIR MANOR

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

Telephone (573) 876-5800 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 92
County BOONE **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 50
County BOONE **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 11262

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

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

PROVISION LIVING AT COLUMBIA

2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537
Mailing Address 2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537

Telephone (573) 234-1091
Level of Care ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 127
DMH Licensed No
Facility Number 29874

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

CONCORDIA**ESSEX OF CONCORDIA, THE**

402 REDBUD
 CONCORDIA MO 64020-8358
Mailing Address 402 REDBUD
 CONCORDIA MO 64020-8358

Telephone (660) 463-0200
Level of Care RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24461

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care ICF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 27122

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care ALF**
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 53
DMH Licensed No
Facility Number 27122

LUTHERAN NURSING HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care SNF
County LAFAYETTE
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 113
DMH Licensed No
Facility Number 04705

COTTLEVILLE**GABLES OF COTTLEVILLE MEMORY CARE HOME, THE**

118 OHMES ROAD
 COTTLEVILLE MO 63376-7649
Mailing Address 118 OHMES RD
 COTTLEVILLE MO 63376-7649

Telephone (636) 447-4449
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 12
DMH Licensed No
Facility Number 30372

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

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

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

OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER

509 MEADOWLARK AVE		Telephone	(417) 723-5281	Alzheimer's Unit	Yes
CRANE	MO 65633-9317	Level of Care	SNF	Bed Capacity	100
Mailing Address	509 MEADOWLARK AVE	County	STONE	DMH Licensed	No
CRANE	MO 65633-9317	Region	1 Medicare/Medicaid	Facility Number	09900

OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER

509 MEADOWLARK AVE		Telephone	(417) 723-5281	Alzheimer's Unit	No
CRANE	MO 65633-9317	Level of Care	RCF*	Bed Capacity	20
Mailing Address	509 MEADOWLARK AVE	County	STONE	DMH Licensed	No
CRANE	MO 65633-9317	Region	1	Facility Number	09900

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	152
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

DOLAN MEMORY CARE AT CONWAY

12550 CONWAY RD		Telephone	(314) 576-3998	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-8613	Level of Care	ALF**	Bed Capacity	9
Mailing Address	12550 CONWAY RD	County	SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-8613	Region	7	Facility Number	22648

SHERIDAN AT CREVE COEUR, THE

450 NORTH LINDBERGH BLVD		Telephone	(314) 628-0004	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-	Level of Care	ALF**	Bed Capacity	53
Mailing Address	450 N LINDBERGH BLVD	County	SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-	Region	7	Facility Number	30479

CRYSTAL CITY

COLONIAL HOUSE OF CRYSTAL CITY

26 MISSISSIPPI AVE		Telephone	(636) 937-1000	Alzheimer's Unit	No
CRYSTAL CITY	MO 63019-1817	Level of Care	RCF	Bed Capacity	52
Mailing Address	PO BOX 461	County	JEFFERSON	DMH Licensed	Yes
CRYSTAL CITY	MO 63019-1817	Region	2	Facility Number	22112

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

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

TWIN CITY RESIDENTIAL CARE, INC

#1 HOLDING LN		Telephone (636) 937-3851	Alzheimer's Unit	No
CRYSTAL CITY	MO 63019-1122	Level of Care RCF	Bed Capacity	48
Mailing Address PO BOX 92		County JEFFERSON	DMH Licensed	Yes
HERCULANEUM	MO 63048-0092	Region 2	Facility Number	03763

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

903 HWY DD		Telephone (573) 885-0379	Alzheimer's Unit	Yes
CUBA	MO 65453-8089	Level of Care ALF**	Bed Capacity	32
Mailing Address 903 HWY DD		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6	Facility Number	27071

CUBA MANOR, INC

210 ELDON DR		Telephone (573) 885-4500	Alzheimer's Unit	No
CUBA	MO 65453-1642	Level of Care SNF	Bed Capacity	90
Mailing Address 210 ELDON DR		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number	21149

ROCK SPRINGS RESIDENTIAL, LLC

81 PILKENTON LN		Telephone (573) 885-6443	Alzheimer's Unit	No
CUBA	MO 65453-8136	Level of Care RCF	Bed Capacity	18
Mailing Address 81 PILKENTON LN		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8136	Region 6	Facility Number	15026

STUBBLEFIELD RETIREMENT HOME

5349 HIGHWAY P		Telephone (573) 885-3661	Alzheimer's Unit	No
CUBA	MO 65453-6281	Level of Care RCF*	Bed Capacity	34
Mailing Address PO BOX 647		County CRAWFORD	DMH Licensed	Yes
CUBA	MO 65453-0647	Region 6	Facility Number	17894

VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE

901 HIGHWAY DD		Telephone (573) 885-0551	Alzheimer's Unit	No
CUBA	MO 65453-8089	Level of Care RCF	Bed Capacity	48
Mailing Address 901 HWY DD		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6	Facility Number	25463

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

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

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

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

BAISCH NURSING CENTER

3260 BAISCH DR
 DE SOTO MO 63020-5046
Mailing Address 3260 BAISCH DR
 DE SOTO MO 63020-5046

Telephone (636) 586-2291
Level of Care RCF*
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 00910

HILLCREST CARE CENTER, INC

1108 CLARKE ST
 DE SOTO MO 63020-2706
Mailing Address 1108 CLARKE ST
 DE SOTO MO 63020-2706

Telephone (636) 586-3022
Level of Care SNF
County JEFFERSON
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 20084

MY PLACE TOO, INC

1107 CLARKE ST
 DE SOTO MO 63020-2709
Mailing Address 1107 CLARKE ST
 DE SOTO MO 63020-2709

Telephone (636) 586-7871
Level of Care RCF*
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 16234

SUNNYHILL INDEPENDENCE CENTER

3343 ARMBRUSTER ROAD
 DE SOTO MO 63020-4506
Mailing Address 3343 ARMBRUSTER RD
 DE SOTO MO 63020-4506

Telephone (636) 586-2188
Level of Care ALF**
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 29674

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

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 SNF
County JEFFERSON
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 56
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

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

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

DEXTER

CENTRAL GARDENS INC

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

RIDGEVIEW ASSISTED LIVING CENTER

13134 STATE HIGHWAY 25
DEXTER MO 63841-9740
Mailing Address 13134 STATE HIGHWAY 25
DEXTER MO 63841-9740

Telephone (573) 624-4433
Level of Care ALF**
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 10128

DIXON

DIXON NURSING & REHAB

403 EAST 10TH ST
DIXON MO 65459-6049
Mailing Address 403 EAST 10TH ST
DIXON MO 65459-6049

Telephone (573) 759-2135
Level of Care SNF
County PULASKI
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 15510

DOE RUN

CRAWFORD RANCH BOARDING HOME, LLC

2200 VARVERA RD
DOE RUN MO 63637-3121
Mailing Address 2200 VARVERA RD
DOE RUN MO 63637-3121

Telephone (573) 756-4656
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 13193

PINE VALLEY RCF

3381 1st STREET
DOE RUN MO 63637-3155
Mailing Address 3381 1st STREET
DOE RUN MO 63637-3155

Telephone (573) 760-8601
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 08379

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

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

DONIPHAN**COLONIAL HOME, THE**

102 SUMMIT ST
 DONIPHAN MO 63935-1328
Mailing Address 102 SUMMIT ST
 DONIPHAN MO 63935-1328

Telephone (573) 996-4283
Level of Care ALF**
County RIPLEY
Region 2

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed No
Facility Number 01610

CURRENT RIVER NURSING CENTER, INC

1015 NORTH GRAND AVE
 DONIPHAN MO 63935-1779
Mailing Address 1015 N GRAND AVE
 DONIPHAN MO 63935-1779

Telephone (573) 996-4239
Level of Care SNF
County RIPLEY
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 17125

WALNUT STREET ASSISTED LIVING

404 WALNUT ST
 DONIPHAN MO 63935-1420
Mailing Address 404 WALNUT ST
 DONIPHAN MO 63935-1420

Telephone (573) 996-4316
Level of Care ALF
County RIPLEY
Region 2

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 08354

EAST PRAIRIE**EAST PRAIRIE NURSING CENTER**

186 MILLAR RD
 EAST PRAIRIE MO 63845-1180
Mailing Address PO BOX 299
 EAST PRAIRIE MO 63845-0299

Telephone (573) 649-3551
Level of Care SNF
County MISSISSIPPI
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 12083

EDINA**BLESSING CENTER, THE**

302 NORTH MAIN
 EDINA MO 63537-1353
Mailing Address 302 NORTH MAIN
 EDINA MO 63537-1353

Telephone (660) 397-2293
Level of Care RCF*
County KNOX
Region 5

Alzheimer's Unit No
Bed Capacity 51
DMH Licensed Yes
Facility Number 03728

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
Level of Care SNF
County KNOX
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
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
Level of Care SNF
County CEDAR
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
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
Level of Care RCF
County CEDAR
Region 1

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
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
Level of Care RCF
County MILLER
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17701

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

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

ELDON NURSING & REHAB

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

Telephone (573) 392-3164
Level of Care SNF
County MILLER
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06139

LEE HOUSE OF ELDON

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

Telephone (573) 392-5558
Level of Care RCF
County MILLER
Region 6

Alzheimer's Unit No
Bed Capacity 53
DMH Licensed No
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
Level of Care ALF**
County MILLER
Region 6

Alzheimer's Unit Yes
Bed Capacity 58
DMH Licensed No
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
Level of Care SNF
County REYNOLDS
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 20751

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
 ELNBERRY MO 63343-1612
Mailing Address 1402 RIVERVIEW DR
 ELNBERRY 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

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

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

ELSBERRY 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**

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

EXCELSIOR SPRINGS**EXCELSIOR SPRINGS HOSPITAL**

1700 RAINBOW BLVD
 EXCELSIOR SPRINGS MO 64024-1182
Mailing Address 1700 RAINBOW BLVD
 EXCELSIOR SPRINGS MO 64024-1182

Telephone (816) 630-6081
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 20940

EXCELSIOR SPRINGS NURSING & REHAB

1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304
Mailing Address 1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304

Telephone (816) 630-3145
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 108
DMH Licensed No
Facility Number 19197

VALLEY MANOR AND REHABILITATION CENTER

1410 HOSPITAL DR
 EXCELSIOR SPRINGS MO 64024-1168
Mailing Address 1410 HOSPITAL DR
 EXCELSIOR SPRINGS MO 64024-1168

Telephone (816) 637-1010
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02425

FARMINGTON**ANNA DODSON HOME**

4616 HIGHWAY D
 FARMINGTON MO 63640-7241
Mailing Address 4616 HWY D
 FARMINGTON MO 63640-7241

Telephone (573) 756-5530
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 02160

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

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

ANNA DODSON HOME

4616 HIGHWAY D
 FARMINGTON MO 63640-7241
Mailing Address 4616 HWY D
 FARMINGTON MO 63640-7241

Telephone (573) 756-5530
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed Yes
Facility Number 02160

ASHBROOK - ASSISTED LIVING BY AMERICARE

500 ASHBROOK DR
 FARMINGTON MO 63640-9235
Mailing Address 500 ASHBROOK DR
 FARMINGTON MO 63640-9235

Telephone (573) 756-5544
Level of Care ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 18138

BAILEY STREET RESIDENTIAL CARE I

102 BAILEY ST
 FARMINGTON MO 63640-1819
Mailing Address 102 BAILEY ST
 FARMINGTON MO 63640-1819

Telephone (573) 756-6374
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 00256

BAYLESS BOARDING HOME

3719 SAND CREEK ROAD
 FARMINGTON MO 63640-7349
Mailing Address 3719 SAND CREEK RD
 FARMINGTON MO 63640-7349

Telephone (573) 747-0889
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 17300

BROOKSIDE MANOR RESIDENTIAL CARE, LLC

2434 HIGHWAY H
 FARMINGTON MO 63640-7033
Mailing Address 2434 HWY H
 FARMINGTON MO 63640-7033

Telephone (573) 756-6434
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 20034

CAMELOT NURSING AND REHABILITATION CENTER

705 GRAND CANYON DR
 FARMINGTON MO 63640-2161
Mailing Address 705 GRAND CANYON DR
 FARMINGTON MO 63640-2161

Telephone (573) 756-8911
Level of Care SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 97
DMH Licensed No
Facility Number 00978

CARRIAGE MANOR CARE CENTER

508 NORTH WASHINGTON ST
 FARMINGTON MO 63640-1756
Mailing Address PO BOX 675
 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

COLUMBIA STREET MANOR

208 WEST COLUMBIA ST
 FARMINGTON MO 63640-1705
Mailing Address PO BOX 675
 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

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

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

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 SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
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 ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
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

HARRIS MANOR CARE CENTER

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

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

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

ST 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 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 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

LODGE, THE

542 STATE ROAD DD
 FAYETTE MO 65248-9658
Mailing Address 542 STATE RD DD
 FAYETTE MO 65248-9658

Telephone (660) 248-2277
Level of Care ALF**
County HOWARD
Region 5

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 28815

FENTON**CORI MANOR HEALTHCARE & REHABILITATION CENTER**

560 CORISANDE HILLS RD
 FENTON MO 63026-5613
Mailing Address 560 CORISANDE HILLS RD
 FENTON MO 63026-5613

Telephone (636) 343-2282
Level of Care SNF
County JEFFERSON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 144
DMH Licensed No
Facility Number 01800

DELMAR GARDENS OF MERAMEC VALLEY

1 ARBOR TERRACE
 FENTON MO 63026-3900
Mailing Address 1 ARBOR TERRACE
 FENTON MO 63026-3900

Telephone (636) 343-0016
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 190
DMH Licensed No
Facility Number 13468

FIESER NURSING CENTER

404 MAIN ST
 FENTON MO 63026-4107
Mailing Address 404 MAIN ST
 FENTON MO 63026-4107

Telephone (636) 343-4344
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7 **Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 02569

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

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

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

FESTUS MANOR

627 WESTWOOD DR S		Telephone	(636) 931-9066	Alzheimer's Unit	No
FESTUS	MO 63028-2062	Level of Care	SNF	Bed Capacity	150
Mailing Address 627 WESTWOOD DR S		County	JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-2062	Region	2 Medicare/Medicaid	Facility Number	02546

FESTUS REST HOME

705 MOORE ST		Telephone	(636) 937-7125	Alzheimer's Unit	No
FESTUS	MO 63028-1339	Level of Care	RCF	Bed Capacity	20
Mailing Address PO BOX 51		County	JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-0051	Region	2	Facility Number	02555

FOUNTAINBLEAU NURSING CENTER

1349 HIGHWAY 61		Telephone	(636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care	SNF	Bed Capacity	106
Mailing Address PO BOX 700		County	JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region	2 Medicare/Medicaid	Facility Number	17080

KEATON CENTER

120 N MILL ST		Telephone	(636) 232-2323	Alzheimer's Unit	No
FESTUS	MO 63028-1816	Level of Care	ALF	Bed Capacity	16
Mailing Address 120 N MILL ST		County	JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1816	Region	2	Facility Number	20413

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

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

MAGNOLIA HOME, LLC THE

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 76
DMH Licensed No
Facility Number 14817

BRIDGE AT FLORISSANT, THE

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

Telephone (314) 831-0988
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 102
DMH Licensed No
Facility Number 27826

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

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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 158
DMH Licensed No
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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 98
DMH Licensed No
Facility Number 00154

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

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

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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 240
DMH Licensed No
Facility Number 07631

VALLEY - A STONEBRIDGE COMMUNITY, THE

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

Telephone (314) 741-9101
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
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
Level of Care SNF
County TANEY
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 18870

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

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

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

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

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

FULTON PRESBYTERIAN MANOR

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

FULTON PRESBYTERIAN MANOR

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

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

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

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

GAINESVILLE

GAINESVILLE HEALTH CARE CENTER

77 MEDICAL DR		Telephone	(417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care	SNF	Bed Capacity	99
Mailing Address PO BOX 628		County	OSARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1	Medicare/Medicaid	Facility Number	12868

GALLATIN

DAVIESS COUNTY NURSING AND REHABILITATION

1337 WEST GRAND		Telephone	(660) 663-2197	Alzheimer's Unit	Yes
GALLATIN	MO 64640-8320	Level of Care	SNF	Bed Capacity	97
Mailing Address 1337 WEST GRAND		County	DAVIESS	DMH Licensed	No
GALLATIN	MO 64640-8320	Region 4	Medicare/Medicaid	Facility Number	02032

GERALD

GERALD NURSING & REHAB

533 CANAAN ROAD		Telephone	(573) 764-2135	Alzheimer's Unit	No
GERALD	MO 63037-2515	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 180		County	FRANKLIN	DMH Licensed	No
GERALD	MO 63037-0180	Region 6	Medicare/Medicaid	Facility Number	13926

GIDEON

GIDEON CARE CENTER

300 LUNBECK		Telephone	(573) 448-3505	Alzheimer's Unit	No
GIDEON	MO 63848-9211	Level of Care	SNF	Bed Capacity	72
Mailing Address PO BOX 197		County	NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2	Medicare/Medicaid	Facility Number	15538

GLADSTONE

AVONLEA COTTAGE OF GLADSTONE

2801 NE 60TH ST		Telephone	(816) 454-7755	Alzheimer's Unit	No
GLADSTONE	MO 64119-2040	Level of Care	RCF	Bed Capacity	100
Mailing Address 2801 NE 60TH ST		County	CLAY	DMH Licensed	No
GLADSTONE	MO 64119-2040	Region 4		Facility Number	11794

HERITAGE VILLAGE OF GLADSTONE

3000 NORTH EAST 64TH ST		Telephone	(816) 454-5130	Alzheimer's Unit	No
GLADSTONE	MO 64119-1569	Level of Care	RCF*	Bed Capacity	60
Mailing Address 3000 NE 64TH ST		County	CLAY	DMH Licensed	Yes
GLADSTONE	MO 64119-1569	Region 4		Facility Number	12510

LINDEN WOODS VILLAGE

2901 NE 72ND STREET		Telephone	(816) 268-4000	Alzheimer's Unit	No
GLADSTONE	MO 64119-7400	Level of Care	SNF	Bed Capacity	40
Mailing Address 2901 NE 72ND STREET		County	CLAY	DMH Licensed	No
GLADSTONE	MO 64119-7400	Region 4	Medicare/Medicaid	Facility Number	30156

LINDEN WOODS VILLAGE

2901 NE 72ND STREET		Telephone	(816) 268-4000	Alzheimer's Unit	No
GLADSTONE	MO 64119-7400	Level of Care	ALF**	Bed Capacity	40
Mailing Address 2901 NE 72ND STREET		County	CLAY	DMH Licensed	No
GLADSTONE	MO 64119-7400	Region 4		Facility Number	30156

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

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

GLASGOW

GLASGOW GARDENS

100 AUDSLEY DR		Telephone	(660) 338-2297	Alzheimer's Unit	No
GLASGOW	MO 65254-9537	Level of Care	SNF	Bed Capacity	59
Mailing Address 100 AUDSLEY DR		County	HOWARD	DMH Licensed	No
GLASGOW	MO 65254-9537	Region	5 Medicare/Medicaid	Facility Number	01659

GOWER

GOWER CONVALESCENT CENTER, INC

323 SOUTH HIGHWAY 169		Telephone	(816) 424-6483	Alzheimer's Unit	No
GOWER	MO 64454-9116	Level of Care	SNF	Bed Capacity	82
Mailing Address PO BOX 170		County	CLINTON	DMH Licensed	No
GOWER	MO 64454-0170	Region	4 Medicare/Medicaid	Facility Number	03107

GRAIN VALLEY

COUNTRY OAK VILLAGE

101 CROSS CREEK DR		Telephone	(816) 224-2700	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-9561	Level of Care	RCF	Bed Capacity	32
Mailing Address 101 CROSS CREEK DR		County	JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-9561	Region	3	Facility Number	24279

ESSEX OF GRAIN VALLEY, THE

401 SOUTHWEST ROCK CREEK LN		Telephone	(816) 443-3992	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-8460	Level of Care	RCF	Bed Capacity	12
Mailing Address 401 SOUTHWEST ROCK CREEK LN		County	JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-8460	Region	3	Facility Number	24475

GRANBY

GRANBY HOUSE

301 SOUTH MAIN		Telephone	(417) 472-6271	Alzheimer's Unit	No
GRANBY	MO 64844-8336	Level of Care	SNF	Bed Capacity	60
Mailing Address 301 SOUTH MAIN		County	NEWTON	DMH Licensed	No
GRANBY	MO 64844-8336	Region	1 Medicare/Medicaid	Facility Number	16481

GRANDVIEW

LIFE CARE CENTER OF GRANDVIEW

6301 EAST 125TH ST		Telephone	(816) 765-7714	Alzheimer's Unit	Yes
GRANDVIEW	MO 64030-1884	Level of Care	SNF	Bed Capacity	172
Mailing Address 6301 EAST 125TH ST		County	JACKSON	DMH Licensed	No
GRANDVIEW	MO 64030-1884	Region	3 Medicare/Medicaid	Facility Number	11929

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	No
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

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

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

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

DADE COUNTY RESIDENTIAL CARE FACILITY

400 BROAD ST		Telephone (417) 637-5315	Alzheimer's Unit	No
GREENFIELD	MO 65661-1405	Level of Care RCF*	Bed Capacity	24
Mailing Address 400 BROAD ST		County DADE	DMH Licensed	No
GREENFIELD	MO 65661-1405	Region 1	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 RCF	Bed Capacity	24
Mailing Address 801 SOUTH COLBY		County CALDWELL	DMH Licensed	No
HAMILTON	MO 64644-8287	Region 4	Facility Number	03315

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

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

HAROLD AND LOUISE ASSISTED LIVING

135 COMMUNICATION DR		Telephone (573) 221-1189	Alzheimer's Unit	No
HANNIBAL	MO 63401-3670	Level of Care ALF**	Bed Capacity	47
Mailing Address 135 COMMUNICATION DR		County MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-3670	Region 5	Facility Number	29639

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

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

HILLSIDE 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

OMEGA HOUSE II, LLC

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

Telephone (573) 221-3898
Level of Care RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed Yes
Facility Number 15400

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 **Medicare/Medicaid**

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

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

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

GOLDEN 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**

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	No
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**FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY**

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

FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY

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

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**

FIRST & HIGHWAY 54		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

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

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

HIGGINSVILLE**MEYER CARE CENTER**

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224
Level of Care SNF
County LAFAYETTE
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 05326

MEYER CARE CENTER

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224
Level of Care ALF**
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 39
DMH Licensed No
Facility Number 05326

HOLDEN**BRISTOL MANOR OF HOLDEN**

501 WEST SECOND
 HOLDEN MO 64040-1205
Mailing Address 501 WEST SECOND
 HOLDEN MO 64040-1205

Telephone (816) 732-6789
Level of Care RCF
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17951

HOLDEN MANOR CARE CENTER

2005 SOUTH LEXINGTON
 HOLDEN MO 64040-1610
Mailing Address 2005 S LEXINGTON
 HOLDEN MO 64040-1610

Telephone (816) 732-4138
Level of Care SNF
County JOHNSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 08334

HOLLISTER**POINT LOOKOUT NURSING & REHAB**

11103 HISTORIC HIGHWAY 165
 HOLLISTER MO 65672-6239
Mailing Address 11103 HISTORIC HWY 165
 HOLLISTER MO 65672-6239

Telephone (417) 334-4105
Level of Care SNF
County TANEY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 12716

HOLTS SUMMIT**SUMMIT VILLA LIFECARE**

229 KAREN DR
 HOLTS SUMMIT MO 65043-2522
Mailing Address 229 KAREN DR
 HOLTS SUMMIT MO 65043-2522

Telephone (573) 896-8567
Level of Care ALF**
County CALLAWAY
Region 6

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 21318

TIMBERS, THE

239 KAREN DRIVE
 HOLTS SUMMIT MO 65043-2522
Mailing Address 239 KAREN DRIVE
 HOLTS SUMMIT MO 65043-2522

Telephone (573) 415-0390
Level of Care ALF**
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 30384

VALLEY PARK RETIREMENT CENTER

355 KAREN DR
 HOLTS SUMMIT MO 65043-2519
Mailing Address 355 KAREN DR
 HOLTS SUMMIT MO 65043-2519

Telephone (573) 896-0208
Level of Care RCF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 27986

HOUSTON**HOUSTON HOUSE**

1000 NORTH INDUSTRIAL DR
 HOUSTON MO 65483-9400
Mailing Address PO BOX 199
 HOUSTON MO 65483-0199

Telephone (417) 967-2527
Level of Care SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 10626

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

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

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

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

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

MONTEREY PARK REHABILITATION & HEALTH CARE CENTER

4600 LITTLE BLUE PARKWAY
 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 1193
 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

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

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

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 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

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

GRANITE HOUSE RCF

321 SOUTH MAIN ST
 IRONTON MO 63650-1406
Mailing Address PO BOX 66
 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

IRONTON RESIDENTIAL CARE, LLC

101 SOUTH KNOB ST
 IRONTON MO 63650-1501
Mailing Address PO BOX 66
 IRONTON MO 63650-0066

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 No
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

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

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

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 Yes
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 #2

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 12
DMH Licensed No
Facility Number 25245

CASTLEPARKE #3

312 WILDERNESS COURT
 JEFFERSON CITY MO 65109-1514
Mailing Address 312 WILDERNESS CT
 JEFFERSON CITY MO 65109-1514

Telephone (573) 636-5100
Level of Care RCF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 25921

CASTLEPARKE RETIREMENT CAMPUS #1

331 PIONEER TRAIL DR
 JEFFERSON CITY MO 65109-1508
Mailing Address 331 PIONEER TRAIL DR
 JEFFERSON CITY MO 65109-1508

Telephone (573) 659-0001
Level of Care RCF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24766

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

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

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

HEISINGER 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

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 Yes
Bed Capacity 102
DMH Licensed No
Facility Number 03870

JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC

1221 SOUTHGATE LN
 JEFFERSON CITY MO 65109-2465
Mailing Address PO BOX 104118
 JEFFERSON CITY MO 65110-4118

Telephone (573) 635-3131
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 01865

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care ALF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 13
DMH Licensed Yes
Facility Number 16964

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 16964

MELODY HOUSE

3031 SOUTH TEN MILE DR
 JEFFERSON CITY MO 65109-6816
Mailing Address 3031 S TEN MILE DR
 JEFFERSON CITY MO 65109-6816

Telephone (573) 893-7228
Level of Care RCF*
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 14376

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063
Level of Care ALF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 10300

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063
Level of Care SNF
County COLE
Region 6 **Medicare**

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 10300

PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY

1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082
Mailing Address 1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082

Telephone (573) 634-5408
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 45
DMH Licensed No
Facility Number 29697

RIVER CITY LIVING COMMUNITY

3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525
Mailing Address 3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525

Telephone (573) 893-3404
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 87
DMH Licensed No
Facility Number 04826

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

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

ST JOSEPH'S BLUFFS

1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356
Mailing Address 1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356

Telephone (573) 635-0166
Level of Care SNF
County COLE
Region 6 **Medicare**

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 08752

VILLA MARIE - A STONEBRIDGE COMMUNITY

1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213
Mailing Address 1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213

Telephone (573) 635-3381
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08282

WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE

3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528
Mailing Address 3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528

Telephone (573) 635-2600
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 20440

JONESBURG**JONESBURG NURSING & REHAB**

308 CEDAR AVE
 JONESBURG MO 63351-1126
Mailing Address PO BOX 218
 JONESBURG MO 63351-0218

Telephone (636) 488-5400
Level of Care SNF
County MONTGOMERY
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 13265

JOPLIN**AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN**

2030 E ZORA ST
 JOPLIN MO 64801-1170
Mailing Address 2030 E ZORA ST
 JOPLIN MO 64801-1170

Telephone (417) 626-8900
Level of Care RCF*
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 20779

COMMUNITIES OF WILDWOOD RANCH

3222 SOUTH JOHN DUFFY DR
 JOPLIN MO 64804-1569
Mailing Address 3222 SOUTH JOHN DUFFY DR
 JOPLIN MO 64804-1569

Telephone (417) 621-0175
Level of Care SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 29077

JOPLIN GARDENS

2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-2524
Mailing Address 2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-2524

Telephone (417) 572-0041
Level of Care SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01373

JOPLIN HEALTH AND REHABILITATION CENTER

2218 WEST 32ND ST
 JOPLIN MO 64804-3514
Mailing Address 2218 WEST 32ND ST
 JOPLIN MO 64804-3514

Telephone (417) 623-5264
Level of Care SNF
County NEWTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12583

NHC HEALTHCARE, JOPLIN

2700 EAST 34TH ST
 JOPLIN MO 64804-4310
Mailing Address PO BOX 2877
 JOPLIN MO 64803-2877

Telephone (417) 781-1737
Level of Care SNF
County NEWTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 126
DMH Licensed No
Facility Number 04044

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

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

OZARK OAKS RESIDENTIAL CARE FACILITY II

3405 S SCHIFFERDECKER
 JOPLIN MO 64804-1388
Mailing Address PO BOX 2526
 JOPLIN MO 64803-2526

Telephone (417) 347-7760
Level of Care RCF*
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 13636

SILVER CREEK - ASSISTED LIVING BY AMERICARE

3325 TEXAS AVE
 JOPLIN MO 64804-4343
Mailing Address 3325 TEXAS AVE
 JOPLIN MO 64804-4343

Telephone (417) 626-8100
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit Yes
Bed Capacity 68
DMH Licensed No
Facility Number 20541

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

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

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

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

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

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD
 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-
Mailing Address 11071 N WOODLAND AVE
 KANSAS CITY MO 64155-

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 ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 40
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 SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 57
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

BRIDGEWOOD HEALTH CARE CENTER

11515 TROOST
 KANSAS CITY MO 64131-3769
Mailing Address 11515 TROOST
 KANSAS CITY MO 64131-3769

Telephone (816) 943-0101
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 166
DMH Licensed No
Facility Number 06555

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

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

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
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 29304

BUTTERFLY HAVEN

11500 CAMPBELL ST
 KANSAS CITY MO 64131-3829
Mailing Address 11500 CAMPBELL ST
 KANSAS CITY MO 64131-3829

Telephone (816) 941-2836
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 18207

CARONDELET MANOR

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

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
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed Yes
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
Level of Care SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
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
Level of Care SNF
County PLATTE
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
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
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 40
DMH Licensed No
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
Level of Care ALF
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 23774

GRAND PAVILION HEALTH AND REHAB, THE

4330 WASHINGTON
 KANSAS CITY MO 64111-3340
Mailing Address 4330 WASHINGTON
 KANSAS CITY MO 64111-3340

Telephone (816) 753-6800
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 154
DMH Licensed No
Facility Number 05989

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

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

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

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) 349-3530
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 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 SNF
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 ICF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

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

KANSAS CITY CENTER FOR REHABILITATION AND HEALTHCARE

12942 WORNALL RD
 KANSAS CITY MO 64145-1253
Mailing Address 12942 WORNALL RD
 KANSAS CITY MO 64145-1253

Telephone (816) 423-8500
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 105
DMH Licensed No
Facility Number 00644

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

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

KANSAS CITY CENTER FOR REHABILITATION AND HEALTHCARE

12942 WORNALL RD		Telephone (816) 423-8500	Alzheimer's Unit	Yes
KANSAS CITY	MO 64145-1253	Level of Care SNF	Bed Capacity	180
Mailing Address 12942 WORNALL RD		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64145-1253	Region 3	Medicare/Medicaid	Facility Number 00644

KINGSWOOD

10000 WORNALL RD		Telephone (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care SNF	Bed Capacity	86
Mailing Address 10000 WORNALL RD		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4359	Region 3	Medicare/Medicaid	Facility Number 04152

KINGSWOOD

10000 WORNALL RD		Telephone (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care ALF**	Bed Capacity	67
Mailing Address 10000 WORNALL RD		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64114-4359	Region 3	Facility Number	04152

LEONA HOUSE

5000 NW OLD TRAIL ROAD		Telephone (816) 584-1033	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-1946	Level of Care ALF**	Bed Capacity	7
Mailing Address 5000 NW OLD TRAIL RD		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-1946	Region 4	Facility Number	24748

LODGE RESIDENTIAL CARE FACILITY, THE

3860 EAST 60TH ST		Telephone (816) 349-3520	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4418	Level of Care RCF	Bed Capacity	8
Mailing Address 3860 EAST 60TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4418	Region 3	Facility Number	16211

MAPLE WOOD HEALTHCARE CENTER

724 NORTHEAST 79TH TERRACE		Telephone (816) 436-8940	Alzheimer's Unit	NO
KANSAS CITY	MO 64118-1564	Level of Care SNF	Bed Capacity	150
Mailing Address 724 NE 79TH TERRACE		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64118-1564	Region 4	Medicare/Medicaid	Facility Number 05897

MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING

1201 NW TULLISON RD		Telephone (816) 888-7930	Alzheimer's Unit	No
KANSAS CITY	MO 64116-2639	Level of Care ALF**	Bed Capacity	138
Mailing Address 1201 NW TULLISON RD		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64116-2639	Region 4	Facility Number	29084

MCCRITE PLAZA AT BRIARCLIFF SKILLED NURSING

1301 TULLISON ROAD		Telephone 816-888-7930	Alzheimer's Unit	No
KANSAS CITY	MO 64116-2640	Level of Care SNF	Bed Capacity	80
Mailing Address 1201 NW TULLISON ROAD		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64116-2639	Region 4	Medicare	Facility Number 29084

MYERS NURSING & CONVALESCENT CENTER

2315 WALROND AVE		Telephone (816) 231-3180	Alzheimer's Unit	No
KANSAS CITY	MO 64127-4210	Level of Care ICF	Bed Capacity	84
Mailing Address 2315 WALROND AVE		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64127-4210	Region 3	Medicaid	Facility Number 05626

NEW MARK CARE CENTER

11221 NORTH NASHUA DR		Telephone (816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1159	Level of Care SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA DR		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1159	Region 4	Medicare/Medicaid	Facility Number 12688

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

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

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** 90
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** No
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** 36
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** 154
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06794

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

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

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

STONECREST AT 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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 110
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 30198

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

TIMBERLAKE CARE CENTER

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

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

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

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

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

KIMBERLING CITY

TABLEROCK HEALTHCARE

276 FOUNTAIN LN
 KIMBERLING CITY MO 65686-9356
Mailing Address 276 FOUNTAIN LANE
 KIMBERLING CITY MO 65686-9356

Telephone (417) 739-2481
Level of Care SNF
County STONE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 07911

KING CITY

FAIRVIEW VILLAGE ASSISTED LIVING

304 WEST FAIRVIEW ST
 KING CITY MO 64463-9606
Mailing Address 304 WEST FAIRVIEW ST
 KING CITY MO 64463-9606

Telephone (660) 535-4325
Level of Care ALF
County GENTRY
Region 4

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 04305

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

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

KING CITY MANOR

300 WEST FAIRVIEW		Telephone (660) 535-4325	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care SNF	Bed Capacity	60
Mailing Address 300 WEST FAIRVIEW		County GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region 4 Medicare/Medicaid	Facility Number	04305

KIRKSVILLE**ARBORS AT HIGHLAND CREST - ALZHEIMERS ASSISTED LIVING BY AMERICARE, THE**

620 GILASPY ROAD		Telephone (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region 5	Facility Number	23608

HIGHLAND CREST - ASSISTED LIVING BY AMERICARE

2204 S HALLIBURTON ST		Telephone (660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBURTON ST		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5	Facility Number	16785

KIRKSVILLE MANOR CARE CENTER

1705 EAST LAHARPE		Telephone (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHARPE		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161

PREFERRED FAMILY HEALTHCARE, INC

900 EAST LAHARPE		Telephone (660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care RCF*	Bed Capacity	57
Mailing Address PO BOX 767		County ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	Facility Number	21851

TWIN PINES ADULT CARE CENTER

316 SOUTH OSTEOPATHY ST		Telephone (660) 665-2887	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-1446	Level of Care SNF	Bed Capacity	152
Mailing Address 316 S OSTEOPATHY ST		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-1446	Region 5 Medicare/Medicaid	Facility Number	08218

KIRKWOOD**ABERDEEN HEIGHTS**

505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	Yes
KIRKWOOD	MO 63122-5536	Level of Care ICF	Bed Capacity	16
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number	27570

ABERDEEN HEIGHTS

505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care SNF	Bed Capacity	38
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7 Medicare	Facility Number	27570

ABERDEEN HEIGHTS

505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care ALF**	Bed Capacity	36
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number	27570

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

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

MANOR 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

LA BELLE**LA BELLE MANOR CARE CENTER**

1002 CENTRAL
 LA BELLE MO 63447-2092
Mailing Address 1002 CENTRAL
 LA BELLE MO 63447-2092

Telephone (660) 213-3234
Level of Care SNF
County LEWIS
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 94
DMH Licensed No
Facility Number 04212

LA MONTE**BRISTOL MANOR OF LA MONTE**

910 SOUTH MAIN ST
 LA MONTE MO 65337-1250
Mailing Address 910 SOUTH MAIN ST
 LA MONTE MO 65337-1250

Telephone (660) 347-5757
Level of Care RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 21011

LA PLATA**LA PLATA NURSING HOME**

100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362
Mailing Address 100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362

Telephone (660) 332-4315
Level of Care SNF
County MACON
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 04395

LAKE SAINT LOUIS**COTTAGES OF LAKE ST LOUIS**

2885 TECHNOLOGY DRIVE
 LAKE SAINT LOUIS MO 63367-4123
Mailing Address 2885 TECHNOLOGY DRIVE
 LAKE SAINT LOUIS MO 63367-4123

Telephone 636-614-3510
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 30318

LAMAR**BRISTOL MANOR OF LAMAR**

603 EAST 17TH ST
 LAMAR MO 64759-2303
Mailing Address 603 EAST 17TH ST
 LAMAR MO 64759-2303

Telephone (417) 682-6762
Level of Care RCF
County BARTON
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18951

MAPLE SENIOR LIVING LLC

3 SOUTHWEST FIRST LANE
 LAMAR MO 64759-8313
Mailing Address 3 SOUTHWEST FIRST LANE
 LAMAR MO 64759-8313

Telephone (417) 682-6184
Level of Care RCF*
County BARTON
Region 1

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 20869

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

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

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	No
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

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**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

DOVE SENIOR CITIZEN HOME

31841 NORTH HIGHWAY 5		Telephone (417) 426-5411	Alzheimer's Unit	No
LEBANON	MO 65536-6898	Level of Care RCF	Bed Capacity	30
Mailing Address 31841 NORTH HIGHWAY 5		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-1320	Region 1	Facility Number	02180

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

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

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

LEBANON NORTH NURSING & REHAB

596 MORTON RD
 LEBANON MO 65536-3648
Mailing Address 596 MORTON RD
 LEBANON MO 65536-3648

Telephone (417) 532-9173
Level of Care SNF
County LACLEDE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 180
DMH Licensed No
Facility Number 04369

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT ROAD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT ROAD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care SNF
County LACLEDE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 15650

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT RD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT ROAD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care RCF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 15650

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT ROAD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT ROAD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care RCF*
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 2
DMH Licensed No
Facility Number 15650

NORTHDRIDGE PLACE - ASSISTED LIVING BY AMERICARE

1500 LYNN ST
 LEBANON MO 65536-4409
Mailing Address 1500 LYNN ST
 LEBANON MO 65536-4409

Telephone (417) 532-9793
Level of Care ALF**
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 20525

LEE'S SUMMIT**ADDINGTON PLACE OF LEE'S SUMMIT**

2160 SE BLUE PARKWAY
 LEE'S SUMMIT MO 64063-1007
Mailing Address 2160 SE BLUE PARKWAY
 LEE'S SUMMIT MO 64063-1007

Telephone (816) 554-0101
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 28136

AUTUMN LEAVES OF LEE'S SUMMIT

3101 SW 3RD STREET
 LEE'S SUMMIT MO 64081-
Mailing Address 3101 SW 3RD STREET
 LEE'S SUMMIT MO 64081-

Telephone 816-321-1648
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 54
DMH Licensed No
Facility Number 31077

CROSS CREEK AT LEE'S SUMMIT

3320 NE WILSHIRE DR
 LEE'S SUMMIT MO 64064-2077
Mailing Address 3320 NE WILSHIRE DR
 LEE'S SUMMIT MO 64064-2077

Telephone (816) 607-5700
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 30996

JEFFERSON HEALTH CARE

615 SW OLDHAM PARKWAY
 LEE'S SUMMIT MO 64081-2602
Mailing Address 615 SW OLDHAM PKWY
 LEE'S SUMMIT MO 64081-2602

Telephone (816) 524-3328
Level of Care SNF
County JACKSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 04415

JOHN KNOX VILLAGE CARE CENTER

600 NW PRYOR ROAD
 LEE'S SUMMIT MO 64081-1104
Mailing Address 600 NW PRYOR RD
 LEE'S SUMMIT MO 64081-1104

Telephone (816) 246-4343
Level of Care SNF
County JACKSON
Region 3 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 430
DMH Licensed No
Facility Number 14529

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

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

LEE'S SUMMIT 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	141
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

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

LEWISTOWN**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16		Telephone (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care RCF*	Bed Capacity	16
Mailing Address 18540 STATE HWY 16		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5	Facility Number	16896

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16		Telephone (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care SNF	Bed Capacity	60
Mailing Address 18540 STATE HWY 16		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number	16896

LEXINGTON**BRISTOL MANOR OF LEXINGTON**

2615 MAIN ST		Telephone (660) 259-6655	Alzheimer's Unit	No
LEXINGTON	MO 64067-1974	Level of Care RCF	Bed Capacity	12
Mailing Address 2615 MAIN ST		County LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-1974	Region 3	Facility Number	17543

RIVERBEND HEIGHTS HEALTH & REHABILITATION

1221 HIGHWAY 13 SOUTH		Telephone (660) 259-4695	Alzheimer's Unit	Yes
LEXINGTON	MO 64067-7187	Level of Care SNF	Bed Capacity	160
Mailing Address 1221 HIGHWAY 13 SOUTH		County LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number	04333

LIBERTY**ASHTON COURT CARE AND REHABILITATION CENTRE**

1200 WEST COLLEGE ST		Telephone (816) 781-3020	Alzheimer's Unit	Yes
LIBERTY	MO 64068-1036	Level of Care SNF	Bed Capacity	140
Mailing Address 1200 WEST COLLEGE ST		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number	01961

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

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

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 AND 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

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

NORTERRE

2555 NORTERRE CIRCLE
 LIBERTY MO 64068-3313
Mailing Address 2555 NORTERRE CIRCLE
 LIBERTY MO 64086-3313

Telephone (816) 335-0058
Level of Care SNF
County CLAY
Region 4 **Medicare**

Alzheimer's Unit No
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

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

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

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

LINN OAK REHABILITATION CENTER

196 HIGHWAY CC
 LINN MO 65051-3500
Mailing Address 196 HIGHWAY CC
 LINN MO 65051-3500

Telephone (573) 897-0700
Level of Care SNF
County OSAGE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 14130

LOCKWOOD

GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION

200 WEST 12TH ST
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH ST
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571
Level of Care SNF
County DADE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 69
DMH Licensed No
Facility Number 03051

GOOD SHEPHERD RESIDENTIAL CARE FACILITY

200 WEST 12TH
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571
Level of Care RCF**
County DADE
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 03051

LOUISIANA

LYNN'S HERITAGE HOUSE, INC

800 KELLY LN
 LOUISIANA MO 63353-2415
Mailing Address 800 KELLY LN
 LOUISIANA MO 63353-2415

Telephone (573) 754-4020
Level of Care ALF**
County PIKE
Region 5

Alzheimer's Unit Yes
Bed Capacity 44
DMH Licensed No
Facility Number 21055

MAPLE GROVE LODGE

2407 KENTUCKY ST
 LOUISIANA MO 63353-2503
Mailing Address 2407 KENTUCKY ST
 LOUISIANA MO 63353-2503

Telephone (573) 754-5456
Level of Care SNF
County PIKE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 05002

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

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

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 RANCLAND DR		Telephone	(660) 385-3020	Alzheimer's Unit	No
MACON	MO 63552-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 707 RANCLAND 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	Yes
MACON	MO 63552-2165	Level of Care	SNF	Bed Capacity	180
Mailing Address PO BOX 187		County	MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5	Medicare/Medicaid	Facility Number	04739

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

MACON HEALTH CARE CENTER

29612 KELLOGG AVE		Telephone	(660) 385-5797	Alzheimer's Unit	Yes
MACON	MO 63552-3702	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 465		County	MACON	DMH Licensed	No
MACON	MO 63552-0465	Region 5	Medicare/Medicaid	Facility Number	04914

WELLER PLACE RETIREMENT CENTER

510 WELLER STREET		Telephone	(660) 395-2273	Alzheimer's Unit	No
MACON	MO 63552-1996	Level of Care	RCF	Bed Capacity	18
Mailing Address 510 WELLER STREET		County	MACON	DMH Licensed	No
MACON	MO 63552-1996	Region 5		Facility Number	30888

MADISON

JONES' WILDWOOD CARE CENTER

12806 HWY 151		Telephone	(660) 291-8636	Alzheimer's Unit	No
MADISON	MO 65263-3114	Level of Care	RCF	Bed Capacity	32
Mailing Address PO BOX 69		County	MONROE	DMH Licensed	Yes
MADISON	MO 65263-0069	Region 5		Facility Number	08573

MALDEN

HAMPTON HOUSE OF MALDEN, INC

201 NORTH DECATUR		Telephone	(573) 276-6054	Alzheimer's Unit	No
MALDEN	MO 63863-2017	Level of Care	RCF*	Bed Capacity	22
Mailing Address 201 N DECATUR		County	DUNKLIN	DMH Licensed	Yes
MALDEN	MO 63863-2017	Region 2		Facility Number	03331

MALDEN NURSING & REHAB

1209 STOKELAN		Telephone	(573) 276-5115	Alzheimer's Unit	Yes
MALDEN	MO 63863-1335	Level of Care	SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN		County	DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1335	Region 2	Medicare/Medicaid	Facility Number	12465

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

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

RIDGEVIEW LIVING COMMUNITY

500 BARRETT DR		Telephone (573) 276-3843	Alzheimer's Unit	No
MALDEN	MO 63863-1204	Level of Care SNF	Bed Capacity	96
Mailing Address 500 BARRETT DR		County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2 Medicare/Medicaid	Facility Number	06656

MANSFIELD**ROCKY RIDGE MANOR**

3111 HIGHWAY A		Telephone (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care SNF	Bed Capacity	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996

MARBLE HILL**DIANA'S BOARDING HOME - 2**

HC 64, BOX 4677		Telephone (573) 238-3344	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity	40
Mailing Address HC 64, BOX 4677		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	23940

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

WOODLAND HILLS - A STONEBRIDGE COMMUNITY

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

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

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

MARIONVILLE

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573
Level of Care SNF
County LAWRENCE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 06273

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573
Level of Care RCF
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 76
DMH Licensed No
Facility Number 06273

MARSHALL

GEORGIA BROWN BLOSSER HOME FOR THE AGED

1210 EAST EASTWOOD ST
 MARSHALL MO 65340-1510
Mailing Address 1210 EAST EASTWOOD ST
 MARSHALL MO 65340-1510

Telephone (660) 886-5020
Level of Care RCF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed No
Facility Number 00633

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

HIGHLAND HOME

1325 SOUTH HIGHLAND COURT
 MARSHALL MO 65340-3058
Mailing Address PO BOX 974
 MARSHALL MO 65340-0974

Telephone (660) 886-8675
Level of Care RCF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 03558

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

MAR-SALINE MANOR CARE CENTER

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

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

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

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

MARSHFIELD

MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE

800 SOUTH WHITE OAK		Telephone	(417) 859-3701	Alzheimer's Unit	No
MARSHFIELD	MO 65706-2231	Level of Care	SNF	Bed Capacity	74
Mailing Address	800 SOUTH WHITE OAK	County	WEBSTER	DMH Licensed	No
MARSHFIELD	MO 65706-2231	Region 1	Medicare/Medicaid	Facility Number	18481

MARSHFIELD PLACE, LLC

820 SOUTH WHITE OAK ST		Telephone	(417) 859-6133	Alzheimer's Unit	No
MARSHFIELD	MO 65706-2231	Level of Care	RCF*	Bed Capacity	40
Mailing Address	820 SOUTH WHITE OAK ST	County	WEBSTER	DMH Licensed	Yes
MARSHFIELD	MO 65706-2231	Region 1		Facility Number	20500

WEBCO EAST

1687 W WASHINGTON ST		Telephone	(417) 859-5144	Alzheimer's Unit	No
MARSHFIELD	MO 65706-2325	Level of Care	RCF*	Bed Capacity	24
Mailing Address	1687 W WASHINGTON ST	County	WEBSTER	DMH Licensed	No
MARSHFIELD	MO 65706-2325	Region 1		Facility Number	08405

WEBCO MANOR

1687 W WASHINGTON ST		Telephone	(417) 859-5144	Alzheimer's Unit	No
MARSHFIELD	MO 65706-2325	Level of Care	SNF	Bed Capacity	120
Mailing Address	1687 W WASHINGTON ST	County	WEBSTER	DMH Licensed	No
MARSHFIELD	MO 65706-2325	Region 1	Medicare/Medicaid	Facility Number	08405

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

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

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

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

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST		Telephone (660) 562-3515	Alzheimer's Unit	Yes
MARYVILLE	MO 64468-2917	Level of Care SNF	Bed Capacity	46
Mailing Address 810 EAST EDWARDS ST		County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-2917	Region 4 Medicare/Medicaid	Facility Number	20361

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST		Telephone (660) 562-3515	Alzheimer's Unit	No
MARYVILLE	MO 64468-2917	Level of Care RCF*	Bed Capacity	18
Mailing Address 810 EAST EDWARDS ST		County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-2917	Region 4	Facility Number	20361

MATTHEWS**COTTON POINT LIVING CENTER**

609 SOUTH RAILROAD ST		Telephone (573) 471-7861	Alzheimer's Unit	Yes
MATTHEWS	MO 63867-9751	Level of Care SNF	Bed Capacity	98
Mailing Address 609 S RAILROAD ST		County NEW MADRID	DMH Licensed	No
MATTHEWS	MO 63867-9751	Region 2 Medicare/Medicaid	Facility Number	07057

MAYSVILLE**MAYSVILLE SENIOR LIVING**

604 SOUTH POLK		Telephone (816) 449-2741	Alzheimer's Unit	No
MAYSVILLE	MO 64469-4033	Level of Care RCF	Bed Capacity	12
Mailing Address 604 S POLK		County DEKALB	DMH Licensed	No
MAYSVILLE	MO 64469-4033	Region 4	Facility Number	18304

SUNSET HOME

1201 SOUTH POLK		Telephone (816) 449-2158	Alzheimer's Unit	No
MAYSVILLE	MO 64469-4028	Level of Care SNF	Bed Capacity	60
Mailing Address 1201 S POLK		County DEKALB	DMH Licensed	No
MAYSVILLE	MO 64469-4028	Region 4 Medicare/Medicaid	Facility Number	07798

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

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

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 ICF
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 04146

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

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

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

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

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 HILL**DIANA'S BOARDING HOME #3**

HC 64 BOX 4683
 MINERAL HILL MO 63764-9408
Mailing Address HC 64 BOX 4683
 MINERAL 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

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

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 PO BOX 489
 MOBERLY MO 65270-0489

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

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

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

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

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 No
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

LACOBIA 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

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

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

LEISURE LIVING

305 5TH ST		Telephone (417) 235-5959	Alzheimer's Unit	No
MONETT	MO 65708-2312	Level of Care RCF	Bed Capacity	20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed	Yes
MONETT	MO 65708-2312	Region 1	Facility Number	18227

OAK POINTE OF MONETT

1011 OLD AIRPORT ROAD		Telephone (417) 235-3500	Alzheimer's Unit	Yes
MONETT	MO 65708-1375	Level of Care ALF**	Bed Capacity	55
Mailing Address 1011 OLD AIRPORT ROAD		County LAWRENCE	DMH Licensed	No
MONETT	MO 65708-1375	Region 1	Facility Number	30206

MONROE CITY**BRISTOL MANOR OF MONROE CITY**

1017 EAST LAWN ST		Telephone (573) 735-3068	Alzheimer's Unit	No
MONROE CITY	MO 63456-1433	Level of Care RCF	Bed Capacity	12
Mailing Address 1017 EAST LAWN ST		County MONROE	DMH Licensed	Yes
MONROE CITY	MO 63456-1433	Region 5	Facility Number	20045

MONROE CITY MANOR CARE CENTER

1010 HIGHWAY 24 & 36 EAST		Telephone (573) 735-4850	Alzheimer's Unit	No
MONROE CITY	MO 63456-1116	Level of Care SNF	Bed Capacity	60
Mailing Address 1010 HWY 24 & 36 EAST		County MARION	DMH Licensed	No
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number	05473

MONTGOMERY CITY**ASHBURY HEIGHTS OF MONTGOMERY CITY**

625 WEST 2ND ST		Telephone (573) 564-3386	Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care RCF	Bed Capacity	12
Mailing Address 625 WEST 2ND ST		County MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number	20160

MOSCOW MILLS**FOUR SEASONS ASSISTED LIVING**

230 RAILROAD ST		Telephone (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care ALF	Bed Capacity	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624

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 Medicare/Medicaid	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

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

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

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	Medicare/Medicaid	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	Yes
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	Medicare/Medicaid	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	Medicare/Medicaid	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

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

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

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

OAK POINTE OF NEOSHO

2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765
Mailing Address 2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765

Telephone (417) 451-8872
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 29972

SPRINGHILL - ASSISTED LIVING BY AMERICARE

1105 VILLAGE RD
 NEOSHO MO 64850-9076
Mailing Address 1105 VILLAGE RD
 NEOSHO MO 64850-9076

Telephone (417) 451-1000
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 20193

WEBWOOD ASSISTED LIVING, LLC

1640 WALDO HATLER DRIVE
 NEOSHO MO 64850-
Mailing Address 1640 WALDO HATLER DRIVE
 NEOSHO MO 64850-

Telephone (417) 451-2997
Level of Care ALF
County NEWTON
Region 1

Alzheimer's Unit NO
Bed Capacity 25
DMH Licensed No
Facility Number 31265

NEVADA**BRISTOL MANOR OF NEVADA**

401 EAST WALNUT
 NEVADA MO 64772-2457
Mailing Address 401 EAST WALNUT
 NEVADA MO 64772-2457

Telephone (417) 667-5700
Level of Care RCF
County VERNON
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 18471

CLARK CARE CENTER - ONE

1505 EAST ASHLAND ST
 NEVADA MO 64772-4025
Mailing Address PO BOX 246
 NEVADA MO 64772-0246

Telephone (417) 667-3900
Level of Care RCF*
County VERNON
Region 1

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed Yes
Facility Number 20206

JOE CLARK RESIDENTIAL CARE HOME

1495 EAST ASHLAND ST
 NEVADA MO 64772-4016
Mailing Address PO BOX 246
 NEVADA MO 64772-0246

Telephone (417) 667-5000
Level of Care ALF**
County VERNON
Region 1

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 23419

MEDICALODGES NEVADA

1210 W ASHLAND ST
 NEVADA MO 64772-1906
Mailing Address 1210 W ASHLAND ST
 NEVADA MO 64772-1906

Telephone (417) 667-5064
Level of Care SNF
County VERNON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
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
Level of Care SNF
County VERNON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 108
DMH Licensed No
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
Level of Care RCF
County VERNON
Region 1

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed No
Facility Number 23732

NEVADA NURSING & REHAB

700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025
Mailing Address 700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025

Telephone (417) 667-8889
Level of Care SNF
County VERNON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 18210

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

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

PAUL L & MARTHA BARONE CARE CENTER

2101 NORTH ASH ST		Telephone (417) 448-3999	Alzheimer's Unit	Yes
NEVADA	MO 64772-1082	Level of Care SNF	Bed Capacity	40
Mailing Address 2101 N ASH ST		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1082	Region 1 Medicaid	Facility Number	16917

NEW FLORENCE**ST ANDREW'S AT NEW FLORENCE**

515 PICNIC ST		Telephone (573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care SNF	Bed Capacity	87
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number	05723

ST ANDREW'S AT NEW FLORENCE

515 PICNIC ST		Telephone (573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care RCF*	Bed Capacity	33
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number	05723

NEW HAVEN**ARIZONA CARE CENTER**

101 ARIZONA ST		Telephone (573) 237-4830	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1210	Level of Care ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST		County FRANKLIN	DMH Licensed	Yes
NEW HAVEN	MO 63068-1210	Region 6	Facility Number	19080

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number	05738

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number	05738

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

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

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

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 RCF	Bed Capacity	62
Mailing Address 1104 N MAIN ST		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9316	Region 1	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 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

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 ESTATE NURSING AND REHABILITATION CENTER**

5303 BERMUDA DR		Telephone (314) 385-0910	Alzheimer's Unit	Yes
NORMANDY	MO 63121-1407	Level of Care SNF	Bed Capacity	126
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

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

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

NEW HAVEN 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	Medicare/Medicaid	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

GARDEN VIEW CARE CENTER

700 GARDEN PATH		Telephone (636) 240-2840	Alzheimer's Unit	Yes
O'FALLON	MO 63366-3052	Level of Care SNF	Bed Capacity	120
Mailing Address 700 GARDEN PATH		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-3052	Region 5	Medicare/Medicaid	Facility Number 13963

GARDEN VILLAS OF O'FALLON

7092 SOUTH OUTER 364 ROAD		Telephone (636) 240-5560	Alzheimer's Unit	No
O'FALLON	MO 63368-7757	Level of Care ALF	Bed Capacity	95
Mailing Address 7092 SOUTH OUTER 364 RD		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5	Medicare/Medicaid	Facility Number 27793

PARK PLACE

2004 BOARDWALK PLACE DR		Telephone (636) 561-7275	Alzheimer's Unit	Yes
O'FALLON	MO 63368-3900	Level of Care ALF**	Bed Capacity	44
Mailing Address 2004 BOARDWALK PLACE DR		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-3900	Region 5	Medicare/Medicaid	Facility Number 25379

PARK PLACE II

2000 BOARDWALK PLACE DR		Telephone (636) 561-7275	Alzheimer's Unit	No
O'FALLON	MO 63368-3901	Level of Care ALF**	Bed Capacity	80
Mailing Address 2000 BOARDWALK PLACE DR		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-3901	Region 5	Medicare/Medicaid	Facility Number 29016

PATHWAYS PROGRAM, THE

161 PIEPER RD		Telephone (636) 978-3132	Alzheimer's Unit	No
O'FALLON	MO 63366-	Level of Care ALF	Bed Capacity	18
Mailing Address PO BOX 815		County SAINT CHARLES	DMH Licensed	Yes
O'FALLON	MO 63366-0815	Region 5	Medicare/Medicaid	Facility Number 10934

TWIN OAKS ESTATE, INC

707 EMGE RD		Telephone (636) 240-6152	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2118	Region 5	Medicare/Medicaid	Facility Number 08209

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

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

OREGON

OREGON CARE CENTER

501 MONROE		Telephone	(660) 446-3355	Alzheimer's Unit	No
OREGON	MO 64473-7800	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 19		County	HOLT	DMH Licensed	No
OREGON	MO 64473-0019	Region	4 Medicare/Medicaid	Facility Number	06097

OSAGE BEACH

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

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

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

GASCONADE MANOR NURSING HOME

1910 NURSING HOME RD
OWENSVILLE MO 65066-2844
Mailing Address PO BOX 520
OWENSVILLE MO 65066-0520

Telephone (573) 437-4101
Level of Care SNF
County GASCONADE
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 02804

GASCONADE TERRACE RETIREMENT CENTER

1930 NURSING HOME RD
OWENSVILLE MO 65066-2844
Mailing Address PO BOX 520
OWENSVILLE MO 65066-0520

Telephone (573) 437-4833
Level of Care ALF
County GASCONADE
Region 6

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 14143

VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE

301 NORTH 7TH ST
OWENSVILLE MO 65066-1075
Mailing Address 301 NORTH 7TH ST
OWENSVILLE MO 65066-1075

Telephone (573) 437-5396
Level of Care RCF
County GASCONADE
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 24133

OZARK**BAPTIST HOME, THE**

1625 WEST GARTON RD
OZARK MO 65721-6637
Mailing Address PO BOX 1040
OZARK MO 65721-1040

Telephone (417) 581-2101
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 21509

BAPTIST HOME, THE

1625 WEST GARTON RD
OZARK MO 65721-6637
Mailing Address PO BOX 1040
OZARK MO 65721-1040

Telephone (417) 581-2101
Level of Care ICF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 21509

CENTURY PINES ASSISTED LIVING

709 EAST MCCRACKEN RD
OZARK MO 65721-9499
Mailing Address 709 EAST MCCRACKEN RD
OZARK MO 65721-9499

Telephone (417) 581-7278
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 20
DMH Licensed No
Facility Number 01200

CENTURY PINES ASSISTED LIVING

709 EAST MCCRACKEN RD
OZARK MO 65721-9499
Mailing Address 709 EAST MCCRACKEN RD
OZARK MO 65721-9499

Telephone (417) 581-7278
Level of Care ALF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 58
DMH Licensed Yes
Facility Number 01200

COTTAGE AT CENTURY PINES, THE

707 EAST MCCRACKEN ROAD
OZARK MO 65721-9499
Mailing Address 709 EAST MCCRACKEN ROAD
OZARK MO 65721-9499

Telephone (417) 485-4382
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 12
DMH Licensed No
Facility Number 30579

ESSEX OF OZARK, THE

5173 NORTH 22ND
OZARK MO 65721-7637
Mailing Address 5173 NORTH 22ND
OZARK MO 65721-7637

Telephone (417) 485-4185
Level of Care RCF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24318

HOPEDALE COTTAGE ASSISTED LIVING THE

1314 W SCHOOL STREET
OZARK MO 65721-
Mailing Address 1314 W SCHOOL STREET
OZARK MO 65721-

Telephone (417) 581-1308
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 24
DMH Licensed Yes
Facility Number 30302

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

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

NORTHPARK 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

OZARK NURSING & CARE CENTER

1486 NORTH RIVERSIDE RD		Telephone (417) 581-7126	Alzheimer's Unit	No
OZARK	MO 65721-7688	Level of Care SNF	Bed Capacity	120
Mailing Address 1486 NORTH RIVERSIDE RD		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7688	Region 1 Medicare/Medicaid	Facility Number	06240

OZARK RIVERVIEW MANOR

1200 WEST HALL ST		Telephone (417) 581-6025	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1 Medicare/Medicaid	Facility Number	01426

RIVERVIEW RESIDENTIAL PLACE

1200 WEST HALL ST		Telephone (417) 581-2510	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care RCF*	Bed Capacity	40
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1	Facility Number	01426

PACIFIC**BRISTOL MANOR OF PACIFIC**

2049 ROSE LN		Telephone (636) 257-8020	Alzheimer's Unit	No
PACIFIC	MO 63069-1165	Level of Care RCF	Bed Capacity	12
Mailing Address 2049 ROSE LN		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1165	Region 6	Facility Number	20237

PACIFIC CARE CENTER, LLC

105 SOUTH SIXTH ST		Telephone (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care SNF	Bed Capacity	120
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number	12638

PACIFIC CARE CENTER, LLC

105 SOUTH SIXTH ST		Telephone (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care ALF**	Bed Capacity	16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638

PALMYRA**BRISTOL MANOR OF PALMYRA**

1815 SOUTH MAIN		Telephone (573) 769-2127	Alzheimer's Unit	No
PALMYRA	MO 63461-1961	Level of Care RCF	Bed Capacity	12
Mailing Address 1815 S MAIN		County MARION	DMH Licensed	No
PALMYRA	MO 63461-1961	Region 5	Facility Number	20260

MAPLE LAWN NURSING HOME

1410 WEST LINE ST		Telephone (573) 769-2213	Alzheimer's Unit	Yes
PALMYRA	MO 63461-1831	Level of Care SNF	Bed Capacity	140
Mailing Address PO BOX 232		County MARION	DMH Licensed	No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number	09961

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

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

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	Yes
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	ALF	Bed Capacity	15
Mailing Address 1301 N ST JOE DR		County	SAINT FRANCOIS	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region	2	Facility Number	14443

COUNTRY 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

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

LIFE WORKS RCF

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

PEACHS, INC

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 301 WATTS ST		County	SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-1839	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, 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

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

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

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

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

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

PLATTSBURG

NICK'S HEALTH CARE CENTER, LLC

253 EAST HIGHWAY 116
 PLATTSBURG MO 64477-1561
Mailing Address 253 EAST HWY 116
 PLATTSBURG MO 64477-1561

Telephone (816) 539-2376
Level of Care SNF
County CLINTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 22058

OAKRIDGE OF PLATTSBURG

205 EAST CLAY AVE
 PLATTSBURG MO 64477-8100
Mailing Address PO BOX 247
 PLATTSBURG MO 64477-0247

Telephone (816) 539-2128
Level of Care SNF
County CLINTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05994

PLEASANT HILL

BRISTOL MANOR OF PLEASANT HILL

2124 HIGHRIDGE
 PLEASANT HILL MO 64080-1912
Mailing Address 2124 HIGHRIDGE
 PLEASANT HILL MO 64080-1912

Telephone (816) 987-2562
Level of Care RCF
County CASS
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16538

PLEASANT HILL HEALTH AND REHABILITATION CENTER

1300 BROADWAY
 PLEASANT HILL MO 64080-1842
Mailing Address 1300 BROADWAY
 PLEASANT HILL MO 64080-1842

Telephone (816) 540-2116
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 15101

POPLAR BLUFF

CEDARGATE HEALTHCARE

2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036
Mailing Address 2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036

Telephone (573) 785-0188
Level of Care ALF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 01182

CEDARGATE HEALTHCARE

2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036
Mailing Address 2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036

Telephone (573) 785-0188
Level of Care SNF
County BUTLER
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 108
DMH Licensed No
Facility Number 01182

MANOR, THE

2071 BARRON RD
 POPLAR BLUFF MO 63901-1903
Mailing Address 2071 BARRON RD
 POPLAR BLUFF MO 63901-1903

Telephone (573) 686-1147
Level of Care SNF
County BUTLER
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 00683

MARK TWAIN CARING CENTER

3001 MAY ST
 POPLAR BLUFF MO 63901-1942
Mailing Address 3001 MAY ST
 POPLAR BLUFF MO 63901-1942

Telephone (573) 686-6999
Level of Care SNF
County BUTLER
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 16013

OAK MEADOWS RCF, LLC

5502 MISTY MEADOW
 POPLAR BLUFF MO 63901-9287
Mailing Address 5502 MISTY MEADOW
 POPLAR BLUFF MO 63901-9287

Telephone (573) 727-9889
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 23399

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

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

OAKDALE 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

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 RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
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

SHADY OAKS RETIREMENT HOME

2913 BEDOLL AVE
 POPLAR BLUFF MO 63901-6809
Mailing Address 2913 BEDOLL AVE
 POPLAR BLUFF MO 63901-6809

Telephone (573) 785-0903
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 07196

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

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

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

WHISPERING OAKS RCF II, LLC

203 NORTH B ST		Telephone (573) 686-4490	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5413	Level of Care RCF*	Bed Capacity	45
Mailing Address 203 NORTH B ST		County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5413	Region 2	Facility Number	16751

PORTAGEVILLE**PORTAGEVILLE HEALTH CARE CENTER**

290 WEST STATE HWY 162		Telephone (573) 379-2017	Alzheimer's Unit	No
PORTAGEVILLE	MO 63873-9397	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 408		County NEW MADRID	DMH Licensed	No
PORTAGEVILLE	MO 63873-0408	Region 2 Medicare/Medicaid	Facility Number	17119

POTOSI**GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE**

1 GEORGIAN GARDENS DR		Telephone (573) 438-6261	Alzheimer's Unit	Yes
POTOSI	MO 63664-1436	Level of Care SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARDENS DR		County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830

POTOSI MANOR, 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 FACILITY**

24080 STATE HWY 51		Telephone (573) 222-3086	Alzheimer's Unit	No
PUXICO	MO 63960-8114	Level of Care RCF*	Bed Capacity	36
Mailing Address 24080 STATE HWY 51		County STODDARD	DMH Licensed	Yes
PUXICO	MO 63960-8114	Region 2	Facility Number	24959

PUXICO NURSING & 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

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

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

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	80
Mailing Address 2100 JOHNSTON DR		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-8122	Region	3	Facility Number	29896

BRISTOL MANOR OF RAYMORE

604 EAST SUNRISE DR		Telephone	(816) 322-6782	Alzheimer's Unit	No
RAYMORE	MO 64083-9037	Level of Care	RCF	Bed Capacity	12
Mailing Address 604 EAST SUNRISE DR		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region	3	Facility Number	19730

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR		Telephone	(816) 331-3111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9347	Level of Care	SNF	Bed Capacity	108
Mailing Address 1500 WEST FOXWOOD DR		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9347	Region	3	Medicare/Medicaid	
				Facility Number	02649

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR		Telephone	(816) 331-3111	Alzheimer's Unit	No
RAYMORE	MO 64083-9347	Level of Care	ALF**	Bed Capacity	62
Mailing Address 1500 WEST FOXWOOD DR		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9347	Region	3	Facility Number	02649

REDWOOD OF RAYMORE

600 EAST SUNRISE DR		Telephone	(816) 322-1991	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9037	Level of Care	SNF	Bed Capacity	142
Mailing Address 600 EAST SUNRISE DR		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region	3	Medicare/Medicaid	
				Facility Number	16170

RAYTOWN

AUTUMN TERRACE HEALTH & REHABILITATION

6124 RAYTOWN RD		Telephone	(816) 358-8222	Alzheimer's Unit	Yes
RAYTOWN	MO 64133-4007	Level of Care	SNF	Bed Capacity	154
Mailing Address 6124 RAYTOWN RD		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-4007	Region	3	Medicare/Medicaid	
				Facility Number	00768

EDGEWOOD MANOR CENTER FOR REHAB AND HEALTHCARE

11900 JESSICA LN		Telephone	(816) 358-7858	Alzheimer's Unit	No
RAYTOWN	MO 64138-2649	Level of Care	SNF	Bed Capacity	66
Mailing Address 11900 JESSICA LN		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64138-2649	Region	3	Medicare/Medicaid	
				Facility Number	14119

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR		Telephone	(816) 737-1010	Alzheimer's Unit	No
RAYTOWN	MO 64133-7409	Level of Care	RCF**	Bed Capacity	48
Mailing Address 11400 HIDDEN LAKE DR		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-7409	Region	3	Facility Number	17146

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

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

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

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

WESTRIDGE GARDENS REHABILITATION & HEALTH CARE CENTER

11901 JESSICA LN
 RAYTOWN MO 64138-2639
Mailing Address 11901 JESSICA LN
 RAYTOWN MO 64138-2639

Telephone (816) 358-3535
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 03514

REEDS SPRING**WEDGEWOOD GARDENS**

17996 BUSINESS 13
 REEDS SPRING MO 65737-9663
Mailing Address 17996 BUSINESS 13
 REEDS SPRING MO 65737-9663

Telephone (417) 272-6666
Level of Care ALF**
County STONE
Region 1

Alzheimer's Unit Yes
Bed Capacity 46
DMH Licensed No
Facility Number 20615

REPUBLIC**BRISTOL MANOR OF REPUBLIC**

634 EAST HIGHWAY 174
 REPUBLIC MO 65738-1124
Mailing Address 634 EAST HWY 174
 REPUBLIC MO 65738-1124

Telephone (417) 732-8998
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20841

REPUBLIC NURSING & REHAB

901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155
Mailing Address 901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155

Telephone (417) 732-1822
Level of Care SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 127
DMH Licensed No
Facility Number 13684

SONSHINE MANOR

300 SOUTH COTTONWOOD AVE
 REPUBLIC MO 65738-2093
Mailing Address 300 S COTTONWOOD AVE
 REPUBLIC MO 65738-2093

Telephone (417) 732-2929
Level of Care SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 16723

RICHLAND**RICHLAND CARE CENTER, INC**

400 TRI-COUNTY LN
 RICHLAND MO 65556-
Mailing Address PO BOX 756
 RICHLAND MO 65556-0756

Telephone (573) 765-3243
Level of Care SNF
County PULASKI
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 86
DMH Licensed No
Facility Number 08100

ROSEWOOD MANOR

101 EAST PULASKI ST
 RICHLAND MO 65556-7404
Mailing Address 101 EAST PULASKI ST
 RICHLAND MO 65556-7404

Telephone (573) 765-4200
Level of Care RCF
County PULASKI
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 26939

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

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

RICHMOND

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 COUNT	DMH Licensed	No
RICHMOND HEIGHTS	MO 63117-1827	Region	7	Facility Number	31437

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

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

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

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

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

PARKSIDE-ASSISTED LIVING BY AMERICARE

2100 PARKSIDE AVE
 ROLLA MO 65401-5472
Mailing Address 2100 PARKSIDE AVE
 ROLLA MO 65401-5472

Telephone 573-308-0834 **Alzheimer's Unit** NO
Level of Care ALF** **Bed Capacity** 28
County PHELPS **DMH Licensed** No
Region 6 **Facility Number** 31191

ROLLA HEALTH & REHABILITATION SUITES

1200 MCCUTCHEN RD
 ROLLA MO 65401-2615
Mailing Address 1200 MCCUTCHEN RD
 ROLLA MO 65401-2615

Telephone (573) 364-2311 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 08862

ROLLA MANOR CARE CENTER

1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044
Mailing Address 1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044

Telephone (573) 364-7766 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 102
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06801

ROLLA PRESBYTERIAN MANOR

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 30
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 37
County PHELPS **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 9
County PHELPS **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 110
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **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 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 30
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 29396

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

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

BOULEVARD SENIOR LIVING OF 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-
Mailing Address 1800 FIRST CAPITOL DRIVE
 SAINT CHARLES MO 63301-

Telephone (636) 442-4500
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 114
DMH Licensed No
Facility Number 30676

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
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 180
DMH Licensed No
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
Level of Care RCF*
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed Yes
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
Level of Care ALF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
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
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 142
DMH Licensed No
Facility Number 31181

LEWIS & CLARK GARDENS

1221 BOONSLICK RD
 SAINT CHARLES MO 63301-2328
Mailing Address 1221 BOONSLICK RD
 SAINT CHARLES MO 63301-2328

Telephone (636) 946-6140
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 142
DMH Licensed No
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
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 23
DMH Licensed No
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
Level of Care ALF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
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
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 81
DMH Licensed No
Facility Number 20704

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

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

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

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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 27
County SAINT CHARLES **DMH Licensed** Yes
Region 5 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 66
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 90
County SAINT CHARLES **DMH Licensed** No
Region 5 **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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 65
County FRANKLIN **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 79
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 13744

VICTORIAN PLACE OF ST CLAIR, RESIDENTIAL CARE BY AMERICARE

160 CHARLES DR
 SAINT CLAIR MO 63077-1936
Mailing Address 160 CHARLES DR
 SAINT CLAIR MO 63077-1936

Telephone (636) 322-0003 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 48
County FRANKLIN **DMH Licensed** Yes
Region 6 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 63
County MILLER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 07523

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

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

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

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 No
Bed Capacity 90
DMH Licensed No
Facility Number 05238

SAINT JOSEPH

ABBHEY 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

EASTGATE MANOR

2102 VILLAGE DR
 SAINT JOSEPH MO 64506-4983
Mailing Address PO BOX 8186
 SAINT JOSEPH MO 64508-8186

Telephone (816) 233-2141
Level of Care RCF*
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 20068

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

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

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 SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
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 ALF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed No
Facility Number 24179

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

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

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

ST JOSEPH SENIOR LIVING, LLC

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

VINTAGE GARDENS ASSISTED LIVING

3302 NORTH WOODBINE ROAD
 SAINT JOSEPH MO 64505-9323
Mailing Address 3302 NORTH WOODBINE RD
 SAINT JOSEPH 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

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

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 LANSLOWNE VILLAGE

4624 LANSLOWNE AVE
 SAINT LOUIS MO 63116-1523
Mailing Address 4624 LANSLOWNE AVE
 SAINT LOUIS MO 63116-1523

Telephone (314) 351-6888
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 145
DMH Licensed No
Facility Number 14557

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

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

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

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

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

APERION CARE HIDDEN LAKE

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

APERION CARE HIDDEN LAKE

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 34
DMH Licensed No
Facility Number 18442

APERION CARE HIDDEN LAKE

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 42
DMH Licensed No
Facility Number 18442

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

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

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

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

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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 184
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 96
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 15
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 141
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 400
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **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 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 192
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 05586

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 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 36
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 33
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 130
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02877

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

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

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 210
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

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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
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
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 21439

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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 149
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 250
DMH Licensed No
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
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit Yes
Bed Capacity 44
DMH Licensed No
Facility Number 27755

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

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

DOLAN MEMORY CARE AT FRONTIER

11566 FRONTIER DR
 SAINT LOUIS MO 63146-4873
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 995-5331
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 20
DMH Licensed No
Facility Number 25162

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

11286 SCHUETZ ROAD
 SAINT LOUIS MO 63146-5523
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 22
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 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

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

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

FAMILY PARTNERS 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

FOUNTAIN VIEW AT FRIENDSHIP VILLAGE SUNSET HILLS

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

12509 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1701
Mailing Address 12509 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1701

Telephone (314) 842-6840
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 118
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 24
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

GARRISON CARE CENTER

2939 MAGAZINE AVE
 SAINT LOUIS MO 63106-1245
Mailing Address 2939 MAGAZINE AVE
 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

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

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
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 208
DMH Licensed No
Facility Number 04687

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

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

HOLLY HILLS RETIREMENT HOME

6421 MINNESOTA
 SAINT LOUIS MO 63111-2808
Mailing Address 6421 MINNESOTA
 SAINT LOUIS MO 63111-2808

Telephone (314) 351-0767
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
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
Level of Care ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 111
DMH Licensed Yes
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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 242
DMH Licensed No
Facility Number 17713

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
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
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
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
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
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed Yes
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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 30805

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 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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 120
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

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

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

MOTHER OF 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 ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 114
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 SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 121
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

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
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
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
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15415

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

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

OASIS WEST

1916 NEW JAMESTOWN RD
 SAINT LOUIS MO 63138-1508
Mailing Address 1916 NEW JAMESTOWN RD
 SAINT LOUIS MO 63138-1508

Telephone (314) 741-3500
Level of Care RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed Yes
Facility Number 26362

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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 140
DMH Licensed No
Facility Number 24122

PEACE HAVEN ASSOCIATION

12630 ROTT RD
 SAINT LOUIS MO 63127-1214
Mailing Address 12630 ROTT RD
 SAINT LOUIS MO 63127-1214

Telephone (314) 965-3833
Level of Care ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 06369

PROVISION LIVING AT WEST COUNTY

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

PROVISION OF PROMISE

4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113
Mailing Address 4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113

Telephone (314) 535-5509
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
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
Level of Care ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed Yes
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
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 02273

ROSATI GROUP HOME

4218 NORTH GRAND BLVD
 SAINT LOUIS MO 63107-1806
Mailing Address 4218 N GRAND BLVD
 SAINT LOUIS MO 63107-1806

Telephone (314) 534-6624
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 21218

ROSEWOOD CARE CENTER OF ST LOUIS

11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957
Mailing Address 11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957

Telephone (314) 991-4066
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 16378

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

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

ROYAL OAK NURSING AND REHAB, LLC

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

SIENNA HOUSE, INC

1322 LEROY AVE
 SAINT LOUIS MO 63133-1504
Mailing Address 1322 LEROY AVE
 SAINT LOUIS MO 63133-1504

Telephone (314) 721-1389 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 16
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 07310

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

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

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 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 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

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

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

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit Yes
Bed Capacity 23
DMH Licensed No
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
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 18697

STONECREST AT 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

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

SUNSET HILLS HEALTH AND REHABILITATION CENTER

10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018
Mailing Address 10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018

Telephone (314) 843-4242
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 167
DMH Licensed No
Facility Number 03182

SUPERIOR MANOR OF DOWNTOWN, LLC

1501 CLINTON STREET
 SAINT LOUIS MO 63106-
Mailing Address 1501 CLINTON STREET
 SAINT LOUIS MO 63106-

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

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

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 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

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

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

VILLAGE NORTH RETIREMENT AND HEALTH CENTER

11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159
Mailing Address 11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159

Telephone (314) 355-8010
Level of Care SNF
County SAINT LOUIS COUNTY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 08300

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 MANOR**

381 ELM ST
 SAINT MARY MO 63673-9330
Mailing Address 381 ELM ST
 SAINT MARY MO 63673-9330

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

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 Yes
Bed Capacity 94
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 SNF
County SAINT CHARLES
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 130
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 ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 26014

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

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

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 No
Bed Capacity 120
DMH Licensed No
Facility Number 06729

ST GENEVIEVE CARE CENTER, INC

1010 STE GENEVIEVE DR
 SAINTE GENEVIEVE MO 63670-1447
Mailing Address PO BOX 426
 SAINTE GENEVIEVE MO 63670-0426

Telephone (573) 883-5725
Level of Care SNF
County SAINTE GENEVIEVE
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 03254

SALEM

SALEM CARE CENTER

1203 NORTH JACKSON
 SALEM MO 65560-1076
Mailing Address PO BOX 29
 SALEM MO 65560-0029

Telephone (573) 729-6649
Level of Care SNF
County DENT
Region 6 **Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 02354

SALEM RESIDENTIAL CARE

1207 EAST ROOSEVELT ST
 SALEM MO 65560-9676
Mailing Address 1207 EAST ROOSEVELT ST
 SALEM MO 65560-9676

Telephone (573) 729-9449
Level of Care RCF*
County DENT
Region 6

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed No
Facility Number 19746

SEVILLE CARE CENTER

35625 HIGHWAY 72
 SALEM MO 65560-7217
Mailing Address PO BOX 746
 SALEM MO 65560-0746

Telephone (573) 729-6141
Level of Care SNF
County DENT
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 07110

SALISBURY

BRISTOL MANOR OF SALISBURY

102 NORTH WILLIE ST
 SALISBURY MO 65281-1458
Mailing Address 102 NORTH WILLIE ST
 SALISBURY MO 65281-1458

Telephone (660) 388-5728
Level of Care RCF
County CHARITON
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18325

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

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

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, LLC**

904 HALL AVE		Telephone (816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 279		County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-0279	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

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 HOMES LLC

2520 JAMES ST		Telephone (573) 264-2424	Alzheimer's Unit	No
SCOTT CITY	MO 63780-1219	Level of Care ALF	Bed Capacity	22
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

3751 WEST 10TH ST		Telephone (660) 827-8900	Alzheimer's Unit	No
SEDALIA	MO 65301-2411	Level of Care ALF	Bed Capacity	55
Mailing Address 3751 WEST 10TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2411	Region 6	Facility Number	25967

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	35
Mailing Address 3761 WEST 10TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2524	Region 6	Facility Number	25967

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

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

E W THOMPSON HEALTH & REHABILITATION CENTER

975 MITCHELL ROAD
 SEDALIA MO 65301-2133
Mailing Address 975 MITCHELL ROAD
 SEDALIA MO 65301-2133

Telephone (660) 851-0668 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 60
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 30182

ESSEX BY BRISTOL, THE

301 EAST 3RD
 SEDALIA MO 65301-4335
Mailing Address 301 EAST 3RD
 SEDALIA MO 65301-4335

Telephone (660) 829-1758 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 24
County PETTIS **DMH Licensed** No
Region 6 **Facility Number** 23020

FAIR VIEW NURSING HOME

1714 WEST 16TH ST
 SEDALIA MO 65301-5273
Mailing Address 1714 WEST 16TH ST
 SEDALIA MO 65301-5273

Telephone (660) 827-1594 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 69
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 02469

FOUR SEASONS LIVING CENTER

2800 HIGHWAY TT
 SEDALIA MO 65301-1410
Mailing Address 2800 HIGHWAY TT
 SEDALIA MO 65301-1410

Telephone (660) 826-8803 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 239
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 00836

PARKVIEW ESTATES

1300 EAST 24TH ST
 SEDALIA MO 65301-8233
Mailing Address 1405 WEST 3RD STREET
 SEDALIA MO 65301-

Telephone (660) 827-3313 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 26
County PETTIS **DMH Licensed** Yes
Region 6 **Facility Number** 15971

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) 827-3222 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 139
County PETTIS **DMH Licensed** Yes
Region 6 **Facility Number** 30112

PLEASANT VIEW ESTATES

1401 WEST 3RD
 SEDALIA MO 65301-3603
Mailing Address 1405 WEST 3RD
 SEDALIA MO 65301-

Telephone (660) 827-1088 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 24
County PETTIS **DMH Licensed** Yes
Region 6 **Facility Number** 20727

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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 86
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 81
County PETTIS **DMH Licensed** No
Region 6 **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County PETTIS **DMH Licensed** Yes
Region 6 **Facility Number** 06527

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

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

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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County PETTIS **DMH Licensed** No
Region 6 **Medicaid** **Facility Number** 17278

SENATH**SENATH HEALTH CARE CENTER**

300 EAST HORNBECK ST
 SENATH MO 63876-9225
Mailing Address PO BOX 940
 SENATH MO 63876-0940

Telephone (573) 738-2627 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County DUNKLIN **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 07075

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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 30
County DUNKLIN **DMH Licensed** No
Region 2 **Medicare/Medicaid** **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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 30
County NEWTON **DMH Licensed** No
Region 1 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 80
County NEWTON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 17090

SEYMOUR**GLENWOOD HEALTHCARE**

851 THOROUGHFARE
 SEYMOUR MO 65746-8767
Mailing Address 851 THOROUGHFARE
 SEYMOUR MO 65746-8767

Telephone (417) 935-2992 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 60
County WEBSTER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16944

SHELBY**SALT RIVER COMMUNITY CARE**

142 SHELBY PLAZA RD
 SHELBY MO 63468-1065
Mailing Address PO BOX 529
 SHELBY MO 63468-0529

Telephone (573) 588-4175 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SHELBY **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 06934

SHELBY VILLA LIFECARE

218 EAST SHELBY AVE
 SHELBY MO 63468-4328
Mailing Address 218 EAST SHELBY AVE
 SHELBY MO 63468-4328

Telephone (573) 588-4115 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 68
County SHELBY **DMH Licensed** No
Region 5 **Facility Number** 18584

SHREWSBURY**MARY, QUEEN AND MOTHER CENTER**

7601 WATSON RD
 SHREWSBURY MO 63119-5001
Mailing Address 7601 WATSON RD
 SHREWSBURY MO 63119-5001

Telephone (314) 961-8000 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 230
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05103

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

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

SIKESTON

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 ASSISTED LIVING

640 COLONEL GEORGE E DAY PARKWAY		Telephone	(573) 471-3400	Alzheimer's Unit	No
SIKESTON	MO 63801-0624	Level of Care	ALF**	Bed Capacity	15
Mailing Address 640 COLONEL GEORGE E DAY PARKWAY		County	NEW MADRID	DMH Licensed	No
SIKESTON	MO 63801-0624	Region	2	Facility Number	30584

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	38
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 MEADOWS RETIREMENT HOME

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

LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

226 PLAZA DR		Telephone	(573) 472-2546	Alzheimer's Unit	No
SIKESTON	MO 63801-5105	Level of Care	ALF**	Bed Capacity	30
Mailing Address 226 PLAZA DR		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5105	Region	2	Facility Number	28804

MINER NURSING CENTER

410 H ROAD		Telephone	(573) 471-7683	Alzheimer's Unit	No
SIKESTON	MO 63801-5350	Level of Care	SNF	Bed Capacity	70
Mailing Address PO BOX 430		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0430	Region	2 Medicare/Medicaid	Facility Number	11496

SIKESTON CONVALESCENT CENTER

103 KENNEDY DR		Telephone	(573) 471-6900	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5126	Level of Care	SNF	Bed Capacity	120
Mailing Address 103 KENNEDY DR		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5126	Region	2 Medicare/Medicaid	Facility Number	07331

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

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

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

SMITHVILLE LIVING CENTER

106 HOSPITAL DR
 SMITHVILLE MO 64089-9333
Mailing Address 106 HOSPITAL DR
 SMITHVILLE MO 64089-9333

Telephone (816) 532-0888
Level of Care SNF
County CLAY
Region 4 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 07409

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

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

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

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

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

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

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

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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid **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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 100
County GREENE **DMH Licensed** No
Region 1 Medicare **Facility Number** 17371

MAPLE WOOD ALZHEIMER'S SPECIAL CARE CENTER

1146 EAST LAKEWOOD ST
 SPRINGFIELD MO 65810-2614
Mailing Address 1146 E LAKEWOOD ST
 SPRINGFIELD MO 65810-2614

Telephone (417) 885-9050 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 66
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 28295

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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 27
County GREENE **DMH Licensed** No
Region 1 **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 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 92
County GREENE **DMH Licensed** No
Region 1 **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 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 67
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 21025

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 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid **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 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 42
County GREENE **DMH Licensed** Yes
Region 1 **Facility Number** 13150

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

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

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 No
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

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

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

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

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 ALF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 21
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 SNF
County CRAWFORD
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 02860

STOCKTON

LAKE STOCKTON HEALTHCARE FACILITY

811 OWEN MILL RD
 STOCKTON MO 65785-8359
Mailing Address PO BOX 945
 STOCKTON MO 65785-0945

Telephone (417) 276-5126
Level of Care ALF**
County CEDAR
Region 1

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed No
Facility Number 07680

LAKE STOCKTON HEALTHCARE FACILITY

811 OWEN MILL RD
 STOCKTON MO 65785-8359
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 75
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

GOLDEN AGE LIVING CENTER

404 E THIRD ST
 STOVER MO 65078-0947
Mailing Address PO BOX 307
 STOVER MO 65078-0307

Telephone (573) 377-4521
Level of Care SNF
County MORGAN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 61
DMH Licensed No
Facility Number 02949

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

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

STRAFFORD

STRAFFORD CARE CENTER

505 WEST EVERGREEN STRAFFORD	MO 65757-8625	Telephone (417) 736-9332 Level of Care SNF County GREENE Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 78 No 21285
Mailing Address 505 WEST EVERGREEN STRAFFORD	MO 65757-8625	Medicare/Medicaid		

STURGEON

STURGEON REST HOME

315 E STONE ST STURGEON	MO 65284-8907	Telephone (573) 687-3012 Level of Care RCF County BOONE Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 No 07733
Mailing Address PO BOX 328 STURGEON	MO 65284-0328			

SULLIVAN

DUNSFORD COURT - ASSISTED LIVING BY AMERICARE

775 DUNSFORD ROAD SULLIVAN	MO 63080-1270	Telephone (573) 468-2600 Level of Care ALF** County FRANKLIN Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 50 No 16094
Mailing Address 775 DUNSFORD RD SULLIVAN	MO 63080-1270			

LIFE CARE CENTER OF SULLIVAN

875 DUNSFORD DR SULLIVAN	MO 63080-1238	Telephone (573) 468-3128 Level of Care SNF County FRANKLIN Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 07744
Mailing Address 875 DUNSFORD DR SULLIVAN	MO 63080-1238	Medicare/Medicaid		

MERAMEC NURSING CENTER

940 MATTOX DR SULLIVAN	MO 63080-2364	Telephone (573) 468-7733 Level of Care SNF County CRAWFORD Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 18277
Mailing Address 940 MATTOX DR SULLIVAN	MO 63080-2364	Medicare/Medicaid		

RIDGEWAY RESIDENTIAL CARE

431 RUSSELL SULLIVAN	MO 63080-2228	Telephone (573) 468-4318 Level of Care ALF County FRANKLIN Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 06668
Mailing Address PO BOX 267 SULLIVAN	MO 63080-0267			

VICTORIAN PLACE OF SULLIVAN, RESIDENTIAL CARE BY AMERICARE

1250 EAST SPRINGFIELD RD SULLIVAN	MO 63080-1358	Telephone (573) 468-5217 Level of Care RCF County FRANKLIN Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 48 No 26324
Mailing Address 1250 EAST SPRINGFIELD RD SULLIVAN	MO 63080-1358			

SUNSET HILLS

SHERIDAN AT LAUMEIER PARK, THE

12422 ROTT ROAD SUNSET HILLS	MO 63127-0000	Telephone 314-219-5232 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 98 No 30466
Mailing Address 12422 ROTT ROAD SUNSET HILLS	MO 63127-0000			

SWEET SPRINGS

ROYAL OAKS RESIDENCE

507 EAST MARSHALL SWEET SPRINGS	MO 65351-9759	Telephone (660) 335-6500 Level of Care ALF County SALINE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 51 Yes 14953
Mailing Address PO BOX 204 SWEET SPRINGS	MO 65351-0204			

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

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

SWEET SPRINGS VILLA

518 E MARSHALL		Telephone (660) 335-6391	Alzheimer's Unit	Yes
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**

715 S STATE ROUTE 19		Telephone (417) 264-7256	Alzheimer's Unit	No
THAYER	MO 65791-1415	Level of Care SNF	Bed Capacity	120
Mailing Address 715 S STATE ROUTE 19		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**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

NHC HEALTHCARE, TOWN & COUNTRY

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

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

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

STONECREST OF TOWN & COUNTRY

1020 WOODS MILL ROAD		Telephone (636) 527-4444	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-	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-	Region 7	Facility Number	30612

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	13
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

ELDERHAUS INN #19

125 ANNA AVE, #19		Telephone (636) 462-6979	Alzheimer's Unit	No
TROY	MO 63379-2402	Level of Care RCF	Bed Capacity	17
Mailing Address 125 ANNA AVE, #19		County LINCOLN	DMH Licensed	Yes
TROY	MO 63379-2402	Region 5	Facility Number	18973

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

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

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

SUGAR CREEK - ASSISTED LIVING BY AMERICARE

161 PROFESSIONAL PARKWAY
 TROY MO 63379-2829
Mailing Address 161 PROFESSIONAL PRKWY
 TROY MO 63379-2829

Telephone (636) 528-3136
Level of Care ALF**
County LINCOLN
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 26349

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, RESIDENTIAL CARE 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 RCF
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

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

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

UNIONVILLE

BRISTOL MANOR OF UNIONVILLE

715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE MO 63565-1142	Telephone (660) 947-2151	Alzheimer's Unit No
Mailing Address 715 NORTH 22ND ST, HWY 5 NORTH UNIONVILLE MO 63565-1142	Level of Care RCF	Bed Capacity 12
	County PUTNAM	DMH Licensed No
	Region 5	Facility Number 19153

PUTNAM COUNTY CARE CENTER

1814 OAK ST UNIONVILLE MO 63565-1275	Telephone (660) 947-2492	Alzheimer's Unit No
Mailing Address 1814 OAK ST UNIONVILLE MO 63565-1275	Level of Care SNF	Bed Capacity 60
	County PUTNAM	DMH Licensed No
	Region 5 Medicare/Medicaid	Facility Number 06516

UNIVERSITY CITY

ACKERT PARK SKILLED NURSING & REHABILITATION CENTER

894 LELAND AVE UNIVERSITY CITY MO 63130-3239	Telephone (314) 726-4767	Alzheimer's Unit No
Mailing Address 894 LELAND AVE UNIVERSITY CITY MO 63130-3239	Level of Care SNF	Bed Capacity 130
	County SAINT LOUIS COUNTY	DMH Licensed No
	Region 7 Medicare/Medicaid	Facility Number 02100

URBANA

URBANA REST HOME

310 WALNUT ST URBANA MO 65767-9208	Telephone (417) 993-4638	Alzheimer's Unit No
Mailing Address 310 WALNUT ST URBANA MO 65767-9208	Level of Care RCF	Bed Capacity 20
	County DALLAS	DMH Licensed Yes
	Region 1	Facility Number 08242

VALLEY PARK

BIG BEND WOODS HEALTHCARE CENTER

110 HIGHLAND AVE VALLEY PARK MO 63088-1422	Telephone (636) 225-5144	Alzheimer's Unit No
Mailing Address 110 HIGHLAND AVE VALLEY PARK MO 63088-1422	Level of Care SNF	Bed Capacity 135
	County SAINT LOUIS COUNTY	DMH Licensed No
	Region 7 Medicare/Medicaid	Facility Number 01170

CAPE ALBEON

3300 LAKE BEND DR VALLEY PARK MO 63088-2524	Telephone (636) 861-3200	Alzheimer's Unit Yes
Mailing Address 3300 LAKE BEND DR VALLEY PARK MO 63088-2524	Level of Care ALF**	Bed Capacity 100
	County SAINT LOUIS COUNTY	DMH Licensed No
	Region 7	Facility Number 22838

GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY

13612 BIG BEND RD VALLEY PARK MO 63088-1447	Telephone (636) 861-0500	Alzheimer's Unit Yes
Mailing Address 13612 BIG BEND RD VALLEY PARK MO 63088-1447	Level of Care SNF	Bed Capacity 120
	County SAINT LOUIS COUNTY	DMH Licensed No
	Region 7 Medicare/Medicaid	Facility Number 23101

VAN BUREN

RIVERWAYS MANOR

403 WATERCRESS RD VAN BUREN MO 63965-9100	Telephone (573) 323-4282	Alzheimer's Unit No
Mailing Address PO BOX 969 VAN BUREN MO 63965-0969	Level of Care SNF	Bed Capacity 60
	County CARTER	DMH Licensed No
	Region 2 Medicare/Medicaid	Facility Number 06744

VELMA DOWDY ASSISTED LIVING

100 HARD ROCK RD DR VAN BUREN MO 63965-	Telephone (573) 323-2108	Alzheimer's Unit No
Mailing Address PO BOX 220 VAN BUREN MO 63965-	Level of Care ALF**	Bed Capacity 24
	County CARTER	DMH Licensed Yes
	Region 2	Facility Number 29947

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

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

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	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

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

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

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

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

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

LAKE VIEW RESIDENTIAL CARE, LLC

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

WARRENSBURG

ARBORS AT HARMONY GARDENS-MEMORY CARE ASSISTED LIVING BY AMERICARE THE

539 EAST YOUNG AVENUE		Telephone	(660) 429-0034	Alzheimer's Unit	
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	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

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

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

MOOREVIEW RESIDENTIAL

130 WEST CULTON		Telephone	(660) 429-1587	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1720	Level of Care	RCF	Bed Capacity	20
Mailing Address 130 WEST CULTON		County	JOHNSON	DMH Licensed	Yes
WARRENSBURG	MO 64093-1720	Region	3	Facility Number	11225

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

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

RIDGE CREST NURSING CENTER

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 92
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

802 KENNEDY
 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

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

2701 RABBIT TRAIL DR
 WASHINGTON MO 63090-6711
Mailing Address 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

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

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

BRISTOL MANOR OF WASHINGTON

100 WEST 12TH ST		Telephone (636) 390-0050	Alzheimer's Unit	No
WASHINGTON	MO 63090-4445	Level of Care RCF	Bed Capacity	12
Mailing Address 100 WEST 12TH ST		County FRANKLIN	DMH Licensed	Yes
WASHINGTON	MO 63090-4445	Region 6	Facility Number	20138

CEDARCREST MANOR

324 WEST 5TH ST		Telephone (636) 239-7848	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-2306	Level of Care SNF	Bed Capacity	177
Mailing Address 324 WEST 5TH ST		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-2306	Region 6 Medicare/Medicaid	Facility Number	01160

GRANDVIEW HEALTHCARE CENTER

201 GRAND AVE		Telephone (636) 239-9190	Alzheimer's Unit	No
WASHINGTON	MO 63090-1209	Level of Care SNF	Bed Capacity	102
Mailing Address 201 GRAND AVE		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-1209	Region 6 Medicare/Medicaid	Facility Number	15045

SOUTH POINTE - ASSISTED LIVING BY AMERICARE

5125 OLD HWY 100		Telephone (636) 239-0670	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3855	Level of Care ALF**	Bed Capacity	72
Mailing Address 5125 OLD HWY 100		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3855	Region 6	Facility Number	13735

VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE

2800 RABBIT TRAIL DR		Telephone (636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAIL DR		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6	Facility Number	27659

WAVERLY**APPLE RIDGE CARE CENTER**

100 WEST THOMAS AVE		Telephone (660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 188		County LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	Region 3 Medicare/Medicaid	Facility Number	08823

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

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

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

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	262
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**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

TWIN OAKS AT HERITAGE POINTE

228 SAVANNAH TERRACE		Telephone (636) 542-5400	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-3741	Level of Care ALF**	Bed Capacity	70
Mailing Address 228 SAVANNAH TERRACE		County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-3741	Region 5	Facility Number	26877

VILLAGE CENTER CARE OF WENTZVILLE

909 E PITMAN AVE		Telephone (636) 219-3114	Alzheimer's Unit	No
WENTZVILLE	MO 63385-1818	Level of Care ALF**	Bed Capacity	22
Mailing Address 909 E PITMAN AVE		County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-1818	Region 5	Facility Number	28026

WEST PLAINS**BROOKE HAVEN HEALTHCARE**

1410 NORTH KENTUCKY AVE		Telephone (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care SNF	Bed Capacity	120
Mailing Address 1410 NORTH KENTUCKY AVE		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 1 Medicare/Medicaid	Facility Number	06253

LAMPLIGHT VILLAGE

309 LOCUST ST		Telephone (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 1	Facility Number	21563

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

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

NHC HEALTHCARE, WEST PLAINS

211 DAVIS DR		Telephone (417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 497		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 1 Medicare/Medicaid	Facility Number	08434

PLEASANT VALLEY MANOR

213 DAVIS DR		Telephone (417) 257-0179	Alzheimer's Unit	No
WEST PLAINS	MO 65775-2274	Level of Care RCF*	Bed Capacity	72
Mailing Address 213 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 1	Facility Number	13641

SOUTH VIEW HEALTH CARE, LLC

951 CREAMERY ROAD		Telephone (417) 255-9322	Alzheimer's Unit	No
WEST PLAINS	MO 65775-6052	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 88		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0088	Region 1	Facility Number	23567

WEST VUE NURSING AND REHABILITATION CENTER

210 DAVIS DR		Telephone (417) 256-2152	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2241	Level of Care SNF	Bed Capacity	120
Mailing Address 210 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2241	Region 1 Medicare/Medicaid	Facility Number	21733

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**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

STONECREST OF WILDWOOD

251 PLAZA DRIVE		Telephone (636) 273-3900	Alzheimer's Unit	Yes
WILDWOOD	MO 63040-	Level of Care ALF**	Bed Capacity	94
Mailing Address 251 PLAZA DRIVE		County SAINT LOUIS COUNTY	DMH Licensed	No
WILDWOOD	MO 63040-	Region 7	Facility Number	31049

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

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

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

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

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

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