# Missouri Long Term Care Facilities Directory

# **ADAIR**

ARBORS AT HIGHLAND CREST -	ALZHEIMERS ASSISTED LIVING B	Y AMERICARE, THE		
620 GILASPY ROAD		<b>Telephone</b> (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care ALF**	<b>Bed Capacity</b>	28
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region 5	Facility Number	23608
HIGHLAND CREST - ASSISTED LI	IVING BY AMERICARE			
2204 S HALLIBURTON ST		<b>Telephone</b> (660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBURT	TON ST	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5	Facility Number	16785
KIRKSVILLE MANOR CARE CEN	TER			
1705 EAST LAHARPE		<b>Telephone</b> (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care SNF	<b>Bed Capacity</b>	132
Mailing Address 1705 EAST LAHAR	PE	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161
PREFERRED FAMILY HEALTHCA	ARE, INC			
900 EAST LAHARPE		<b>Telephone</b> (660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care RCF*	<b>Bed Capacity</b>	57
Mailing Address PO BOX 767		County ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	Facility Number	21851
TWIN PINES ADULT CARE CENT	ER			
1900 S JAMISON		<b>Telephone</b> (660) 665-2887	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-5302	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 1900 S JAMISON		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number	08218
	ANDI	REW		
ANEW HEALTHCARE SAVANNAI	Н			
13277 STATE ROUTE D	150 54407 0404	<b>Telephone</b> (816) 324-5991	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-9431	Level of Care SNF	Bed Capacity	88
Mailing Address 13277 STATE ROU		County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-9431	Region 4 Medicare/Medicaid	Facility Number	07147
LAVERNA MANOR HEALTH & RI	EHABILITATION			
904 SOUTH HALL AVE	1.0	<b>Telephone</b> (816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care SNF	Bed Capacity	120
Mailing Address 904 SOUTH HALL		County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-1952	Region 4 Medicare/Medicaid	Facility Number	04478

Thursday, April 4, 2024 Page 1 of 142

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## **ATCHISON**

PLEASANT VIEW NURSING HOME	E		
470 RAINBOW DR		<b>Telephone</b> (660) 744-6252	Alzheimer's Unit No
ROCK PORT	MO 64482-1641	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 273		County ATCHISON	<b>DMH Licensed</b> No
ROCK PORT	MO 64482-0273	Region 4 Medicare/Medicaid	Facility Number 06041
TARKIO REHABILITATION & HE	ALTH CARE		
300 CEDAR ST		<b>Telephone</b> (660) 736-4116	Alzheimer's Unit No
TARKIO	MO 64491-1174	Level of Care SNF	<b>Bed Capacity</b> 95
Mailing Address 300 CEDAR ST		County ATCHISON	<b>DMH Licensed</b> No
TARKIO	MO 64491-1174	Region 4 Medicare/Medicaid	Facility Number 00494
	AUDR	AIN	
ADRODS AT LAKEVIEW REND - A	SSISTED LIVING BY AMERICARE, T		
1700 ASBURY CIRCLE WEST	DESCRIPTION DI AMERICARE, I	<b>Telephone</b> (573) 581-8777	Alzheimer's Unit Yes
MEXICO	MO 65265-1400	Level of Care ALF**	Bed Capacity 39
Mailing Address 1722 HUNTINGFIEL		County AUDRAIN	DMH Licensed No
MEXICO	MO 65265-3808	Region 5	Facility Number 13544
MEAICO	WO 03203-3000	Region 5	racinty Number 15544
BAPTIST HOMES, TRI-COUNTY			
601 NORTH GALLOWAY RD		<b>Telephone</b> (573) 594-6467	Alzheimer's Unit No
VANDALIA	MO 63382-1252	Level of Care RCF	Bed Capacity 20
Mailing Address 601 NORTH GALLO		County AUDRAIN	<b>DMH Licensed</b> No
VANDALIA	MO 63382-1252	Region 5	Facility Number 08096
BAPTIST HOMES, TRI-COUNTY			
601 NORTH GALLOWAY RD		<b>Telephone</b> (573) 594-6467	Alzheimer's Unit YES
VANDALIA	MO 63382-1252	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 601 NORTH GALLO	WAY RD	County AUDRAIN	DMH Licensed No
VANDALIA	MO 63382-1252	Region 5 Medicare/Medicaid	Facility Number 08096
ESSEX OF MEXICO, THE			
1109 OLD FARM RD WEST		<b>Telephone</b> (573) 581-5223	Alzheimer's Unit No
MEXICO	MO 65265-3250	Level of Care RCF	Bed Capacity 12
		County AUDRAIN	
Mailing Address 1109 OLD FARM RI		·	
MEXICO	MO 65265-3250	Region 5	Facility Number 24425
KING'S DAUGHTERS HOME, THE			
620 WEST BOULEVARD ST		<b>Telephone</b> (573) 581-1577	Alzheimer's Unit No
MEXICO	MO 65265-2199	Level of Care RCF*	<b>Bed Capacity</b> 12
Mailing Address 620 WEST BOULEV	ARD ST	County AUDRAIN	<b>DMH Licensed</b> No
MEXICO	MO 65265-2199	Region 5	Facility Number 04146
KING'S DAUGHTERS HOME, THE			
620 WEST BOULEVARD ST		<b>Telephone</b> (573) 581-1577	Alzheimer's Unit No
MEXICO	MO 65265-2199	Level of Care ICF	<b>Bed Capacity</b> 36
Mailing Address 620 WEST BOULEV	ARD ST	County AUDRAIN	DMH Licensed No
MEXICO	MO 65265-2199	Region 5	Facility Number 04146

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Thursday, April 4, 2024 Page 2 of 142

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PIN OAKS LIVING CENTER				
1525 WEST MONROE ST		<b>Telephone</b> (573) 581-7261	Alzheimer's Unit	No
MEXICO	MO 65265-1201	Level of Care SNF	Bed Capacity	124
Mailing Address 1525 WEST MONE		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number	05804
SOUTHSIDE TOWNE HOUSE				
510 SOUTH WASHINGTON		<b>Telephone</b> (573) 581-3203	Alzheimer's Unit	No
MEXICO	MO 65265-2786	Level of Care RCF*	<b>Bed Capacity</b>	12
Mailing Address PO BOX 6		County AUDRAIN	DMH Licensed	Yes
MEXICO	MO 65265-0006	Region 5	Facility Number	16987
TEAL LAKE - ASSISTED LIVING	DV AMEDICADE			
1722 HUNTINGFIELD DR	B D I AMERICARE	<b>Telephone</b> (573) 582-7800	Alzheimer's Unit	No
	MO 65265 2909	Telephone (573) 582-7800 Level of Care ALF**		
MEXICO	MO 65265-3808		Bed Capacity	42 N-
Mailing Address 1722 HUNTINGFIE		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	23534
TOWNE HOUSE, THE				
221 EAST WHITLEY		<b>Telephone</b> (573) 581-2547	Alzheimer's Unit	No
MEXICO	MO 65265-2815	Level of Care RCF*	<b>Bed Capacity</b>	29
Mailing Address PO BOX 6		County AUDRAIN	DMH Licensed	Yes
MEXICO	MO 65265-0006	Region 5	Facility Number	08077
	,	D A DDW		
		KAKKY		
		BARRY		
CASSVILLE HEALTH CENTER F				
CASSVILLE HEALTH CENTER F 1300 COUNTY FARM RD			Alzheimer's Unit	No
			Alzheimer's Unit Bed Capacity	No 60
1300 COUNTY FARM RD	FOR REHAB AND HEALTHCARE  MO 65625-1726	<b>Telephone</b> (417) 847-3386		
1300 COUNTY FARM RD CASSVILLE	FOR REHAB AND HEALTHCARE  MO 65625-1726	Telephone (417) 847-3386 Level of Care SNF	Bed Capacity	60
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE	FOR REHAB AND HEALTHCARE  MO 65625-1726  RM RD  MO 65625-1726	Telephone (417) 847-3386  Level of Care SNF  County BARRY	Bed Capacity DMH Licensed	60 No
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE CEDAR RIDGE CARE CENTER, I	FOR REHAB AND HEALTHCARE  MO 65625-1726  RM RD  MO 65625-1726	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 01097
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE	FOR REHAB AND HEALTHCARE  MO 65625-1726  RM RD  MO 65625-1726  LLC	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 01097 No
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE	FOR REHAB AND HEALTHCARE  MO 65625-1726  RM RD  MO 65625-1726	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 01097 No 30
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE	FOR REHAB AND HEALTHCARE  MO 65625-1726  RM RD  MO 65625-1726  LLC	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 01097 No
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 01097 No 30 Yes
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER,	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC  MO 65708-8266	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC  MO 65708-8266	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC  MO 65708-8266	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 01097 No 30 Yes 15295
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT LACOBA HOMES, INC	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC  MO 65708-8266	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 01097 No 30 Yes 15295 No 33 Yes 12737
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FA CASSVILLE  CEDAR RIDGE CARE CENTER, I 71 SYCAMORE CASSVILLE Mailing Address PO BOX 633 CASSVILLE  COUNTRYSIDE CARE CENTER, 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  LACOBA HOMES, INC 850 HIGHWAY 60	MO 65625-1726  RM RD  MO 65625-1726  LLC  MO 65625-1755  MO 65625-0633  LLC  MO 65708-8266  MO 65708-0434	Telephone (417) 847-3386 Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 847-5546 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY Region 1  Telephone (417) 235-4040 Level of Care RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 01097 No 30 Yes 15295 No 33 Yes 12737

Thursday, April 4, 2024 Page 3 of 142

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LEISURE LIVING				
305 5TH ST		<b>Telephone</b> (417) 235-5959	Alzheimer's Unit	No
MONETT	MO 65708-2312	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed	Yes
MONETT	MO 65708-2312	Region 1	Facility Number	18227
ROARING RIVER HEALTH AND RI	EHABILITATION			
812 OLD EXETER RD		<b>Telephone</b> (417) 847-2184	Alzheimer's Unit	Yes
CASSVILLE	MO 65625-1704	Level of Care SNF	Bed Capacity	90
Mailing Address 812 OLD EXETER R	D	County BARRY	DMH Licensed	No
CASSVILLE	MO 65625-1704	Region 1 Medicare/Medicaid	Facility Number	10644
	BART	ron		
	DAKI	1011		
BRISTOL MANOR OF LAMAR 603 EAST 17TH ST		Tolonhono (417) 692 6762	Alahoimon'a Tinit	No
	NO. 64750 2202	<b>Telephone</b> (417) 682-6762	Alzheimer's Unit	No
LAMAR	MO 64759-2303	Level of Care RCF	Bed Capacity	12
Mailing Address 603 EAST 17TH ST		County BARTON	DMH Licensed	No
LAMAR	MO 64759-2303	Region 1	Facility Number	18951
MAPLE SENIOR LIVING LLC				
		TE 1 1 (417) 600 6104	A1 1	3.7
3 SOUTHWEST FIRST LANE	NO. 64550 0212	<b>Telephone</b> (417) 682-6184	Alzheimer's Unit	No
LAMAR	MO 64759-8313	Level of Care RCF*	Bed Capacity	56
Mailing Address 3 SOUTHWEST FIRS		County BARTON	DMH Licensed	No
LAMAR	MO 64759-8313	Region 1	Facility Number	20869
TRUMAN HEALTHCARE & REHAI	BILITATION CENTER			
206 WEST FIRST ST		<b>Telephone</b> (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
	BAT	ES		
BAPTIST HOMES OF ADRIAN				
402 WEST 1ST STREET		<b>Telephone</b> (816) 297-8901	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care SNF	Bed Capacity	38
Mailing Address 402 WEST 1ST STRI	EET	County BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3	Facility Number	00032
RDISTOL MANOD OF DUTLED				
BRISTOL MANOR OF BUTLER		<b>Telephone</b> (660) 679-3661	Alah sima-t- IIt4	NT.
411 SOUTH DELAWARE	MO (4720 2211	• ` '	Alzheimer's Unit	No
BUTLER	MO 64730-2311	Level of Care RCF	Bed Capacity	12
Mailing Address 411 S DELAWARE	150 (150) 0011	County BATES	DMH Licensed	No
BUTLER	MO 64730-2311	Region 3	Facility Number	18817
BUTLER REHAB AND HEALTHCA	RE CENTER			
416 SOUTH HIGH ST		<b>Telephone</b> (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
2 CILLIN	1.10 01/30 102/	Region - Miculcal e/Medicald	raciney rannoci	00027

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Thursday, April 4, 2024 Page 4 of 142

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Mailing Address PO BOX 252   County   BENTON   DMH Licensed   No County   Sale Count			
BUILER	MEDICALODGES BUTLER		
Mailing Address 103 EAST NURSERY   County   BATES   DMH Licensed   No BUTLER   MO 64730-2331   Region 3   Medicare/Medicaid   Facility Number   05319	103 EAST NURSERY	<b>Telephone</b> (660) 679-3179	Alzheimer's Unit Yes
BENTON	BUTLER MO 64730-2331	Level of Care SNF	Bed Capacity 110
ANEW SENIOR LIVING COLE CAMP   Telephone   (660) 668-3140   Alzheimer's Unit   No COLE CAMP   MO 65325-1264   Level of Care   RCF   Bed Capacity   30   Mailing Address PO BOX 252   Region 6   Facility Number   26313	Mailing Address 103 EAST NURSERY	County BATES	<b>DMH Licensed</b> No
ANEW SENIOR LIVING COLE CAMP	BUTLER MO 64730-2331	Region 3 Medicare/Medicaid	Facility Number 05319
ANEW SENIOR LIVING COLE CAMP			
S17 NORTH OAK	BEN	NTON	
COLE CAMP	ANEW SENIOR LIVING COLE CAMP		
Mailing Address PO BOX 252   County   BENTON   DMH Licensed   No Facility Number   26313	517 NORTH OAK	<b>Telephone</b> (660) 668-3140	Alzheimer's Unit No
BRISTOL MANOR OF LINCOLN   204 SOUTH HIGHWAY 65   Telephone   (660) 547-2580   Alzheimer's Unit   No	COLE CAMP MO 65325-1264	<b>Level of Care</b> RCF	<b>Bed Capacity</b> 30
BRISTOL MANOR OF LINCOLN  204 SOUTH HIGHWAY 65	Mailing Address PO BOX 252	County BENTON	<b>DMH Licensed</b> No
Telephone	COLE CAMP MO 65325-0252	Region 6	Facility Number 26313
Telephone			
LINCOLN	BRISTOL MANOR OF LINCOLN		
Mailing Address 204 SOUTH HIGHWAY 65   County   BENTON   DMH Licensed   No LINCOLN   MO   65338-2587   Region   6   Facility Number   18092	204 SOUTH HIGHWAY 65	<b>Telephone</b> (660) 547-2580	Alzheimer's Unit No
BRISTOL MANOR OF WARSAW	LINCOLN MO 65338-2587	<b>Level of Care</b> RCF	<b>Bed Capacity</b> 12
BRISTOL MANOR OF WARSAW  1600 ESTATE DR  WARSAW  MO 65355-3061  Level of Care RCF  Bed Capacity 12  Mailing Address 1600 ESTATE DR  WARSAW  MO 65355-3061  Region 6  Facility Number 16343  GOOD SAMARITAN CARE CENTER  403 WEST MAIN ST  COLE CAMP  MO 65325-1144  Level of Care SNF  Bed Capacity 12  Mailing Address 403 WEST MAIN ST  COLE CAMP  MO 65325-1144  Region 6  Medicare/Medicaid  Facility Number 03039  LAKESIDE SUITES  205 TIMBERLINE DR  LINCOLN  MO 65338-2007  Region 6  Region 6  Region 6  Facility Number 04803  LINCOLN COMMUNITY CARE CENTER	Mailing Address 204 SOUTH HIGHWAY 65	County BENTON	<b>DMH Licensed</b> No
Telephone   G600   438-7173   Alzheimer's Unit   No	LINCOLN MO 65338-2587	Region 6	Facility Number 18092
Telephone   G600   438-7173   Alzheimer's Unit   No			
WARSAW         MO 65355-3061         Level of Care RCF         Bed Capacity         12           Mailing Address 1600 ESTATE DR         County BENTON         DMH Licensed         No           WARSAW         MO 65355-3061         Region 6         Facility Number         16343           GOOD SAMARITAN CARE CENTER           403 WEST MAIN ST         Telephone         (660) 668-4515         Alzheimer's Unit         No           COLE CAMP         MO 65325-1144         Level of Care SNF         Bed Capacity         72           Mailing Address 403 WEST MAIN ST         County BENTON         DMH Licensed         No           COLE CAMP         MO 65325-1144         Region 6         Medicare/Medicaid         Facility Number         03039           LAKESIDE SUITES         205 TIMBERLINE DR         Telephone         (660) 547-3322         Alzheimer's Unit         No           LINCOLN         MO 65338-2007         Level of Care ALF         Bed Capacity         14           Mailing Address 205 TIMBERLINE DR         County BENTON         DMH Licensed         No           LINCOLN COMMUNITY CARE CENTER         Helphone         660) 547-3322         Facility Number         04803	BRISTOL MANOR OF WARSAW		
Mailing Address 1600 ESTATE DR WARSAW MO 65355-3061 Region 6 Regio	1600 ESTATE DR	<b>Telephone</b> (660) 438-7173	Alzheimer's Unit No
WARSAW MO 65355-3061  Region 6  Facility Number 16343  GOOD SAMARITAN CARE CENTER  403 WEST MAIN ST  COLE CAMP MO 65325-1144  Level of Care SNF Bed Capacity 72  Mailing Address 403 WEST MAIN ST  COUNTY BENTON DMH Licensed No  COLE CAMP MO 65325-1144  Region 6 Medicare/Medicaid Facility Number 03039  LAKESIDE SUITES  205 TIMBERLINE DR  LINCOLN MO 65338-2007  Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR  County BENTON DMH Licensed No  LINCOLN MO 65338-2007  Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR  County BENTON DMH Licensed No  LINCOLN MO 65338-2007  Region 6  Facility Number 04803	WARSAW MO 65355-3061	Level of Care RCF	
GOOD SAMARITAN CARE CENTER  403 WEST MAIN ST  COLE CAMP  MO 65325-1144  Level of Care SNF Bed Capacity 72  Mailing Address 403 WEST MAIN ST COLE CAMP MO 65325-1144  Region 6 Medicare/Medicaid Facility Number 03039  LAKESIDE SUITES 205 TIMBERLINE DR LINCOLN MO 65338-2007 Level of Care ALF Bed Capacity No LINCOLN MO 65338-2007 Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR County BENTON DMH Licensed No LINCOLN MO 65338-2007 Region 6 Facility Number 04803	Mailing Address 1600 ESTATE DR	•	
403 WEST MAIN ST         Telephone         (660) 668-4515         Alzheimer's Unit         No           COLE CAMP         MO 65325-1144         Level of Care         SNF         Bed Capacity         72           Mailing Address 403 WEST MAIN ST         County         BENTON         DMH Licensed         No           COLE CAMP         MO 65325-1144         Region 6         Medicare/Medicaid         Facility Number         03039           LAKESIDE SUITES         Telephone         (660) 547-3322         Alzheimer's Unit         No           LINCOLN         MO 65338-2007         Level of Care         ALF         Bed Capacity         14           Mailing Address 205 TIMBERLINE DR         County         BENTON         DMH Licensed         No           LINCOLN         MO 65338-2007         Region 6         Facility Number         04803	WARSAW MO 65355-3061	Region 6	Facility Number 16343
403 WEST MAIN ST         Telephone         (660) 668-4515         Alzheimer's Unit         No           COLE CAMP         MO 65325-1144         Level of Care         SNF         Bed Capacity         72           Mailing Address 403 WEST MAIN ST         County         BENTON         DMH Licensed         No           COLE CAMP         MO 65325-1144         Region 6         Medicare/Medicaid         Facility Number         03039           LAKESIDE SUITES         Telephone         (660) 547-3322         Alzheimer's Unit         No           LINCOLN         MO 65338-2007         Level of Care         ALF         Bed Capacity         14           Mailing Address 205 TIMBERLINE DR         County         BENTON         DMH Licensed         No           LINCOLN         MO 65338-2007         Region 6         Facility Number         04803			
COLE CAMP MO 65325-1144  Mailing Address 403 WEST MAIN ST COLE CAMP MO 65325-1144  County BENTON DMH Licensed No Region 6 Medicare/Medicaid Facility Number 03039  LAKESIDE SUITES 205 TIMBERLINE DR LINCOLN MO 65338-2007  Mo 65338-2007  Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007  Region 6 Facility Number 04803  LINCOLN COMMUNITY CARE CENTER			
Mailing Address 403 WEST MAIN ST COLE CAMP MO 65325-1144  Region 6 Medicare/Medicaid Facility Number  LAKESIDE SUITES  205 TIMBERLINE DR LINCOLN MO 65338-2007 Level of Care Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007 Region 6  Level of Care Region 6  Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007 Region 6  Lincoln Community Care Center		• '	
COLE CAMP MO 65325-1144  Region 6 Medicare/Medicaid Facility Number 03039  LAKESIDE SUITES  205 TIMBERLINE DR LINCOLN MO 65338-2007 Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007 Region 6 Facility Number 04803			
LAKESIDE SUITES  205 TIMBERLINE DR  LINCOLN  MO 65338-2007  Level of Care ALF  Bed Capacity  14  Mailing Address 205 TIMBERLINE DR  LINCOLN  MO 65338-2007  Region 6  LINCOLN COMMUNITY CARE CENTER		·	
205 TIMBERLINE DR LINCOLN MO 65338-2007 Level of Care ALF Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007 Region 6  LINCOLN COMMUNITY CARE CENTER	COLE CAMP MO 65325-1144	Region 6 Medicare/Medicaid	Facility Number 03039
205 TIMBERLINE DR LINCOLN MO 65338-2007 Level of Care ALF Mailing Address 205 TIMBERLINE DR LINCOLN MO 65338-2007 Region 6  LINCOLN COMMUNITY CARE CENTER	A AZEGIDE GUIDEG		
LINCOLN MO 65338-2007 Level of Care ALF Bed Capacity 14  Mailing Address 205 TIMBERLINE DR County BENTON DMH Licensed No LINCOLN MO 65338-2007 Region 6 Facility Number 04803		T. L. L. (CCO) 547, 2222	Alles de Tiris
Mailing Address 205 TIMBERLINE DR County BENTON DMH Licensed No LINCOLN MO 65338-2007 Region 6 Facility Number 04803		_	
LINCOLN COMMUNITY CARE CENTER Region 6 Facility Number 04803			
LINCOLN COMMUNITY CARE CENTER		·	
	LINCOLIN MO 65338-2007	<b>Region</b> 6	Facility Number 04803
	LINCOLN COMMUNITY CARE CENTER		
		<b>Telephone</b> (660) 547-3322	Alzheimer's Unit No

205 TIMBERLINE DR		Telephone	(660) 547-3322	Alzheimer's Unit	No
LINCOLN	MO 65338-2007	Level of Care	SNF	Bed Capacity	66
Mailing Address 205 TIMBERLINE DE	₹	County BE	NTON	DMH Licensed	No
LINCOLN	MO 65338-2007	Region 6	Medicare/Medicaid	Facility Number	04803

#### WARSAW HEALTH AND REHABILITATION CENTER

1609 SUNCHASE DR		<b>Telephone</b> (660) 438-2970	Alzheimer's Unit Yes
WARSAW	MO 65355-3059	Level of Care SNF	Bed Capacity 90
Mailing Address 1609 SUNCHASE DI	₹	County BENTON	DMH Licensed No
WARSAW	MO 65355-3059	Region 6 Medicare/Medicaid	Facility Number 15243

Thursday, April 4, 2024 Page 5 of 142

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#### **BOLLINGER**

ANNIE'S HOUSE INC			
25228 BUZZARD DRIVE	<b>Telephone</b> (573) 238-1300	Alzheimer's Unit	No
MARBLE HILL MO 63764-9408	Level of Care RCF	Bed Capacity	40
Mailing Address 25228 BUZZARD DRIVE	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL MO 63764-9408	Region 2	Facility Number	30984
DIANA'S BOARDING HOME 1, INC			
15432 STATE HIGHWAY M	<b>Telephone</b> (573) 866-2010	Alzheimer's Unit	No
MARBLE HILL MO 63764-7487	<b>Level of Care</b> RCF	Bed Capacity	20
Mailing Address 15431 STATE HIGHWAY M	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL MO 63764-7487	Region 2	Facility Number	11123
DIANA'S BOARDING HOME 2			
25140 BUZZARD DR	<b>Telephone</b> (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
HERITAGE HILLS ASSISTED LIVING FACILITY			
ROUTE 5, BOX 68	<b>Telephone</b> (573) 866-2003	Alzheimer's Unit	No
PATTON MO 63662-9760	Level of Care ALF	Bed Capacity DMH Licensed	24 Yes
Mailing Address PO BOX B PATTON MO 63662-0010	County BOLLINGER Region 2	Facility Number	18783
1A1101V MO 03002-0010	Region 2	racinty Number	16/63
J & J RESIDENTIAL CARE FACILITY II 104 WESBECHER	<b>Telephone</b> (573) 238-1008	Alzheimer's Unit	No
MARBLE HILL MO 63764-0378	Level of Care RCF*	Bed Capacity	12
Mailing Address PO BOX 378	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL MO 63764-0378	Region 2	Facility Number	07171
RANCH RESIDENTIAL CARE FACILITY THE			
ROUTE 2, BOX 2790	<b>Telephone</b> (573) 238-4253	Alzheimer's Unit	No
MARBLE HILL MO 63764-9510	Level of Care RCF*	<b>Bed Capacity</b>	32
Mailing Address ROUTE 2, BOX 2790	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL MO 63764-9510	Region 2	Facility Number	08707
STONEBRIDGE MARBLE HILL			
702 HIGHWAY 34 WEST	<b>Telephone</b> (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
	BOONE		
ASHLAND HEALTHCARE		OSURE - STAFFING	Νο
300 SOUTH HENRY CLAY BLVD ASHLAND MO 65010-9438	Telephone (573) 657-2877 Level of Care SNF	Alzheimer's Unit Bed Capacity	No 60
Mailing Address 300 S HENRY CLAY BLVD	County BOONE	DMH Licensed	No
ACHI AND	County BOOTE	E N. I	110

Region 6

Medicare/Medicaid

**Facility Number** 

17908

MO 65010-9438

**ASHLAND** 

Thursday, April 4, 2024 Page 6 of 142

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ASHLAND VILLA - ASSISTED LIVING BY AMERICARE			
301 SOUTH HENRY CLAY BLVD	<b>Telephone</b> (573) 657-1920	Alzheimer's Unit	No
ASHLAND MO 65010-9439	Level of Care ALF**	Bed Capacity	72
Mailing Address 301 SOUTH HENRY CLAY BLVD	County BOONE	DMH Licensed	No
ASHLAND MO 65010-9439	Region 6	Facility Number	20303
BLUEGRASS TERRACE			
102 REDTAIL DR	Tolophone (572) 657 0800	Alzheimer's Unit	No
ASHLAND MO 65010-1179	Telephone (573) 657-0899  Level of Care RCF		16
Mailing Address 102 REDTAIL DR		Bed Capacity DMH Licensed	No
ASHLAND MO 65010-1179	·		
ASPLAND MO 03010-1179	Region 6	Facility Number	25731
BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERIC	CARE		
3104 BLUFF CREEK DR	<b>Telephone</b> (573) 815-9111	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3524	Level of Care ALF**	Bed Capacity	48
Mailing Address 3104 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3524	Region 6	Facility Number	20625
	S	•	
BLUFFS, THE			
3105 BLUFF CREEK DR	<b>Telephone</b> (573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3529	Level of Care SNF	<b>Bed Capacity</b>	132
Mailing Address 3105 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3529	Region 6 Medicare/Medicaid	<b>Facility Number</b>	00754
	-		
BRISTOL MANOR OF CENTRALIA			
610 NORTH JEFFERSON ST	<b>Telephone</b> (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
		·	
CEDARHURST OF COLUMBIA			
2333 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1091	Alzheimer's Unit	Yes
COLUMBIA MO 65203-1537	Level of Care ALF**	<b>Bed Capacity</b>	127
Mailing Address 2333 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-1537	Region 6	Facility Number	29874
COLONY POLYME ACCOMPLY AND			
COLONY POINTE-ASSISTED LIVING BY AMERICARE	m		••
1510 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA MO 65203-5457	Level of Care ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-5457	Region 6	Facility Number	28191
COLUMBIA MANOR HEALTH & REHABILITATION			
2012 E. NIFONG BLVD	<b>Telephone</b> (573) 449-1246	Alzheimer's Unit	No
COLUMBIA MO 65201-3874	Level of Care SNF	Bed Capacity	52
Mailing Address 2012 E. NIFONG BLVD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3874	Region 6 Medicare/Medicaid	Facility Number	01715
110 00201 0074	region - medical concultatu	2 000000 2 10000000	01/13

Thursday, April 4, 2024 Page 7 of 142

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GOV VIN ADV. DOGITA I GIVING	
COLUMBIA POST ACUTE	T. 1 (770) 207 7444
3535 BERRYWOOD DRIVE	Telephone (573) 397-7144 Alzheimer's Unit No
COLUMBIA MO 65201-6584	Level of Care SNF Bed Capacity 70
Mailing Address 3535 BERRYWOOD DRIVE	County BOONE DMH Licensed No
COLUMBIA MO 65201-6584	<b>Region</b> 6 <b>Medicare/Medicaid Facility Number</b> 30959
HADAMDEE HOUSE INC	
HARAMBEE HOUSE, INC 703 NORTH EIGHTH ST	Telephone (573) 443-6972 Alzheimer's Unit No
	<b>F</b>
COLUMBIA MO 65201-4516	Level of Care RCF* Bed Capacity 15
Mailing Address 703 NORTH EIGHTH ST	County BOONE DMH Licensed Yes
COLUMBIA MO 65201-4516	<b>Region</b> 6 <b>Facility Number</b> 17197
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
CENTRALIA NO 03240 1140	Region 6 inedical enviencation Fundament (03009)
HILLCREST RESIDENTIAL CARE, INC	
9415 NORTH BROWN STATION RD	<b>Telephone</b> (573) 696-3201 <b>Alzheimer's Unit</b> No
COLUMBIA MO 65202-8671	Level of Care ALF Bed Capacity 33
Mailing Address 9415 NORTH BROWN STATION RD	County BOONE DMH Licensed Yes
COLUMBIA MO 65202-8671	<b>Region</b> 6 Facility Number 03572
LAKE GEORGE ASSISTED LIVING	
5000 E RICHLAND RD	<b>Telephone</b> (573) 442-0577 <b>Alzheimer's Unit</b> No
COLUMBIA MO 65201-9606	Level of Care ALF** Bed Capacity 10
Mailing Address 5000 EAST RICHLAND RD	County BOONE DMH Licensed No
COLUMBIA MO 65201-9606	<b>Region</b> 6 <b>Facility Number</b> 28997
LENOID HEALTH CADE CENTED	
LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE	Telephone (573) 876-5800 Alzheimer's Unit No
COLUMBIA MO 65201-7779	Level of Care SNF Bed Capacity 100
Mailing Address 3850 CARTWRIGHT LANE	County BOONE DMH Licensed No
COLUMBIA MO 65201-7779	<b>Region</b> 6 <b>Medicare/Medicaid Facility Number</b> 04750
LENOIR MANOR	
3850 CARTWRIGHT LANE	<b>Telephone</b> (573) 876-5800 <b>Alzheimer's Unit</b> Yes
COLUMBIA MO 65201-	Level of Care ALF** Bed Capacity 92
Mailing Address 3850 CARTWRIGHT LANE	County BOONE DMH Licensed No
COLUMBIA MO 65201-	Region 6 Facility Number 04750
MILL CREEK VILLAGE-ASSISTED LIVING BY AME 1990 W SOUTHAMPTON DR	RICARE  Telephone (573) 381-2510 Alzheimer's Unit Yes
COLUMBIA MO 65203-6238	Level of Care ALF** Bed Capacity 50
Mailing Address 1990 W SOUTHAMPTON DR	County BOONE DMH Licensed No
COLUMBIA MO 65203-6238	·
COLUMDIA MO 05203-0238	<b>Region</b> 6 <b>Facility Number</b> 30107

Thursday, April 4, 2024 Page 8 of 142

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NEIGHBORHOODS REHABILITATIO	N & SKILLED NURSING BY TIGE	<i>'</i>	All I de la Tital
3003 FALLING LEAF COURT	10, (520), 2540	<b>Telephone</b> (573) 256-4620	Alzheimer's Unit No
	MO 65201-3549	Level of Care SNF	Bed Capacity 120
Mailing Address 3003 FALLING LEAF COLUMN		County BOONE	DMH Licensed No
COLUMBIA N	MO 65201-3549	Region 6 Medicare/Medicaid	Facility Number 24341
PARKSIDE MANOR			
1201 HUNT AVE		<b>Telephone</b> (573) 449-1448	Alzheimer's Unit Yes
COLUMBIA	MO 65202-1367	Level of Care SNF	Bed Capacity 120
Mailing Address 1201 HUNT AVE		County BOONE	DMH Licensed No
COLUMBIA	MO 65202-1367	Region 6 Medicare/Medicaid	Facility Number 11262
SOUTH HAMPTON PLACE			
4700 BRANDON WOODS		<b>Telephone</b> (573) 874-3674	Alzheimer's Unit No
	MO 65203-7169	Level of Care SNF	Bed Capacity 100
Mailing Address 4700 BRANDON WOOI		County BOONE	DMH Licensed No
	MO 65203-7169	Region 6 Medicare/Medicaid	Facility Number 19799
COLOMBIA	10 03203-7107	Region 0 Medicare/Medicard	racinty Number 19/99
STUART HOUSE, LLC THE			
117 S HICKMAN		<b>Telephone</b> (573) 682-3204	Alzheimer's Unit No
	MO 65240-1316	Level of Care ICF	Bed Capacity 27
Mailing Address 117 S HICKMAN		County BOONE	<b>DMH Licensed</b> No
CENTRALIA N	MO 65240-1316	Region 6	Facility Number 10146
STURGEON RESIDENTIAL CARE			
315 E STONE ST		<b>Telephone</b> (573) 687-3012	Alzheimer's Unit No
STURGEON	MO 65284-8907	Level of Care RCF	Bed Capacity 20
Mailing Address PO BOX 328		County BOONE	DMH Licensed No
STURGEON N	MO 65284-0328	Region 6	Facility Number 07733
TIGER PLACE			
2910 BLUFF CREEK DR		<b>Telephone</b> (573) 256-4620	Alzheimer's Unit No
COLUMBIA	MO 65201-3522	Level of Care ICF	Bed Capacity 112
Mailing Address 2910 BLUFF CREEK DE	₹	County BOONE	DMH Licensed No
COLUMBIA	MO 65201-3522	Region 6	Facility Number 24341
VILLA AT BLUE RIDGE, THE			
701 BLUE RIDGE ROAD		<b>Telephone</b> (573) 474-6111	Alzheimer's Unit No
COLUMBIA	MO 65201-3734	Level of Care SNF	Bed Capacity 97
Mailing Address 701 BLUE RIDGE ROAL		County BOONE	DMH Licensed No
o .	MO 65201-3734	Region 6 Medicare/Medicaid	Facility Number 01706
WESTBURY SENIOR LIVING THE			
550 STONE VALLEY PARKWAY		<b>Telephone</b> (573) 818-7030	Alzheimer's Unit Yes
	MO 65203-5567	Level of Care ALF**	Bed Capacity 66
Mailing Address 550 STONE VALLEY PA		County BOONE	DMH Licensed No
	MO 65203-5567	Region 6	Facility Number 32666
		<b>8</b> ·	•

Thursday, April 4, 2024 Page 9 of 142

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## **BUCHANAN**

ADVANCED CARE OF ST JOSEPH			
3002 N 18TH ST		<b>Telephone</b> (816) 364-4200	Alzheimer's Unit No
SAINT JOSEPH	MO 64505-1872	Level of Care SNF	Bed Capacity 180
Mailing Address 3002 N 18TH ST		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64505-1872	Region 4 Medicare/Medicaid	Facility Number 08000
		9	·
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 749-3919	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2527	Level of Care ALF	Bed Capacity 100
Mailing Address 1616 WEISENBORN R	RD	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64507-2527	Region 4	Facility Number 10346
		5	
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 749-3919	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64507-2527	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 1616 WEISENBORN R	RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-2527	Region 4 Medicare/Medicaid	Facility Number 10346
CARRIAGE SQUARE REHAB AND H	EALTHCARE CENTER		
4009 GENE FIELD RD		<b>Telephone</b> (816) 364-1526	Alzheimer's Unit No
SAINT JOSEPH	MO 64506-1864	Level of Care RCF*	<b>Bed Capacity</b> 32
Mailing Address 4009 GENE FIELD RD	•	County BUCHANAN	<b>DMH Licensed</b> No
SAINT JOSEPH	MO 64506-1864	Region 4	Facility Number 01061
CADDIACE SQUADE DEHAD AND H	TEAL THICADE CENTED		
CARRIAGE SQUARE REHAB AND H 4009 GENE FIELD RD	EALTHCARE CENTER	<b>Telephone</b> (816) 364-1526	Alzheimer's Unit No
SAINT JOSEPH	MO 64506-1864	Telephone (816) 364-1526 Level of Care SNF	
Mailing Address 4009 GENE FIELD RD		County BUCHANAN	Bed Capacity 130 DMH Licensed No
SAINT JOSEPH	MO 64506-1864	·	
SAINI JOSEFII	WIO 04300-1804	Region 4 Medicare/Medicaid	Facility Number 01061
FIELD POINTE ASSISTED LIVING B	SY AMERICARE		
5002 GENE FIELD ROAD		<b>Telephone</b> (816) 688-4001	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64506-2056	Level of Care ALF**	<b>Bed Capacity</b> 65
Mailing Address 5002 GENE FIELD RO	AD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-2056	Region 4	Facility Number 32538
HEARTLAND II RESIDENTIAL CAR	E FACILITY, INC		
117 SOUTH 15TH ST		<b>Telephone</b> (816) 676-1506	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2904	Level of Care RCF*	<b>Bed Capacity</b> 52
Mailing Address 117 SOUTH 15TH ST		County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number 18620
HEADTI AND HIDCE			
HEARTLAND III RCF		Tolonhone (016) 200 0041	Alghoimout- II
1606 SOUTH 38TH ST	MO 64507 2216	<b>Telephone</b> (816) 390-8941	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2216	Level of Care RCF	Bed Capacity 18
Mailing Address PO BOX 8923	MO (4509 9022	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64508-8923	Region 4	Facility Number 00920

Thursday, April 4, 2024 Page 10 of 142

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HEARTLAND RESIDENTIAL CARE F	FACILITY, INC		
1311 FRANCIS ST		<b>Telephone</b> (816) 233-5779	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2318	Level of Care RCF	<b>Bed Capacity</b> 20
Mailing Address 1311 FRANCIS ST		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2318	Region 4	Facility Number 02491
LIVING COMMUNITY OF ST JOSEPI	Ħ		
1202 HEARTLAND RD	-	<b>Telephone</b> (816) 671-8500	Alzheimer's Unit No
	MO 64506-3200	Level of Care ALF**	Bed Capacity 35
Mailing Address 1202 HEARTLAND RD		County BUCHANAN	DMH Licensed No
_	MO 64506-3200	Region 4	Facility Number 24179
SAMAT JOSEFFI	110 04300 3200	Region 4	racinty Number 24179
LIVING COMMUNITY OF ST JOSEPI 1202 HEARTLAND RD	Н	Tolonhous (917) 771 9500	Alzheimer's Unit No
	MO (450( 2200	<b>Telephone</b> (816) 671-8500	
	MO 64506-3200	Level of Care SNF	Bed Capacity 96
Mailing Address 1202 HEARTLAND RD		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-3200	Region 4 Medicare/Medicaid	Facility Number 24179
MCDONALD BOARDING HOME			
438 NORTH 17TH ST		<b>Telephone</b> (816) 233-7060	Alzheimer's Unit No
	MO 64501-2015	Level of Care RCF	Bed Capacity 8
Mailing Address 438 NORTH 17TH ST		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2015	Region 4	Facility Number 05170
ST JOSEPH CHATEAU			
811 NORTH 9TH ST		<b>Telephone</b> (816) 233-5164	Alzheimer's Unit No
	MO 64501-1651	Level of Care SNF	Bed Capacity 69
Mailing Address 811 NORTH 9TH ST		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-1651	Region 4 Medicare/Medicaid	Facility Number 07532
CT LOCEDY MANOR WEAT THE CORE	A A DAY ATTA TIVON		
ST JOSEPH MANOR HEALTH & REF	HABILITATION	T-l (916) 676 1620	Al-lesion and Timit
1317 NORTH 36TH ST	MO (450) 2250	<b>Telephone</b> (816) 676-1630	Alzheimer's Unit No
	MO 64506-2359	Level of Care SNF	Bed Capacity 110
Mailing Address 1317 NORTH 36TH ST		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-2359	Region 4 Medicare/Medicaid	Facility Number 00526
THOMAS DESIDENTIAL CADE EACH	II ITV 2		
THOMAS RESIDENTIAL CARE FACI 1415 OLIVE ST	11.111.3	<b>Telephone</b> (816) 273-5070	Alzheimer's Unit No
	MO (4502 2442	=	
	MO 64503-2443	Level of Care RCF	Bed Capacity 20
Mailing Address 1415 OLIVE ST	NO. 51500.0110	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64503-2443	Region 4	Facility Number 06076
VINTAGE GARDENS ASSISTED LIVI	INC		
3302 NORTH WOODBINE ROAD		<b>Telephone</b> (816) 279-3330	Alzheimer's Unit Yes
	MO 64505-9323	Level of Care ALF	Bed Capacity 51
Mailing Address 3302 NORTH WOODB		County BUCHANAN	DMH Licensed No
	MO 64505-9323	Region 4	Facility Number 22959
57 III 1 JOH LII	111O OTJUJ-7343	region 4	racinty runner 22939

Thursday, April 4, 2024 Page 11 of 142

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VINTAGE GARDENS ASSISTED LIVING			
3302 NORTH WOODBINE ROAD	<b>Telephone</b> (816) 279-3330	Alzheimer's Unit	No
SAINT JOSEPH MO 64505-9323	Level of Care ALF**	<b>Bed Capacity</b>	44
Mailing Address 3302 N WOODBINE ROAD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO 64505-9323	Region 4	<b>Facility Number</b>	22959
I	BUTLER		
CEDARGATE HEALTHCARE			
2350 KANELL BLVD	<b>Telephone</b> (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-4036	Level of Care SNF	Bed Capacity	108
Mailing Address 2350 KANELL BLVD	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number	01182
CEDARGATE HEALTHCARE			
2350 KANELL BLVD	<b>Telephone</b> (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-4036	Level of Care ALF	<b>Bed Capacity</b>	16
Mailing Address 2350 KANELL BLVD	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-4036	Region 2	Facility Number	01182
MANOR, THE			
2071 BARRON RD	<b>Telephone</b> (573) 686-1147	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-1903	Level of Care SNF	<b>Bed Capacity</b>	90
Mailing Address 2071 BARRON RD	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number	00683
MARK TWAIN CARING CENTER			
3001 MAY ST	<b>Telephone</b> (573) 686-6999	Alzheimer's Unit	Yes
POPLAR BLUFF MO 63901-1942	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 3001 MAY ST	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number	16013
NEW HOPE ASSISTED LIVING LLC			
328 NORTH NEW HOPE DRIVE	<b>Telephone</b> (573) 300-4877	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-4819	Level of Care ALF	<b>Bed Capacity</b>	15
Mailing Address 328 NORTH NEW HOPE DR	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-4819	Region 2	Facility Number	32690
OAKDALE CARE CENTER			
2702 DEBBIE LN	<b>Telephone</b> (573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-2650	Level of Care SNF	<b>Bed Capacity</b>	70
Mailing Address 2702 DEBBIE LN	<b>County BUTLER</b>	DMH Licensed	No
POPLAR BLUFF MO 63901-2650	Region 2 Medicare/Medicaid	Facility Number	18157

MO 63901-2650

MO 63901-2650

Telephone

County

Region 2

Level of Care

(573) 686-5242

RCF\*

BUTLER

No

36

Yes

18157

Alzheimer's Unit

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

OAKDALE CARE CENTER

 $\textbf{Mailing Address} \ \ 2702 \ \text{DEBBIE LN}$ 

2702 DEBBIE LN

POPLAR BLUFF

POPLAR BLUFF

Thursday, April 4, 2024 Page 12 of 142

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OAKDALE CARE CENTER			
2702 DEBBIE LN	<b>Telephone</b> (573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-2650	Level of Care ALF	Bed Capacity	60
Mailing Address 2702 DEBBIE LN	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-2650	Region 2	Facility Number	18157
OWEN ACRES RESIDENTIAL CARE FACILITY			
614 COUNTY ROAD 466	<b>Telephone</b> (573) 778-0497	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-2964	Level of Care RCF	Bed Capacity	20
Mailing Address 614 COUNTY RD 466	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF MO 63901-2964	Region 2	Facility Number	21093
PORTIA'S RESIDENTIAL CARE			
307 NORTH BROADWAY	<b>Telephone</b> (573) 686-3446	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-5103	Level of Care RCF	Bed Capacity	20
Mailing Address 307 N BROADWAY	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF MO 63901-5103	Region 2	Facility Number	03002
NO 03701 3103	Region 2	racinty raniber	03002
RIVER MIST - ASSISTED LIVING BY AMERICARE			
2050 WEST MAUD	<b>Telephone</b> (573) 686-2833	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-4000	Level of Care ALF**	<b>Bed Capacity</b>	42
Mailing Address 2050 WEST MAUD	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-4000	Region 2	<b>Facility Number</b>	20291
SWIFT CREEK RESIDENTIAL CARE CENTER			
1673 HIGHWAY 53	<b>Telephone</b> (573) 776-6501	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-4132	Level of Care RCF*	Bed Capacity	12
Mailing Address 1673 HIGHWAY 53	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF MO 63901-4132	Region 2	Facility Number	20386
SWITZER RESIDENTIAL CARE			
3260 MYSTIC LANE	<b>Telephone</b> (573) 785-9399	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-3067	Level of Care RCF*	Bed Capacity	20
Mailing Address 3260 MYSTIC LANE	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF MO 63901-3067	Region 2	Facility Number	20739
TOTELIN BEET	Region 2	Tuestily Tuniber	2013)
WESTWOOD HILLS HEALTH & REHABILITATION CENTER			
3100 WARRIOR LANE	<b>Telephone</b> (573) 785-0851	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-8686	Level of Care SNF	<b>Bed Capacity</b>	132
Mailing Address 3100 WARRIOR LANE	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number	08512
WHISDEDING OAKS DOE II 110			
WHISPERING OAKS RCF II, LLC 203 NORTH B ST	<b>Telephone</b> (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
110 00/01 0110	region -		10/51

Thursday, April 4, 2024 Page 13 of 142

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## **CALDWELL**

	· ·			
GOLDEN AGE NURSING HOME				
12498 SE HWY 116		<b>Telephone</b> (660) 645-2243	Alzheimer's Unit	No
BRAYMER	MO 64624-9107	Level of Care SNF	Bed Capacity	83
Mailing Address 12498 SE HWY 11		County CALDWELL	DMH Licensed	No
BRAYMER	MO 64624-9107	Region 4 Medicare/Medicaid	Facility Number	02957
BIATTALK	110 04024 7107	Region 4 Medical e/Medicalu	Pacinty Number	02931
HILL CREST MANOR				
801 SOUTH COLBY		<b>Telephone</b> (816) 583-2119	Alzheimer's Unit	No
HAMILTON	MO 64644-8287	Level of Care RCF	<b>Bed Capacity</b>	24
Mailing Address 801 SOUTH COLB	Υ	County CALDWELL	DMH Licensed	No
HAMILTON	MO 64644-8287	Region 4	Facility Number	03315
HILL CREST MANOR				
801 SOUTH COLBY		Tolophone (916) 592 2110	Alzheimer's Unit	No
	MO (4(44 9297	<b>Telephone</b> (816) 583-2119		No
HAMILTON	MO 64644-8287	Level of Care SNF	Bed Capacity	90 N
Mailing Address 801 SOUTH COLB		County CALDWELL	DMH Licensed	No
HAMILTON	MO 64644-8287	Region 4 Medicare/Medicaid	Facility Number	03315
	C	ALLAWAY		
ASHBURY HEIGHTS OF FULTON	N			
704 WEST CHESTNUT	•	<b>Telephone</b> (573) 642-2015	Alzheimer's Unit	No
FULTON	MO 65251-1254	Level of Care RCF	Bed Capacity	12
Mailing Address 704 WEST CHEST			DMH Licensed	No
· ·	MO 65251-1254	•		
FULTON	WO 03231-1234	Region 6	Facility Number	23923
BRIDGEWAY RESIDENTIAL CAI	RE FACILITY			
828 JEFFERSON ST		<b>Telephone</b> (573) 642-7770	Alzheimer's Unit	No
FULTON	MO 65251-1877	Level of Care RCF*	Bed Capacity	94
Mailing Address 828 JEFFERSON S	T	County CALLAWAY	DMH Licensed	Yes
FULTON	MO 65251-1877	Region 6	Facility Number	13522
BRISTOL MANOR OF FULTON				
750 SIGN PAINTER ROAD		<b>Telephone</b> (573) 642-7557	Alzheimer's Unit	No
FULTON	MO 65251-2514	Level of Care RCF	Bed Capacity	12
Mailing Address 750 SIGN PAINTE		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2514	Region 6	Facility Number	18575
CHURCHILL TERRACE - ASSIST	ED LIVING BY AMERICARE			
120 HOSPITAL DR		<b>Telephone</b> (573) 642-5222	Alzheimer's Unit	No
FULTON	MO 65251-2511	Level of Care ALF**	Bed Capacity	57
Mailing Address 120 HOSPITAL DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2511	Region 6	Facility Number	20783
FULTON MANOR CARE CENTER	R			
520 MANOR DR		<b>Telephone</b> (573) 642-6834	Alzheimer's Unit	No
FULTON	MO 65251-2429	Level of Care SNF	Bed Capacity	52
Mailing Address 520 MANOR DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number	02725
		•	-	

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Thursday, April 4, 2024 Page 14 of 142

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FULTON NURSING & REHAB			
1510 BLUFF ST		<b>Telephone</b> (573) 642-0202	Alzheimer's Unit Yes
FULTON	MO 65251-2345	Level of Care SNF	Bed Capacity 100
Mailing Address 1510 BLUFF ST		County CALLAWAY	<b>DMH Licensed</b> No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number 03492
KINGDOM CARE SENIOR LIVING	LLC		
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON	MO 65251-1922	Level of Care SNF	<b>Bed Capacity</b> 36
Mailing Address 811 CENTER ST		County CALLAWAY	<b>DMH Licensed</b> No
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number 18735
KINGDOM CARE SENIOR LIVING	LLC		
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON	MO 65251-1922	Level of Care ALF	Bed Capacity 41
Mailing Address 811 CENTER ST		County CALLAWAY	<b>DMH Licensed</b> No
FULTON	MO 65251-1922	Region 6	Facility Number 18735
RIVERVIEW NURSING CENTER			
10303 STATE RD C		<b>Telephone</b> (573) 676-3136	Alzheimer's Unit No
MOKANE	MO 65059-1211	Level of Care SNF	Bed Capacity 60
Mailing Address 10303 STATE RD C		County CALLAWAY	<b>DMH Licensed</b> No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number 06730
SUMMIT VILLA LIFECARE			
229 KAREN DR		<b>Telephone</b> (573) 896-8567	Alzheimer's Unit Yes
HOLTS SUMMIT	MO 65043-2522	Level of Care ALF**	<b>Bed Capacity</b> 50
Mailing Address 229 KAREN DR		County CALLAWAY	DMH Licensed No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number 21318
TIMBERS, THE			
239 KAREN DRIVE		<b>Telephone</b> (573) 415-0390	Alzheimer's Unit No
HOLTS SUMMIT	MO 65043-2522	Level of Care ALF**	Bed Capacity 50
Mailing Address 239 KAREN DRIVE		County CALLAWAY	DMH Licensed No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number 30384
VALLEY PARK NORTH		m	
2631 FAIRWAY DR		<b>Telephone</b> (573) 592-4995	Alzheimer's Unit No
FULTON	MO 65251-3936	Level of Care RCF	Bed Capacity 19
Mailing Address 2631 FAIRWAY DR		County CALLAWAY	DMH Licensed No
FULTON	MO 65251-3936	Region 6	Facility Number 29982
VALLEY PARK RETIREMENT CEN	NTER	m.l. 1 (270) 00 4 0000	
355 KAREN DR	NO (5040 0510	<b>Telephone</b> (573) 896-0208	Alzheimer's Unit No
HOLTS SUMMIT	MO 65043-2519	Level of Care RCF	Bed Capacity 22
Mailing Address 355 KAREN DR	10 55040 0515	County CALLAWAY	DMH Licensed No
HOLTS SUMMIT	MO 65043-2519	Region 6	Facility Number 27986

Thursday, April 4, 2024 Page 15 of 142

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#### **CAMDEN**

CA.	MIDEN		
ARROWHEAD SENIOR LIVING COMMUNITY			
6100 ARROWHEAD DRIVE	<b>Telephone</b> (573) 302-7111	Alzheimer's Unit	Yes
OSAGE BEACH MO 65065-2754	Level of Care ALF**	Bed Capacity	90
Mailing Address 6100 ARROWHEAD DRIVE	County CAMDEN	DMH Licensed	No
OSAGE BEACH MO 65065-2754	Region 6	Facility Number	31536
obilida aanta a	Region 0	Tacinty Tumber	31330
ARROWHEAD SENIOR LIVING COMMUNITY			
6100 ARROWHEAD DRIVE	<b>Telephone</b> (573) 302-7111	Alzheimer's Unit	No
OSAGE BEACH MO 65065-2754	Level of Care SNF	Bed Capacity	80
Mailing Address 6100 ARROWHEAD DRIVE	County CAMDEN	DMH Licensed	No
OSAGE BEACH MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number	31536
BRISTOL MANOR OF CAMDENTON			
75 FOURTH ST	<b>Telephone</b> (573) 346-6800	Alzheimer's Unit	No
CAMDENTON MO 65020-6891	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 75 FOURTH ST	County CAMDEN	DMH Licensed	No
CAMDENTON MO 65020-6891	Region 6	Facility Number	17914
CAMDENTON WINDSOR ESTATES			
2042 N BUSINESS ROUTE 5	<b>Telephone</b> (573) 346-5654	Alzheimer's Unit	No
CAMDENTON MO 65020-2611	Level of Care SNF	Bed Capacity	82
Mailing Address 2042 N BUSINESS ROUTE 5	County CAMDEN	DMH Licensed	No
CAMDENTON MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number	08688
LAKE PARKE SENIOR LIVING			
145 4TH ST	<b>Telephone</b> (573) 745-0874	Alzheimer's Unit	No
CAMDENTON MO 65020-7138	Level of Care RCF	Bed Capacity	48
Mailing Address 145 4TH ST	County CAMDEN	DMH Licensed	No
CAMDENTON MO 65020-7138	Region 6	Facility Number	30084
OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER			
844 PASSOVER RD	<b>Telephone</b> (573) 348-2225	Alzheimer's Unit	No
OSAGE BEACH MO 65065-2834	Level of Care SNF	<b>Bed Capacity</b>	94
Mailing Address 844 PASSOVER RD	County CAMDEN	DMH Licensed	Yes
OSAGE BEACH MO 65065-2834	Region 6 Medicare/Medicaid	Facility Number	06116
OZARK REHABILITATION & HEALTH CARE CENTER			
1083 OZARK CARE DR	<b>Telephone</b> (573) 348-1711	Alzheimer's Unit	No
OSAGE BEACH MO 65065-3016	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 270	County CAMDEN	DMH Licensed	No
OSAGE BEACH MO 65065-0270	Region 6 Medicare/Medicaid	Facility Number	06217
CAPE G	IRARDEAU		
AUBURN CREEK - ASSISTED LIVING BY AMERICARE			
2910 BEAVER CREEK DR	<b>Telephone</b> (573) 651-0199	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63701-1732	Level of Care ALF	<b>Bed Capacity</b>	53

County

Region 2

**CAPE GIRARDEAU** 

**DMH Licensed** 

**Facility Number** 

No

19892

Mailing Address 2910 BEAVER CREEK DR

MO 63701-1732

CAPE GIRARDEAU

Thursday, April 4, 2024 Page 16 of 142

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BARNABAS ACRES			
210 FRANKS LN		<b>Telephone</b> (573) 803-8887	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-8439	Level of Care ALF	<b>Bed Capacity</b> 56
Mailing Address 210 FRANKS LN		County CAPE GIRARDEAU	<b>DMH Licensed</b> Yes
CAPE GIRARDEAU	MO 63701-8439	Region 2	Facility Number 05130
CAPETOWN ASSISTED LIVING			
2857 CAPE LACROIX RD		<b>Telephone</b> (573) 334-4855	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8588	Level of Care ALF**	Bed Capacity 48
Mailing Address 2857 CAPE LACROIX		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8588	Region 2	Facility Number 23989
CAI E GIRARDEAU	WO 03701-0300	Region 2	Facility Number 23989
CHATEAU GIRARDEAU			
3120 INDEPENDENCE ST		<b>Telephone</b> (573) 335-1281	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-5043	Level of Care SNF	<b>Bed Capacity</b> 75
Mailing Address 3120 INDEPENDENC	E ST	County CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63703-5043	Region 2 Medicare/Medicaid	Facility Number 01386
CHATEAU GIRARDEAU			
3120 INDEPENDENCE ST		<b>Telephone</b> (573) 335-1281	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-5043	Level of Care ALF**	
Mailing Address 3120 INDEPENDENC			Bed Capacity 55  DMH Licensed No
CAPE GIRARDEAU	MO 63703-5043	County CAPE GIRARDEAU  Region 2	
CAI E GIKARDEAU	WO 03703-3043	Region 2	Facility Number 01386
FOUNTAINBLEAU LODGE			
2001 NORTH KINGSHIGHWAY		<b>Telephone</b> (573) 335-1999	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-2193	Level of Care ALF	<b>Bed Capacity</b> 56
Mailing Address 2001 NORTH KINGSI	HIGHWAY	County CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63701-2193	Region 2	Facility Number 12751
FOUNTAINBLEAU LODGE			
2001 NORTH KINGSHIGHWAY		<b>Telephone</b> (573) 335-1999	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-2193	Level of Care SNF	Bed Capacity 33
Mailing Address 2001 NORTH KINGSI		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-2193	Region 2 Medicare/Medicaid	Facility Number 12751
		112011011 0/112011011	
FREDERICK STREET MANOR			
429 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4834	Level of Care RCF*	<b>Bed Capacity</b> 32
Mailing Address 429 NORTH FREDER		County CAPE GIRARDEAU	<b>DMH Licensed</b> Yes
CAPE GIRARDEAU	MO 63701-4834	Region 2	Facility Number 02662
HEARTLAND CARE AND REHABIL	ITATION CENTER		
2525 BOUTIN DR		<b>Telephone</b> (573) 334-5225	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8551	Level of Care SNF	Bed Capacity 102
Mailing Address 2525 BOUTIN DR		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number 01023
		0	

Thursday, April 4, 2024 Page 17 of 142

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JACKSON MANOR				
710 BROADRIDGE DR		<b>Telephone</b> (573) 243-3101	Alzheimer's Unit	No
JACKSON	MO 63755-3042	Level of Care SNF	Bed Capacity	90
Mailing Address 710 BROADRIDGE D	PR	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-3042	Region 2 Medicare/Medicaid	Facility Number	03438
	A DDT AV			
LIFE CARE CENTER OF CAPE GIR	ARDEAU	m 1 1 (550) 225 2206		
365 SOUTH BROADVIEW ST	1.0	<b>Telephone</b> (573) 335-2086	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-5725	Level of Care SNF	Bed Capacity	120
Mailing Address 365 SOUTH BROADV		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-5725	Region 2 Medicare/Medicaid	Facility Number	01032
LUTHERAN HOME ASSISTED LIVI	NG			
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-6335	Level of Care ALF**	Bed Capacity	115
Mailing Address 2825 BLOOMFIELD B		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2	Facility Number	13536
CALL GIRARDEAG	1410 03703 0333	Acgion 2	Taciney Number	13330
LUTHERAN HOME, THE				
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63703-6335	Level of Care SNF	<b>Bed Capacity</b>	274
Mailing Address 2825 BLOOMFIELD I	RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number	13536
MARKE CREST MANOR				
MAPLE CREST MANOR		Talanhana (572) 224 2662	Alahaiman'a Unit	No
430 NORTH FREDERICK STREET	MO (2701 4925	<b>Telephone</b> (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4835	Level of Care RCF*	Bed Capacity DMH Licensed	48 Yes
Mailing Address 430 NORTH FREDER		County CAPE GIRARDEAU		
CAPE GIRARDEAU	MO 63701-4835	Region 2	Facility Number	03628
MONTICELLO HOUSE				
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit	Yes
JACKSON	MO 63755-2588	Level of Care SNF	<b>Bed Capacity</b>	105
Mailing Address PO BOX 740		County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-0740	Region 2 Medicare/Medicaid	Facility Number	14454
MONTICELLO HOUSE				
1115 K LAND DR		Tolophone (573) 2/3 8080	Alzheimer's Unit	No
JACKSON	MO 63755-2588	Telephone (573) 243-8989 Level of Care RCF*	Bed Capacity	32
	WO 03/33-2388			
Mailing Address PO BOX 740	MO 63755-0740	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	WIO 03/33-0/40	Region 2	Facility Number	14454
NEWBRIDGE RETIREMENT COMM	MUNITY			
1205 S. MOUNT AUBURN RD		<b>Telephone</b> (573) 803-1863	Alzheimer's Unit	YES
CAPE GIRARDEAU	MO 63703-6581	Level of Care ALF**	Bed Capacity	94
Mailing Address 1205 S. MOUNT AUB	BURN RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6581	Region 2	Facility Number	33246

Thursday, April 4, 2024 Page 18 of 142

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RATLIFF CARE CENTER 717 NORTH SPRIGG CAPE GIRARDEAU Mailing Address 717 NORTH SPRIGG CAPE GIRARDEAU  VILLAS OF JACKSON LLC THE 670 BROADRIDGE DRIVE JACKSON	MO 63701-4815 MO 63701-4815 MO 63755-3044	Telephone (573) 335-5810 Level of Care SNF County CAPE GIRARDEAU Region 2 Medicare/Medicaid  Telephone (573) 986-8210 Level of Care ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 46 No 17420 Yes 84
Mailing Address 670 BROADRIDGE D	PRIVE	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-3044	Region 2	Facility Number	30623
	CARR	OLL		
BRISTOL MANOR OF CARROLLTO	ON			
1016 EAST 10TH ST	MO (4/22 0240	<b>Telephone</b> (660) 542-2349	Alzheimer's Unit	No
CARROLLTON Mailing Address 1016 EAST 10TH ST	MO 64633-9348	Level of Care RCF County CARROLL	Bed Capacity DMH Licensed	12 No
CARROLLTON	MO 64633-9348	Region 4	Facility Number	18316
CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON  LIFE CARE CENTER OF CARROLL 300 LIFE CARE LN CARROLLTON Mailing Address 300 LIFE CARE LN CARROLLTON	MO 64633-2265  MO 64633-2265  TON  MO 64633-1861  MO 64633-1861	Telephone (660) 542-1599 Level of Care SNF County CARROLL Region 4 Medicare/Medicaid  Telephone (660) 542-0155 Level of Care SNF County CARROLL Region 4 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 63 No 22027 Yes 120 No 11500
	CART	TER		
RIVERWAYS MANOR 403 WATERCRESS RD VAN BUREN Mailing Address PO BOX 969 VAN BUREN	MO 63965-9100 MO 63965-0969	Telephone (573) 323-4282 Level of Care SNF County CARTER Region 2 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 06744
SKYLINE ASSISTED LIVING LLC 100 HARD ROCK RD VAN BUREN Mailing Address PO BOX 780 VAN BUREN	MO 63965-7259 MO 63965-0780	Telephone (573) 323-2108 Level of Care ALF** County CARTER Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 26 Yes 29947
	CAS	SS		
BEAUTIFUL SAVIOR HOME 1003 SOUTH CEDAR ST BELTON Mailing Address 1003 S CEDAR ST BELTON	MO 64012-3703 MO 64012-3703	Telephone (816) 331-0781 Level of Care SNF County CASS Region 3 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 126 No 00342

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Thursday, April 4, 2024 Page 19 of 142

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BEAUTIFUL SAVIOR HOME		T 1 1 (016) 221 0701	All the Late of the All the Al
1003 SOUTH CEDAR ST	MO 64012 2702	<b>Telephone</b> (816) 331-0781	Alzheimer's Unit No
BELTON  Mailing Address 1003 S CEDAR ST	MO 64012-3703	Level of Care ALF County CASS	Bed Capacity 55  DMH Licensed No
BELTON	MO 64012-3703	Region 3	Facility Number 00342
BELION	MO 04012-3703	Region 3	Facility Number 00342
BENTON HOUSE OF RAYMORE			
2100 JOHNSTON DR		<b>Telephone</b> (816) 322-2111	Alzheimer's Unit Yes
RAYMORE	MO 64083-8122	Level of Care ALF**	<b>Bed Capacity</b> 95
Mailing Address 2100 JOHNSTON DR		County CASS	DMH Licensed No
RAYMORE	MO 64083-8122	Region 3	Facility Number 29896
BRISTOL MANOR OF PLEASANT I	HILL		
2124 HIGHRIDGE		<b>Telephone</b> (816) 987-2562	Alzheimer's Unit No
PLEASANT HILL	MO 64080-1912	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 2124 HIGHRIDGE		County CASS	DMH Licensed No
PLEASANT HILL	MO 64080-1912	Region 3	Facility Number 16538
DDICTOL MANOD OF DAVMODE			
BRISTOL MANOR OF RAYMORE 604 EAST SUNRISE DR		<b>Telephone</b> (816) 322-6782	Alzheimer's Unit No
RAYMORE	MO 64083-9037	Telephone (816) 322-6782 Level of Care RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address 604 EAST SUNRISE		County CASS	DMH Licensed No
RAYMORE	MO 64083-9037	Region 3	Facility Number 19730
MITMORE	110 01003 7037	Region 5	rucinty runner 19750
CARNEGIE VILLAGE REHABILITA	ATION & HEALTH CARE CENTER, I	LLC	
105 BERNARD DRIVE		<b>Telephone</b> (816) 348-8815	Alzheimer's Unit No
BELTON	MO 64012-6181	Level of Care SNF	Bed Capacity 78
Mailing Address 105 BERNARD DRIV	/E	County CASS	<b>DMH Licensed</b> No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number 30531
CARNEGIE VILLAGE SENIOR LIV	ING COMMUNITY		
103 BERNARD DR		<b>Telephone</b> (816) 322-0844	Alzheimer's Unit No
BELTON	MO 64012-6182	Level of Care ALF**	<b>Bed Capacity</b> 85
Mailing Address 103 BERNARD DR		County CASS	<b>DMH Licensed</b> No
BELTON	MO 64012-6182	<b>Region</b> 3	Facility Number 25482
CROWN REHAB AND HEALTHCAI	RE CENTER		
3001 EAST ELM	CLITTER .	<b>Telephone</b> (816) 380-6525	Alzheimer's Unit No
HARRISONVILLE	MO 64701-1196	Level of Care SNF	Bed Capacity 118
Mailing Address 3001 EAST ELM		County CASS	DMH Licensed No
HARRISONVILLE	MO 64701-1196	Region 3 Medicare/Medicaid	Facility Number 21031
FOXWOOD SPRINGS LIVING CENT	ΓER	Tolophono (916) 221 2111	Alzheimer's Unit Yes
1500 WEST FOXWOOD DR RAYMORE	MO 64083-9347	Telephone (816) 331-3111 Level of Care SNF	Bed Capacity 108
Mailing Address 1500 WEST FOXWO		County CASS	DMH Licensed No
RAYMORE	MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number 02649
MIIWOKL	112 07003-7377	region 5 Medicare/Medicald	1 acmity (unified 02049

Thursday, April 4, 2024 Page 20 of 142

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FOXWOOD SPRINGS LIVING CENT	TER			
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	Alzheimer's Unit	No
RAYMORE	MO 64083-9347	Level of Care ALF**	Bed Capacity	62
Mailing Address 1500 WEST FOXWOO		County CASS	DMH Licensed	No
RAYMORE	MO 64083-9347	Region 3	Facility Number	02649
GOLDEN YEARS CENTER FOR REF	HAB AND HEALTHCARE			
2001 JEFFERSON PARKWAY		<b>Telephone</b> (816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Level of Care SNF	Bed Capacity	128
Mailing Address 2001 JEFFERSON PAI		County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-3714	Region 3 Medicare/Medicaid	Facility Number	12458
MEADOW VIEW HEALTH & REHA	BILITATION			
2203 EAST MECHANIC ST		<b>Telephone</b> (816) 380-2622	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-2060	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 2203 EAST MECHAN	IIC ST	County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-2060	Region 3 Medicare/Medicaid	Facility Number	00968
PLEASANT HILL HEALTH AND RE	HABILITATION CENTER			
1300 BROADWAY		<b>Telephone</b> (816) 540-2116	Alzheimer's Unit	Yes
PLEASANT HILL	MO 64080-1842	Level of Care SNF	<b>Bed Capacity</b>	90
Mailing Address 1300 BROADWAY		County CASS	DMH Licensed	No
PLEASANT HILL	MO 64080-1842	Region 3 Medicare/Medicaid	Facility Number	15101
SUNRISE NURSING & MEMORY CA	ARE			
600 EAST SUNRISE DR		<b>Telephone</b> (816) 322-1991	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9037	Level of Care SNF	Bed Capacity	152
Mailing Address 600 EAST SUNRISE I	OR	County CASS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region 3 Medicare/Medicaid	Facility Number	16170
	CED	AR		
		AII.		
COMMUNITY SPRINGS HEALTHCA	AKE FACILITY	m.l. 1	411.	37
400 EAST HOSPITAL RD	1.00	<b>Telephone</b> (417) 876-2531	Alzheimer's Unit	Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care SNF	Bed Capacity	120
Mailing Address 400 EAST HOSPITAL		County CEDAR	DMH Licensed	No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number	01740
EL DORADO SPRINGS RESIDENTIA	AL CARE			
805 NORTH JACKSON ST		<b>Telephone</b> (417) 876-4278	Alzheimer's Unit	No
EL DORADO SPRINGS	MO 64744-2912	Level of Care RCF	Bed Capacity	60
Mailing Address 805 NORTH JACKSO		County CEDAR	DMH Licensed	Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number	12621
LL DONADO SI NITOS	MO 07/77-2/12	Acgivii 1	racinty number	12021
LAKE STOCKTON HEALTHCARE F	FACILITY			
1523 3RD ROAD		<b>Telephone</b> (417) 276-5126	Alzheimer's Unit	Yes
STOCKTON	MO 65785-9608	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 945		County CEDAR	DMH Licensed	No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number	07680

Thursday, April 4, 2024 Page 21 of 142

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## **CHARITON**

	Cinic	11011		
BRISTOL MANOR OF SALISBURY	7			
102 NORTH WILLIE ST	•	<b>Telephone</b> (660) 388-5728	Alzheimer's Unit	No
SALISBURY	MO 65281-1458	Level of Care RCF	Bed Capacity	12
Mailing Address 102 NORTH WILLIE		County CHARITON	DMH Licensed	No
SALISBURY	MO 65281-1458	Region 5	Facility Number	18325
				10020
BRUNSWICK NURSING & REHAB				
721 W HARRISON ST		<b>Telephone</b> (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
CHARITON PARK HEALTH CARE	E CENTER			
902 MANOR DR		<b>Telephone</b> (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
		C	•	
PIONEER SKILLED NURSING CE	NTER			
1500 SOUTH KANSAS AVE		<b>Telephone</b> (660) 376-2001	Alzheimer's Unit	No
MARCELINE	MO 64658-1716	Level of Care SNF	Bed Capacity	96
Mailing Address 1500 S KANSAS AV	/E	County CHARITON	DMH Licensed	No
MARCELINE	MO 64658-1716	Region 5 Medicare/Medicaid	Facility Number	05900
	CHRIS	TIAN		
D. DEVGE VALUE OVER				
BAPTIST HOME, THE		T		
1625 WEST GARTON RD	150 (550) (500)	<b>Telephone</b> (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care ICF	Bed Capacity	33
Mailing Address PO BOX 1040	150 (550) 1010	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509
BAPTIST HOME, THE				
1625 WEST GARTON RD		<b>Telephone</b> (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care ALF**	Bed Capacity	30
Mailing Address PO BOX 1040		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509
BRADFORD COURT - ASSISTED I	JVING BY AMERICARE			
902 NORTH MAIN	AVII (O DI III III III III	<b>Telephone</b> (417) 725-0177	Alzheimer's Unit	No
NIXA	MO 65714-9384	Level of Care ALF**	Bed Capacity	50
Mailing Address 902 NORTH MAIN	220 00711 7001	County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9384	Region 1	Facility Number	17732
· · ·			- delity i dinoci	17732
CASTLEWOOD SENIOR LIVING T	гне			
1538 N OLD CASTLE ROAD		<b>Telephone</b> (417) 724-8188	Alzheimer's Unit	Yes
NIXA	MO 65714-9902	Level of Care ALF**	Bed Capacity	66
Mailing Address 1538 N OLD CASTI				
8		County CHRISTIAN	DMH Licensed	No
NIXA	LE ROAD MO 65714-9902	County CHRISTIAN Region 1	DMH Licensed Facility Number	No 30722

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Thursday, April 4, 2024 Page 22 of 142

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CENTURY PINES ASSISTED LIVIN	NG		
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit No
OZARK	MO 65721-9499	Level of Care ALF	<b>Bed Capacity</b> 80
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	<b>DMH Licensed</b> Yes
OZARK	MO 65721-9499	Region 1	Facility Number 01200
CENTURY PINES ASSISTED LIVIN	NG		
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit No
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity 23
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	<b>DMH Licensed</b> No
OZARK	MO 65721-9499	Region 1	Facility Number 01200
COTTAGE AT CENTURY PINES, T	THE		
707 EAST MCCRACKEN ROAD	1112	<b>Telephone</b> (417) 581-7278	Alzheimer's Unit Yes
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity 24
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-9499	·	
OZAKK	WIO 03721-9499	Region 1	Facility Number 30579
ESSEX OF OZARK, THE			
5173 NORTH 22ND		<b>Telephone</b> (417) 485-4185	Alzheimer's Unit No
OZARK	MO 65721-7637	Level of Care RCF	Bed Capacity 12
Mailing Address 5173 NORTH 22ND		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7637	Region 1	Facility Number 24318
		5	·
HOPEDALE COTTAGE ASSISTED	LIVING THE		
1314 W SCHOOL STREET		<b>Telephone</b> (417) 581-1308	Alzheimer's Unit Yes
OZARK	MO 65721-6618	Level of Care ALF**	<b>Bed Capacity</b> 14
Mailing Address 1314 W SCHOOL ST	TREET	County CHRISTIAN	<b>DMH Licensed</b> No
OZARK	MO 65721-6618	Region 1	Facility Number 30302
LIFE ENHANCEMENT VILLAGE (	DE THE OZADEC INC		
732 SOUTH GREGG ROAD	or the ozakks ive	<b>Telephone</b> (417) 725-5166	Alzheimer's Unit No
NIXA	MO 65714-7419	Level of Care RCF*	Bed Capacity 44
Mailing Address 732 SOUTH GREGG		County CHRISTIAN	DMH Licensed Yes
NIXA	MO 65714-7419	Region 1	Facility Number 14190
110111	110 037117117	Region 1	ruenty rumser
NIXA NURSING & REHAB			
1104 NORTH MAIN ST		<b>Telephone</b> (417) 725-1777	Alzheimer's Unit No
NIXA	MO 65714-9316	Level of Care SNF	<b>Bed Capacity</b> 82
Mailing Address 1104 N MAIN ST		County CHRISTIAN	DMH Licensed No
NIXA	MO 65714-9316	Region 1 Medicare/Medicaid	Facility Number 13840
NORTHPARK VILLAGE - ASSISTE	'D I IVING RV AMEDICADE		
4449 N STATE HIGHWAY NN	DIVING DI AMERICARE	<b>Telephone</b> (417) 581-3200	Alzheimer's Unit No
OZARK	MO 65721-7221	Level of Care ALF**	Bed Capacity 52
Mailing Address 4449 N STATE HIGH		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7221	Region 1	Facility Number 20003
OLA IKIK	1,10 00/21 /221	region 1	20003

Thursday, April 4, 2024 Page 23 of 142

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OAKS COTTAGE ASSISTED LIVING	C THE		
5448 N 2ND AVENUE	G, THE	<b>Telephone</b> (417) 581-0330	Alzheimer's Unit Yes
OZARK	MO 65721-6210	Level of Care ALF**	Bed Capacity 12
Mailing Address 5448 N 2ND AVENUI		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-6210	Region 1	Facility Number 31804
OLI IKK	110 03/21 0210	Region 1	racinty Number 51004
OZARK NURSING & CARE CENTER	R		
1486 NORTH RIVERSIDE RD		<b>Telephone</b> (417) 581-7126	Alzheimer's Unit No
OZARK	MO 65721-7688	Level of Care SNF	Bed Capacity 93
Mailing Address 1486 NORTH RIVERS	SIDE RD	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7688	Region 1 Medicare/Medicaid	Facility Number 06240
OZARK RIVERVIEW MANOR			
1200 WEST HALL ST		<b>Telephone</b> (417) 581-6025	Alzheimer's Unit No
OZARK	MO 65721-9103	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 157		County CHRISTIAN	<b>DMH Licensed</b> No
OZARK	MO 65721-0157	Region 1 Medicare/Medicaid	Facility Number 01426
PROMISE CARE CENTER, LLC			
1111 CARE AVE		<b>Telephone</b> (417) 494-5037	Alzheimer's Unit No
NIXA	MO 65714-9679	Level of Care RCF	<b>Bed Capacity</b> 126
Mailing Address 1111 CARE AVE		County CHRISTIAN	DMH Licensed No
NIXA	MO 65714-9679	Region 1	Facility Number 15935
RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK	MO 65721-9103 MO 65721-0157	Telephone (417) 581-2510 Level of Care RCF* County CHRISTIAN Region 1	Alzheimer's Unit No Bed Capacity 40 DMH Licensed No Facility Number 01426
SPECIAL FORCE FAMILY MINISTI	RIES		
428 SOUTH HARRISON ST		<b>Telephone</b> (417) 725-7917	Alzheimer's Unit No
NIXA	MO 65714-7809	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address PO BOX 882		County CHRISTIAN	DMH Licensed Yes
NIXA	MO 65714-0882	Region 1	Facility Number 18764
	CLA	RK	
OI A DIV CONTRIBUTE NUMBERS OF THE			
CLARK COUNTY NURSING HOME		Tolonhono (660) 707 2202	Alaboimoula II-14
1260 N JOHNSON ST	MO (2445 1100	<b>Telephone</b> (660) 727-3303	Alzheimer's Unit No
KAHOKA	MO 63445-1100	Level of Care RCF*	Bed Capacity 22
Mailing Address 1260 N JOHNSON ST		County CLARK	DMH Licensed No
КАНОКА	MO 63445-1100	Region 5	Facility Number 01480
CLARK COUNTY NURSING HOME			
1260 N JOHNSON ST		<b>Telephone</b> (660) 727-3303	Alzheimer's Unit No
KAHOKA	MO 63445-1100	Level of Care SNF	<b>Bed Capacity</b> 103
Mailing Address 1260 N JOHNSON ST		County CLARK	<b>DMH Licensed</b> No
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number 01480

Thursday, April 4, 2024 Page 24 of 142

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#### **CLAY**

	CL	AY		
ADDINGTON PLACE OF SHOAL C	PREEK			
9601 NORTH TULLIS DR	XEEX	<b>Telephone</b> (816) 407-9667	Alzheimer's Unit	Yes
KANSAS CITY	MO 64157-7890	Level of Care ALF**	Bed Capacity	88
Mailing Address 9601 NORTH TULLI		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64157-7890	Region 4	Facility Number	28129
KANSAS CII I	WIO 04137-7890	Region 4	Facility Number	28129
ASPIRE SENIOR LIVING EXCELSI	IOR SPRINGS			
1003 MEADOWLARK LN		<b>Telephone</b> (816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care SNF	Bed Capacity	108
Mailing Address 1003 MEADOWLAR	RK LN	County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number	19197
AVALON VIEW HEALTH AND WE	LLNESS			
1200 WEST COLLEGE ST		<b>Telephone</b> (816) 781-3020	Alzheimer's Unit	Yes
LIBERTY	MO 64068-1036	Level of Care SNF	Bed Capacity	140
Mailing Address 1200 WEST COLLEG		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number	01961
BBERTT		Region - Medicare/Medicard	racinty Number	01701
BENTON HOUSE OF STALEY HILL	LS			
11071 N WOODLAND AVE		<b>Telephone</b> (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1552	Level of Care ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAN	ND AVE	County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1552	Region 4	Facility Number	30774
BRISTOL MANOR OF SMITHVILL	Æ			
1502 SOUTH COMMERCIAL		<b>Telephone</b> (816) 532-4490	Alzheimer's Unit	No
SMITHVILLE	MO 64089-8474	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 1502 S COMMERCE	AL	County CLAY	DMH Licensed	No
SMITHVILLE	MO 64089-8474	Region 4	Facility Number	17515
CEDARS OF LIBERTY HEALTH C.	ARE CENTER			
200 WEST RUTH EWING RD		<b>Telephone</b> (816) 781-7600	Alzheimer's Unit	No
LIBERTY	MO 64068-9496	Level of Care RCF	Bed Capacity	206
Mailing Address 200 WEST RUTH EV	WING RD	County CLAY	DMH Licensed	Yes
LIBERTY	MO 64068-9496	Region 4	Facility Number	13854
GRAND ROYALE, THE				
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit	No
GLADSTONE	MO 64119-1831	Level of Care SNF	Bed Capacity	45
Mailing Address 2900 NE KENDALL		County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1831	Region 4 Medicare/Medicaid	Facility Number	03086
GE IDDIONE	07117 1031	Region - Medical e/Medicald	ruemity rumber	03000
GRAND ROYALE, THE		m 1 1 (016) 200 4202		210
2900 NE KENDALLWOOD PKWY	MO (4110 1921	Telephone (816) 280-4280	Alzheimer's Unit	NO 25
GLADSTONE 2000 NE KENDALLI	MO 64119-1831	Level of Care ALF**	Bed Capacity	25 N-
Mailing Address 2900 NE KENDALL		County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1831	Region 4	Facility Number	03086

Thursday, April 4, 2024 Page 25 of 142

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HERITAGE VILLAGE OF GLADST	ONE			
3000 NORTH EAST 64TH ST		<b>Telephone</b> (816) 454-5130	Alzheimer's Unit	No
GLADSTONE	MO 64119-1569	Level of Care ALF**	Bed Capacity	60
Mailing Address 3000 NE 64TH ST		County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1569	Region 4	Facility Number	12510
LIBERTY HEALTH AND WELLNE	SS			
2201 GLENN HENDREN DR		<b>Telephone</b> (816) 736-8800	Alzheimer's Unit	No
LIBERTY	MO 64068-3375	Level of Care SNF	Bed Capacity	143
Mailing Address 2201 GLENN HEND		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3375	Region 4 Medicare/Medicaid	Facility Number	16715
LINDEN WOODS VILLAGE 2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit	No
GLADSTONE	MO 64119-7400	Level of Care ALF**		40
			Bed Capacity DMH Licensed	No
Mailing Address 2901 NE 72ND STRE GLADSTONE	MO 64119-7400	County CLAY	Facility Number	
GLADSTONE	MO 64119-7400	Region 4	Facility Number	30156
LINDEN WOODS VILLAGE				
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit	No
GLADSTONE	MO 64119-7400	Level of Care SNF	Bed Capacity	40
Mailing Address 2901 NE 72ND STRE	EET	County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-7400	Region 4 Medicare/Medicaid	Facility Number	30156
		nedical of nedical of		50150
MCCRITE PLAZA AT BRIARCLIFI	F ASSISTED LIVING			
1201 NW TULLISON RD		<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	Yes
KANSAS CITY	MO 64116-2639	Level of Care ALF**	Bed Capacity	164
Mailing Address 1201 NW TULLISON	NRD	County CLAY	DMH Licensed	No
KANSAS CITY	MO 64116-2639	Region 4	Facility Number	29084
NAGONANI NY 131 14 NOVY NOVY NO				
MCCRITE PLAZA AT BRIARCLIFI 1301 TULLISON ROAD	F SKILLED FACILITY	Talanhana (914) 999 7020	Alahaiman'a Tinit	No
KANSAS CITY	MO (4116.2640	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	No
	MO 64116-2640	Level of Care SNF County CLAY	Bed Capacity DMH Licensed	56
Mailing Address 1201 NW TULLISON KANSAS CITY	MO 64116-2639	•		No
KANSAS CII I	MO 04110-2039	Region 4 Medicare	Facility Number	29084
MOCKINGBIRD MANOR RESIDEN	ITIAL CARE			
227 W FRANKLIN		<b>Telephone</b> (816) 781-8058	Alzheimer's Unit	No
LIBERTY	MO 64068-1641	Level of Care RCF*	Bed Capacity	16
Mailing Address PO BOX 121		County CLAY	DMH Licensed	Yes
LIBERTY	MO 64069-0121	Region 4	<b>Facility Number</b>	05450
NEW MARK CARE CENTER		T-l	All Lines to TT 4	37
11221 NORTH NASHUA DR	MO (4155 1150	<b>Telephone</b> (816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY  Moiling Address 11221 N. NASHUA I	MO 64155-1159	Level of Care SNF	Bed Capacity	199 No
Mailing Address 11221 N NASHUA I		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number	12688

Thursday, April 4, 2024 Page 26 of 142

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NORTERRE		
2555 NORTERRE CIRCLE	<b>Telephone</b> (816) 479-4793	Alzheimer's Unit No
LIBERTY MO 64068-3313	Level of Care SNF	Bed Capacity 60
Mailing Address 2555 NORTERRE CIRCLE	County CLAY	DMH Licensed No
LIBERTY MO 64086-3313	Region 4 Medicare/Medicaid	Facility Number 31005
LIBERT 1 MO 04000-3313	Region 4 Medicare/Medicaid	racinty Number 51005
NORTERRE		
2580 NORTERRE CIRCLE	<b>Telephone</b> (816) 479-4793	Alzheimer's Unit Yes
LIBERTY MO 64068-3412	Level of Care ALF**	Bed Capacity 60
Mailing Address 2580 NORTERRE CIRCLE	County CLAY	DMH Licensed No
LIBERTY MO 64068-3412	Region 4	Facility Number 31005
LIBERT 1 MIO 04008-3412	Region 4	Facility Number 31005
NORTHLAND REHABILITATION & HEALTH CARE CENTER		
4301 NE PARVIN ROAD	<b>Telephone</b> (816) 702-8000	Alzheimer's Unit No
KANSAS CITY MO 64117-3001	Level of Care SNF	<b>Bed Capacity</b> 118
Mailing Address 4301 NE PARVIN ROAD	County CLAY	DMH Licensed No
KANSAS CITY MO 64117-3001	Region 4 Medicare/Medicaid	Facility Number 31230
	negion in recure of recureur	2 H 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
OAK POINTE OF KEARNEY		
200 MEADOWBROOK DR	<b>Telephone</b> (816) 628-0075	Alzheimer's Unit Yes
KEARNEY MO 64060-8788	Level of Care ALF**	<b>Bed Capacity</b> 55
Mailing Address 200 MEADOWBROOK DR	County CLAY	DMH Licensed No
KEARNEY MO 64060-8788	Region 4	Facility Number 29803
OUR LADY OF MERCY COUNTRY HOME		
2160 MERCY DRIVE	<b>Telephone</b> (816) 781-5711	Alzheimer's Unit No
LIBERTY MO 64068-7955	Level of Care RCF*	<b>Bed Capacity</b> 44
Mailing Address 2115 MATURANA DRIVE	County CLAY	<b>DMH Licensed</b> No
LIBERTY MO 64068-7955	Region 4	Facility Number 06153
OVEODD CDAND AT SHOAL CREEK		
OXFORD GRAND AT SHOAL CREEK 8280 N TULLIS AVENUE	Tolophono (016) 701 0202	Alzheimer's Unit Yes
	Telephone (816) 781-8282	
	Level of Care ALF**	
Mailing Address 8280 N TULLIS AVENUE	County CLAY	
KANSAS CITY MO 64158-7683	Region 4	Facility Number 30758
PLEASANT VALLEY MANOR CARE CENTER		
6814 SOBBIE RD	<b>Telephone</b> (816) 781-5277	Alzheimer's Unit No
LIBERTY MO 64068-9555	Level of Care SNF	Bed Capacity 102
Mailing Address 6814 SOBBIE RD	County CLAY	DMH Licensed No
LIBERTY MO 64068-9555	Region 4 Medicare/Medicaid	Facility Number 06020
1.12 01000 2000	medical Continuation	00020
VALLEY MANOR AND REHABILITATION CENTER		
1410 HOSPITAL DR	<b>Telephone</b> (816) 637-1010	Alzheimer's Unit No
EXCELSIOR SPRINGS MO 64024-1168	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 1410 HOSPITAL DR	County CLAY	DMH Licensed No
EXCELSIOR SPRINGS MO 64024-1168	Region 4 Medicare/Medicaid	Facility Number 02425

Thursday, April 4, 2024 Page 27 of 142

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WELLINGTON SENIOR LIVING,TH 1051 KENT STREET	E	<b>Telephone</b> (816) 222-0379	Alzheimer's Unit YES
LIBERTY	MO 64068-2257	Level of Care ALF**	<b>Bed Capacity</b> 66
Mailing Address 1051 KENT STREET		County CLAY	<b>DMH Licensed</b> No
LIBERTY	MO 64068-2257	Region 4	Facility Number 33016
WESTBROOK CARE CENTER, INC			
401 S PLATTE CLAY WAY		<b>Telephone</b> (816) 628-2222	Alzheimer's Unit No
KEARNEY	MO 64060-7714	Level of Care RCF*	Bed Capacity 27
Mailing Address 401 S PLATTE CLAY		County CLAY	DMH Licensed No
KEARNEY	MO 64060-7714	Region 4	Facility Number 19757
	CLINT	CON	
BRISTOL MANOR OF CAMERON		T-l (916) (22 (122	Al-L-d
920 NORTH HARRIS CAMERON	MO (4420 1145	<b>Telephone</b> (816) 632-6133	Alzheimer's Unit No
	MO 64429-1145	Level of Care RCF	Bed Capacity 12  DMH Licensed No
Mailing Address 920 NORTH HARRIS CAMERON	MO 64429-1145	County CLINTON	
CAMERON	MO 04429-1143	Region 4	Facility Number 18295
CAMERON NURSING CENTER			
801 EUCLID AVE		<b>Telephone</b> (816) 632-7254	Alzheimer's Unit No
CAMERON	MO 64429-2003	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX 438	MO (4420 0420	County CLINTON	DMH Licensed No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number 00983
GOWER CONVALESCENT CENTER	R, INC		
323 SOUTH HIGHWAY 169		<b>Telephone</b> (816) 424-6483	Alzheimer's Unit No
GOWER	MO 64454-9116	Level of Care SNF	Bed Capacity 82
Mailing Address PO BOX 170	160	County CLINTON	DMH Licensed No
GOWER	MO 64454-0170	Region 4 Medicare/Medicaid	Facility Number 03107
NICK'S HEALTH CARE CENTER, L	LC		
253 EAST HIGHWAY 116		<b>Telephone</b> (816) 539-2376	Alzheimer's Unit No
PLATTSBURG	MO 64477-1561	Level of Care SNF	<b>Bed Capacity</b> 70
Mailing Address 253 EAST HWY 116		County CLINTON	<b>DMH Licensed</b> No
PLATTSBURG	MO 64477-1561	Region 4 Medicare/Medicaid	Facility Number 22058
OAKRIDGE OF PLATTSBURG			
205 EAST CLAY AVE		<b>Telephone</b> (816) 539-2128	Alzheimer's Unit No
PLATTSBURG	MO 64477-8100	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 247		County CLINTON	<b>DMH Licensed</b> No
PLATTSBURG	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994
VILLAGE WEST, THE			
318 EAST LITTLE BRICK ROAD		<b>Telephone</b> (816) 632-7611	Alzheimer's Unit No
CAMERON	MO 64429-1231	Level of Care RCF*	Bed Capacity 27
Mailing Address 318 EAST LITTLE BR		County CLINTON	<b>DMH Licensed</b> No
CAMERON	MO 64429-1231	Region 4	Facility Number 18104

Thursday, April 4, 2024 Page 28 of 142

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VILLAGE, THE				
320 EAST LITTLE BRICK RD		<b>Telephone</b> (816) 632-7611	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care RCF*	Bed Capacity	49
Mailing Address 320 EAST LITTI	LE BRICK RD	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4	Facility Number	08945
		COLE		
		COLE		
	RRACE-ALZHEIMER'S ASSISTE			
3409 NORTH 10 MILE DR		<b>Telephone</b> (573) 556-5648	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0530	Level of Care ALF**	Bed Capacity	26
Mailing Address 3409 NORTH 10		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region 6	Facility Number	27914
ASHBURY HEIGHTS OF JEFFI	ERSON CITY			
834 WEATHERED ROCK COURT		<b>Telephone</b> (573) 634-7402	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care RCF	Bed Capacity	12
Mailing Address 834 WEATHER	ED ROCK COURT	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
A VIDA DAD CE A MANAG CENTRA	and a			
AUBURN RIDGE LIVING CENT	TER	TELL (572) (24 2021	A1 1	N
1425 ASHBURY WAY	MO 65101 1007	<b>Telephone</b> (573) 634-2031	Alzheimer's Unit	No
WARDSVILLE	MO 65101-1007	Level of Care RCF	Bed Capacity	24
Mailing Address 1425 ASHBURY		County COLE	DMH Licensed	No
WARDSVILLE	MO 65101-1007	Region 6	Facility Number	31832
BRISTOL MANOR OF JEFFER	SON CITY			
510 KENSINGTON PARK		<b>Telephone</b> (573) 761-5772	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-6247	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 510 KENSINGT	ON PARK	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6247	Region 6	Facility Number	20116
HEISINGER BLUFFS HEALTH	(CARE WESTERN CAMPUS			
1306 WEST MAIN ST	OME WESTERN CAMI US	<b>Telephone</b> (573) 635-0166	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-1356	Level of Care SNF	Bed Capacity	69
Mailing Address 1306 WEST MA		County COLE	DMH Licensed	No
maning runicos 1500 WEST WA		County COLE	Divili Littlistu	110

1306 WEST MAIN ST		<b>Telephone</b> (5/3) 635-0166	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-1356	Level of Care SNF	<b>Bed Capacity</b>	69
Mailing Address 1306 WEST MAIN	UST	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-1356	Region 6 Medicare/Medicaid	<b>Facility Number</b>	07572

### HEISINGER BLUFFS REHAB AND HEALTHCARE CENTER

1002 WEST MAIN ST		Telephone	(573) 636-6288	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-6901	Level of Care	SNF	Bed Capacity	60
Mailing Address 1002 WEST MAIN ST	Γ	County CO	LE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6901	Region 6	Medicare/Medicaid	Facility Number	03479

#### HEISINGER BLUFFS SENIOR LIVING

1002 WEST MAIN ST		<b>Telephone</b> (573) 636-628	8 Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-6901	Level of Care ALF**	<b>Bed Capacity</b>	111
Mailing Address 1002 WEST MAIN S	T	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6901	Region 6	<b>Facility Number</b>	03479

Thursday, April 4, 2024 Page 29 of 142

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

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JEFFERSON CITY MANOR CARE CENTER			
1720 VIETH DR	<b>Telephone</b> (573) 635-6193	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-2522	Level of Care SNF	Bed Capacity	102
Mailing Address 1720 VIETH DR	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-2522	Region 6 Medicare/Medicaid	Facility Number	03870
JEFFERSON CITY NURSING AND REHABILITATION CEN			
1221 SOUTHGATE LN	<b>Telephone</b> (573) 635-3131	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-2465	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 104118	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65110-4118	Region 6 Medicare/Medicaid	Facility Number	01865
MAPLEWOOD, INC			
1827 CRADER DR	<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-2005	Level of Care ALF**	Bed Capacity	24
Mailing Address 1827 CRADER DR	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-2005	Region 6	Facility Number	16964
JETTERSON CITT INC 03107 2003	Region 6	racincy runner	10904
MAPLEWOOD, INC			
1827 CRADER DR	<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-2005	Level of Care ALF	<b>Bed Capacity</b>	13
Mailing Address 1827 CRADER DR	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-2005	Region 6	<b>Facility Number</b>	16964
MELODY HOUSE			
3031 SOUTH TEN MILE DR	<b>Telephone</b> (573) 893-7228	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-6816	Level of Care RCF*	<b>Bed Capacity</b>	15
Mailing Address 3031 S TEN MILE DR	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-6816	Region 6	Facility Number	14376
	OVER 1		
PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON		Alaboimon's Unit	No
1214 FREEDOM BLVD JEFFERSON CITY MO 65109-0082	Telephone (573) 634-5408 Level of Care ALF**	Alzheimer's Unit	No 49
		Bed Capacity DMH Licensed	
Mailing Address 1214 FREEDOM BLVD JEFFERSON CITY MO 65109-0082	County COLE		No
JEFFERSON CITT MO 03109-0082	Region 6	Facility Number	29697
RIVER CITY LIVING COMMUNITY			
3038 WEST TRUMAN BLVD	<b>Telephone</b> (573) 893-3404	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-0525	Level of Care SNF	<b>Bed Capacity</b>	87
Mailing Address 3038 WEST TRUMAN BLVD	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-0525	Region 6 Medicare/Medicaid	Facility Number	04826
STONEBRIDGE ADAMS STREET 1024 ADAMS ST	<b>Telephone</b> (573) 635-1320	Alzheimer's Unit	No
JEFFERSON CITY MO 65101-3408	Level of Care SNF	Bed Capacity	120
Mailing Address 1024 ADAMS ST	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65101-3408	Region 6 Medicare/Medicaid	Facility Number	01339
VELTERISON CITT 1910 05101-5400	Region o Medicale/Medicald	racincy number	01339

Thursday, April 4, 2024 Page 30 of 142

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CECATED DID CE CAT EDGE				
STONEBRIDGE OAK TREE				
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-4918	Level of Care SNF	Bed Capacity	42
Mailing Address 3108 WEST TRUMA		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-4918	Region 6 Medicare/Medicaid	Facility Number	10300
STONEBRIDGE OAK TREE				
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-4918	Level of Care ALF	Bed Capacity	80
Mailing Address 3108 WEST TRUMA		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-4918	Region 6	Facility Number	10300
	110 00107 1710	Region 0	ruemey rumber	10300
STONEBRIDGE VILLA MARIE				
1030 EDMONDS ST		<b>Telephone</b> (573) 635-3381	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-5213	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 1030 EDMONDS ST		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-5213	Region 6 Medicare/Medicaid	Facility Number	08282
WESTROOF TERRACE ASSISTA	ED I WING BY AMEDICADE			
WESTBROOK TERRACE - ASSISTI 3335 NORTH TEN MILE DR	ED LIVING BY AMERICARE	T 1 1 (572) (25 2(00	A1 1	NI-
JEFFERSON CITY	MO 65109-0528	Telephone (573) 635-2600 Level of Care ALF**	Alzheimer's Unit	No 36
Mailing Address 3335 NORTH TEN M			Bed Capacity DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	County COLE  Region 6	Facility Number	20440
JEFFERSON CITT	WO 03109-0326	Kegion 0	Facinty Number	20440
	COC	OPER OPER		
ASHLEY MANOR HEALTH & REH	ARILITATION			
1630 RADIO HILL ROAD		<b>Telephone</b> (660) 882-6584	Alzheimer's Unit	No
BOONVILLE	MO 65233-1957	Level of Care SNF	Bed Capacity	52
Mailing Address 1630 RADIO HILL R		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1957	Region 6 Medicare/Medicaid	Facility Number	00216
BOOKVILLE	112 03233 1937	Region o Medicare/Medicard	racinty ramber	
				00210
BRISTOL MANOR OF BOONVILLE				00210
BRISTOL MANOR OF BOONVILLE 1290 ASHLEY RD		<b>Telephone</b> (660) 882-3393	Alzheimer's Unit	No
	MO 65233-2108	Telephone (660) 882-3393 Level of Care RCF	Alzheimer's Unit Bed Capacity	
1290 ASHLEY RD		-		No
1290 ASHLEY RD BOONVILLE		Level of Care RCF	Bed Capacity	No 12
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE	MO 65233-2108 MO 65233-2108	Level of Care RCF County COOPER	Bed Capacity DMH Licensed	No 12 No
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE HARTMANN VILLAGE - ASSISTED	MO 65233-2108 MO 65233-2108	Level of Care RCF County COOPER Region 6	Bed Capacity DMH Licensed Facility Number	No 12 No 17310
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN	MO 65233-2108  MO 65233-2108  PLIVING BY AMERICARE	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	No 12 No 17310
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN BOONVILLE	MO 65233-2108  MO 65233-2108  DLIVING BY AMERICARE  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number	No 12 No 17310
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN	MO 65233-2108  MO 65233-2108  CLIVING BY AMERICARE  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF** County COOPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 17310 No 42 No
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN BOONVILLE Mailing Address 615 RANKIN MILL I	MO 65233-2108  MO 65233-2108  DLIVING BY AMERICARE  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 17310
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN BOONVILLE Mailing Address 615 RANKIN MILL II BOONVILLE KATY MANOR	MO 65233-2108  MO 65233-2108  CLIVING BY AMERICARE  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF** County COOPER Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 17310 No 42 No
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN BOONVILLE Mailing Address 615 RANKIN MILL I BOONVILLE KATY MANOR 205 PROSPECT	MO 65233-2108  MO 65233-2108  PLIVING BY AMERICARE  MO 65233-2873  N  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF** County COOPER Region 6  Telephone (660) 834-3111	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17310 No 42 No 26026
1290 ASHLEY RD BOONVILLE Mailing Address 1290 ASHLEY RD BOONVILLE  HARTMANN VILLAGE - ASSISTED 615 RANKIN MILL LN BOONVILLE Mailing Address 615 RANKIN MILL II BOONVILLE KATY MANOR	MO 65233-2108  MO 65233-2108  CLIVING BY AMERICARE  MO 65233-2873	Level of Care RCF County COOPER Region 6  Telephone (660) 882-9933 Level of Care ALF** County COOPER Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17310 No 42 No 26026

Region 6

Medicare/Medicaid

**Facility Number** 

14982

MO 65276-0008

PILOT GROVE

Thursday, April 4, 2024 Page 31 of 142

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I AVENIEW HEAT TH CADE & DE	HADH ITATION CENTED			
LAKEVIEW HEALTH CARE & REI 1450 ASHLEY RD	HABILITATION CENTER	<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care RCF*	Bed Capacity	17
Mailing Address 1450 ASHLEY RD	03233 2111	County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	Facility Number	01602
BOOMERE	110 03233 2111	Region 0	rumey rumber	01002
LAKEVIEW HEALTH CARE & RE	HABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care SNF	Bed Capacity	60
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	<b>Facility Number</b>	01602
LAKEVIEW HEALTH CARE & RE	HABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care ICF	Bed Capacity	19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	Facility Number	01602
RIVERDELL CARE CENTER				
1121 11TH ST		<b>Telephone</b> (660) 882-7600	Alzheimer's Unit	No
BOONVILLE	MO 65233-1419	Level of Care SNF	Bed Capacity	60
Mailing Address 1121 11TH ST	WO 03233 141)	County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1419	Region 6 Medicare/Medicaid	Facility Number	14428
2001111222		region o medical chiledralu	Tuellity Tulliber	14420
	CRAW	FORD		
	CRAW			
	CRAW. DF CUBA, MEMORY CARE ASSISTE	D LIVING BY AMERICARE, THE		v
903 HWY DD	OF CUBA, MEMORY CARE ASSISTE	D LIVING BY AMERICARE, THE Telephone (573) 885-0551	Alzheimer's Unit	Yes
903 HWY DD CUBA		D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF**	Bed Capacity	32
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD	OF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA	OF CUBA, MEMORY CARE ASSISTE	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF**	Bed Capacity	32
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD	OF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD CUBA	OF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA BARNABAS REDWOOD MANOR	OF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number	32 No 27071
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD	DF CUBA, MEMORY CARE ASSISTED  MO 65453-8089  MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	32 No 27071
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON	DF CUBA, MEMORY CARE ASSISTED  MO 65453-8089  MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 47
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON  Mailing Address 1194 LANDON RD BOURBON	MO 65453-8089  MO 65441-8218	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 47 Yes
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC	MO 65453-8089  MO 65441-8218	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR	MO 65453-8089  MO 65453-8089  MO 65441-8218  MO 65441-8218	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA	MO 65453-8089  MO 65441-8218	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA	MO 65453-8089  MO 65453-8089  MO 65441-8218  MO 65441-8218	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 47 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA  EQUILIBRIUM RANCH	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 47 Yes 08609 No 21149
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA	MO 65453-8089  MO 65453-8089  MO 65441-8218  MO 65441-8218  MO 65453-1642  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid  Telephone (573) 885-6443	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 47 Yes 08609 No 21149
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON RD BOURBON  Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DR CUBA  Mailing Address 210 ELDON DR CUBA  EQUILIBRIUM RANCH 81 PILKENTON LN CUBA	MO 65453-8089  MO 65453-8089  MO 65441-8218  MO 65441-8218  MO 65453-1642  MO 65453-1642	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 468-8150 Level of Care RCF County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid  Telephone (573) 885-6443 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 47 Yes 08609 No 21149

Thursday, April 4, 2024 Page 32 of 142

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MERAMEC NURSING CENTER			
940 MATTOX DR		<b>Telephone</b> (573) 468-7733	Alzheimer's Unit No
SULLIVAN	MO 63080-2364	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 940 MATTOX DR		County CRAWFORD	DMH Licensed No
SULLIVAN	MO 63080-2364	Region 6 Medicare/Medicaid	Facility Number 18277
CERTAIN LE CENTOR LIVING			
STEELVILLE SENIOR LIVING 311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit No
STEELVILLE	MO 65565-5089	Level of Care ALF	Bed Capacity 21
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed No
STEELVILLE	MO 65565-5089	Region 6	Facility Number 02860
STEEL VILLE	110 03303 3007	Region 0	racinty (valider 02000
STEELVILLE SENIOR LIVING			
311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit No
STEELVILLE	MO 65565-5089	Level of Care SNF	Bed Capacity 72
Mailing Address 311 NORTH SPRING	ST	County CRAWFORD	DMH Licensed No
STEELVILLE	MO 65565-5089	Region 6 Medicare/Medicaid	Facility Number 02860
			•
STUBBLEFIELD MANOR CNSL OP	ERATION LLC		
5349 HIGHWAY P		<b>Telephone</b> (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, RES	SIDENTIAL CARE BY AMERICARE		
901 HIGHWAY DD		<b>Telephone</b> (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
	DAI	DE	
GOOD SHEPHERD COMMUNITY O	CARE AND REHABILITATION		
200 WEST 12TH ST		<b>Telephone</b> (417) 232-4571	<b>Alzheimer's Unit</b> Yes
LOCKWOOD	MO 65682-8337	Level of Care SNF	Bed Capacity 69
Mailing Address 200 WEST 12TH ST		County DADE	DMH Licensed No
LOCKWOOD	MO 65682-8337	Region 1 Medicare/Medicaid	Facility Number 03051
GOOD SHEPHERD RESIDENTIAL	CARE FACILITY		
200 WEST 12TH		<b>Telephone</b> (417) 232-4571	Alzheimer's Unit No
LOCKWOOD	MO 65682-8337	Level of Care RCF*	Bed Capacity 20
Mailing Address 200 WEST 12TH		County DADE	DMH Licensed No
LOCKWOOD	MO 65682-8337	Region 1	Facility Number 03051
	DALI	LAS	
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH		<b>Telephone</b> (417) 345-5500	Alzheimer's Unit No
BUFFALO	MO 65622-9455	Level of Care RCF	Bed Capacity 12
Mailing Address 1002 SOUTH BIRCH	00022 7 100	County DALLAS	DMH Licensed No
BUFFALO	MO 65622-9455	Region 1	Facility Number 18142
	5 55 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		10142

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Thursday, April 4, 2024 Page 33 of 142

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BUFFALO PRAIRIE CENTER FOR 1 631 WEST MAIN ST	REHAB AND HEALTHCARE	<b>Telephone</b> (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 HEALTHCAR	RE CENTER		
750 W COOPER ST		<b>Telephone</b> (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		<b>Telephone</b> (417) 345-0310	Alzheimer's Unit No
BUFFALO	MO 65622-7568	Level of Care RCF	Bed Capacity 22
Mailing Address 967 N MAPLE ST		County DALLAS	DMH Licensed No
BUFFALO	MO 65622-7568	Region 1	Facility Number 25563
		region -	23303
URBANA GROUP HOME 310 WALNUT ST		<b>Telephone</b> (800) 993-5141	Alzheimer's Unit No
URBANA	MO 65767-9208	Level of Care RCF	
	MO 63767-9208	County DALLAS	Bed Capacity 20 DMH Licensed Yes
Mailing Address 310 WALNUT ST URBANA	MO 65767-9208	Region 1	Facility Number 08242
ORBINI	1410 03707 7200	Kegion 1	14cmty (4dmbc) 08242
	DAVI	FOO	
	DAVI	LSS	
DAVIESS COUNTY NURSING AND	REHABILITATION		
1337 WEST GRAND		<b>Telephone</b> (660) 663-2197	Alzheimer's Unit Yes
GALLATIN	MO 64640-8320	Level of Care SNF	<b>Bed Capacity</b> 97
Mailing Address 1337 WEST GRAND		County DAVIESS	<b>DMH Licensed</b> No
GALLATIN	MO 64640-8320	Region 4 Medicare/Medicaid	Facility Number 02032
	DEKA	ALB	
QUAIL RUN HEALTH CARE CENT	ER		
1405 WEST GRAND AVE		<b>Telephone</b> (816) 632-2151	Alzheimer's Unit No
CAMERON	MO 64429-1118	Level of Care SNF	Bed Capacity 84
Mailing Address PO BOX 525		County DEKALB	DMH Licensed No
CAMERON	MO 64429-0525	Region 4 Medicare/Medicaid	Facility Number 03829
CUNCET HOME			
SUNSET HOME 1201 SOUTH POLK		<b>Telephone</b> (816) 449-2158	Alzheimer's Unit No
MAYSVILLE	MO 64469-4028	Level of Care SNF	Bed Capacity 60
Mailing Address 1201 S POLK	WO 04409-4028	County DEKALB	DMH Licensed No
MAYSVILLE	MO 64469-4028	Region 4 Medicare/Medicaid	Facility Number 07798
	1.10 0110/ 1020	region i Medical C/Medicald	racing number 07/98
	DEN	TT	
	DEN		
SALEM CARE CENTER			
1203 NORTH JACKSON		<b>Telephone</b> (573) 729-6649	Alzheimer's Unit No
SALEM	MO 65560-1076	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1203 NORTH JACKS	ON	County DENT	DMH Licensed No
SALEM	MO 65560-1076	Region 6 Medicaid	Facility Number 02354

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Thursday, April 4, 2024 Page 34 of 142

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SALEM RESIDENTIAL CARE 1207 EAST ROOSEVELT ST SALEM	MO 65560-9676	<b>Telephone</b> (573) 729-9449 <b>Level of Care</b> RCF*	Alzheimer's Unit Bed Capacity	No 35
Mailing Address 1207 EAST ROOSEVEL SALEM	LT ST MO 65560-9676	County DENT Region 6	DMH Licensed Facility Number	No 9746
SEVILLE CARE CENTER 35625 HIGHWAY 72		<b>Telephone</b> (573) 729-6141	Alzheimer's Unit	No
SALEM Mailing Address 35625 HIGHWAY 72	MO 65560-7217	Level of Care SNF County DENT	Bed Capacity DMH Licensed	90 No
SALEM	MO 65560-0746	Region 6 Medicare/Medicaid	Facility Number 07	7110
	DOUGI	LAS		
AVA PLACE 1101 LYLE STREET AVA Mailing Address PO BOX 1269	MO 65608-1269	Telephone (417) 683-6999 Level of Care RCF* County DOUGLAS	Alzheimer's Unit Bed Capacity DMH Licensed	No 40 Yes
_	MO 65608-1269	Region 1		0718
HEART OF THE OZARKS HEALTHC 2004 CRESTVIEW ST	ARE CENTER	<b>Telephone</b> (417) 683-4129	Alzheimer's Unit	No
AVA Mailing Address PO BOX 727	MO 65608-8903	Level of Care SNF County DOUGLAS	Bed Capacity DMH Licensed	120 No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 01	1290
	DUNK	LIN		
ASPIRE SENIOR LIVING MALDEN 1209 STOKELAN	DUNK	<b>Telephone</b> (573) 276-5115	Alzheimer's Unit	Yes
1209 STOKELAN MALDEN	<b>DUNK</b> MO 63863-1335	Telephone (573) 276-5115 Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 70 No
1209 STOKELAN MALDEN <b>Mailing Address</b> 1209 STOKELAN		Telephone (573) 276-5115 Level of Care SNF	Bed Capacity DMH Licensed	70
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO	MO 63863-1335 MO 63863-1335	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number 12	70 No 2465
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL	MO 63863-1335 MO 63863-1335	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity	70 No 2465 Yes 90
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62	MO 63863-1335 MO 63863-1335 OR LIVING	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 2465 Yes
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62	MO 63863-1335  MO 63863-1335  DR LIVING  MO 63933-6383  MO 63933-6383	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF County DUNKLIN	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 2465 Yes 90 No
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL HAMPTON HOUSE RESIDENTIAL CA 201 N DECATUR STREET	MO 63863-1335  MO 63863-1335  DR LIVING  MO 63933-6383  MO 63933-6383	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF County DUNKLIN	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 02  Alzheimer's Unit	70 No 2465 Yes 90 No
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL HAMPTON HOUSE RESIDENTIAL CA 201 N DECATUR STREET MALDEN Mailing Address 201 N DECATUR STREET	MO 63863-1335  MO 63863-1335  DR LIVING  MO 63933-6383  MO 63933-6383  ARE  MO 63863-2017	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 276-6054	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 02  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 2465 Yes 90 No 2820
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL HAMPTON HOUSE RESIDENTIAL CA 201 N DECATUR STREET MALDEN Mailing Address 201 N DECATUR STREET	MO 63863-1335  MO 63863-1335  DR LIVING  MO 63933-6383  MO 63933-6383  ARE  MO 63863-2017  EET	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 276-6054 Level of Care RCF* County DUNKLIN	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 02  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 2465 Yes 90 No 2820 No 22 Yes
1209 STOKELAN MALDEN Mailing Address 1209 STOKELAN MALDEN  CAMPBELL HEALTHCARE & SENIO 17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL HAMPTON HOUSE RESIDENTIAL CA 201 N DECATUR STREET MALDEN Mailing Address 201 N DECATUR STREE MALDEN HAVEN, THE 614 SOUTH BY-PASS	MO 63863-1335  MO 63863-1335  DR LIVING  MO 63933-6383  MO 63933-6383  ARE  MO 63863-2017  EET	Telephone (573) 276-5115 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 246-2155 Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  Telephone (573) 276-6054 Level of Care RCF* County DUNKLIN Region 2	Bed Capacity DMH Licensed Facility Number 12  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 02  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 03	70 No No 2465 Yes 90 No 2820 No 22 Yes 3331

SALEM RESIDENTIAL CARE

Thursday, April 4, 2024 Page 35 of 142

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HERITAGE NURSING CENTER - S	SKILLED NURSING BY AMERICARE			
1802 SAINT FRANCIS ST		<b>Telephone</b> (573) 888-1044	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care SNF	Bed Capacity	72
Mailing Address PO BOX 827		County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0827	Region 2 Medicare/Medicaid	Facility Number	17533
NHC HEALTHCARE, KENNETT				
1120 FALCON		<b>Telephone</b> (573) 888-1150	Alzheimer's Unit	Yes
KENNETT	MO 63857-3825	Level of Care SNF	Bed Capacity	170
Mailing Address PO BOX 696		County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number (	04268
RIDGEVIEW LIVING COMMUNIT	v			
500 BARRETT DRIVE	. 1	<b>Telephone</b> (573) 276-3843	Alzheimer's Unit	No
MALDEN	MO 63863-1204	Level of Care SNF	Bed Capacity	96
Mailing Address 500 BARRETT DRΓ		County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2 Medicare/Medicaid		06656
		region - Medicare Medicard		30020
SENATH SOUTH HEALTH CARE	CENTER			
300 EAST HORNBECK ST		<b>Telephone</b> (573) 738-2627	Alzheimer's Unit	No
SENATH	MO 63876-9225	Level of Care SNF	Bed Capacity	150
Mailing Address PO BOX 940		County DUNKLIN	DMH Licensed	No
SENATH	MO 63876-0940	Region 2 Medicare/Medicaid	Facility Number	16147
SOUTHAVEN				
612 SOUTH BYPASS EAST		<b>Telephone</b> (573) 888-9213	Alzheimer's Unit	No
KENNETT	MO 63857-3240	Level of Care RCF*	Bed Capacity	36
Mailing Address 612 SOUTH BYPAS	SS EAST	County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-3240	Region 2	Facility Number	24336
ST FRANCIS PARK - ASSISTED LI	VING BY AMERICARE			
1806 SAINT FRANCIS ST		<b>Telephone</b> (573) 888-1188	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care ALF**	Bed Capacity	50
Mailing Address PO BOX 629		County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0629	Region 2	Facility Number	18903
	FRAN	KLIN		
ARBORS AT DUNSFORD COURT.	MEMORY CARE ASSISTED LIVING	BY AMERICARE		
775 DUNSFORD ROAD		<b>Telephone</b> (573) 468-2600	Alzheimer's Unit	Yes
SULLIVAN	MO 63080-1270	Level of Care ALF**	Bed Capacity	50
Mailing Address 775 DUNSFORD RI		County FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1270	Region 6	Facility Number	16094
ARBORS AT VICTORIAN PLACE	OF WASHINGTON, MEMORY CARE	ASSISTED LIVING BY AMERICARE,	ТНЕ	
2701 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-9500	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-6711	Level of Care ALF**	Bed Capacity	32
Mailing Address 2701 RABBIT TRAI	L DR	County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6711	Region 6	Facility Number	28065

Thursday, April 4, 2024 Page 36 of 142

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ARIZONA CARE CENTER					
101 ARIZONA ST	T	Telephone	(573) 237-4830	Alzheimer's Unit	No
NEW HAVEN MO 630	068-1210 L	Level of Care	ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST	C	County FRA	NKLIN	DMH Licensed	Yes
NEW HAVEN MO 630	068-1210 R	Region 6		Facility Number	19080
ASPEN VALLEY	The state of the s		(606) 246 0624		37
1888 EAST 9TH STREET		•	(696) 346-9634	Alzheimer's Unit	Yes
WASHINGTON MO 630			ALF**	Bed Capacity	14 N-
Mailing Address 1888 EAST 9TH STREET		•	NKLIN	DMH Licensed	No
WASHINGTON MO 630	J90-3549 R	Region 6		Facility Number	32779
BRISTOL MANOR OF PACIFIC					
2049 ROSE LN	T	Telephone	(636) 257-8020	Alzheimer's Unit	No
PACIFIC MO 630	069-1165 <b>L</b>	Level of Care	RCF	Bed Capacity	12
Mailing Address 2049 ROSE LN	C	County FRA	NKLIN	DMH Licensed	No
PACIFIC MO 630		Region 6		Facility Number	20237
		e e e e e e e e e e e e e e e e e e e			
BRISTOL MANOR OF WASHINGTON					
100 WEST 12TH ST		Telephone	(636) 390-0050	Alzheimer's Unit	No
WASHINGTON MO 630		Level of Care	RCF	Bed Capacity	12
Mailing Address 100 WEST 12TH ST		•	NKLIN	DMH Licensed	No
WASHINGTON MO 630	090-4445 R	Region 6		Facility Number	20138
CORNERSTONE LIVING CENTER					
533 E CANNAN RD	Т	Telephone	(573) 764-5141	Alzheimer's Unit	NO
GERALD MO 630		-	ALF**	Bed Capacity	60
Mailing Address 533 E CANNAN RD	C	County FRA	NKLIN	DMH Licensed	No
GERALD MO 630	037-2515 R	Region 6		Facility Number	13926
CRAB APPLE VILLAGE SENIOR ESTATES			(50.5) 500 51.51		
214 HARTMAN PL, SUITE 100		Telephone	(636) 629-6161	Alzheimer's Unit	Yes
SAINT CLAIR MO 630		Level of Care	ALF**	Bed Capacity	65
Mailing Address 214 HARTMAN PL, SUITE 100		•	NKLIN	DMH Licensed	No
SAINT CLAIR MO 630	077-2458 R	Region 6		Facility Number	24395
GRANDVIEW HEALTHCARE CENTER					
201 GRAND AVE	Т	Telephone	(636) 239-9190	Alzheimer's Unit	No
WASHINGTON MO 630	090-1209 L	evel of Care	SNF	Bed Capacity	102
Mailing Address 201 GRAND AVE	C	County FRA	NKLIN	DMH Licensed	No
WASHINGTON MO 630	090-1209 R	Region 6 M	ledicare/Medicaid	Facility Number	15045
HOMESTEAD AT HICKORY VIEW RETIREM	MENT COMMINITY THE				
1481 MARBACH DRIVE		Telephone	(636) 239-1941	Alzheimer's Unit	No
		-	ALF	Bed Capacity	36
Mailing Address 1481 MARBACH DRIVE			NKLIN	DMH Licensed	No
Maning Audiess 1401 MANDACH DRIVE		Jounny FKA	TITELL	Diviti Licenseu	110

Region 6

**Facility Number** 

32345

MO 63090-4636

WASHINGTON

Thursday, April 4, 2024 Page 37 of 142

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LIFE CARE CENTER OF SULLIVAN	<b>V</b>		
875 DUNSFORD DR		<b>Telephone</b> (573) 468-3128	Alzheimer's Unit No
SULLIVAN	MO 63080-1238	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number 07744
SC3211111	1200	Region o Medicard/Medicard	2 to 1 to
NEW HAVEN CARE CENTER			
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit No
NEW HAVEN	MO 63068-1300	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number 05738
NEW HAVEN CARE CENTER			
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit No
NEW HAVEN	MO 63068-1300	Level of Care ALF	Bed Capacity 16
Mailing Address 9503 HWY 100	WO 03008-1300	County FRANKLIN	DMH Licensed No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number 05738
NEW HAVEN	MO 03006-1300	Region 0	racinty Number 03/38
OAK POINTE OF WASHINGTON			
1650 HIGH STREET		<b>Telephone</b> (636) 390-3290	Alzheimer's Unit Yes
WASHINGTON	MO 63090-4354	Level of Care ALF**	Bed Capacity 65
Mailing Address 1650 HIGH STREET		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-4354	Region 6	Facility Number 32114
PACIFIC CARE CENTER			
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit No
PACIFIC	MO 63069-1328	Level of Care ALF**	Bed Capacity 16
Mailing Address 105 S SIXTH ST	140 0300) 1320	County FRANKLIN	DMH Licensed No
PACIFIC	MO 63069-1328	Region 6	Facility Number 12638
TACIFIC	WIO 03009-1326	Kegion 0	racinty Number 12038
PACIFIC CARE CENTER			
105 SOUTH SIXTH ST		<b>Telephone</b> (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	<b>DMH Licensed</b> No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number 12638
RIDGEWAY RESIDENTIAL CARE			
431 RUSSELL		<b>Telephone</b> (573) 468-4318	Alzheimer's Unit No
SULLIVAN	MO 63080-2228	Level of Care ALF	Bed Capacity 20
Mailing Address PO BOX 267		County FRANKLIN	DMH Licensed Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number 06668
	a		
SOUTH POINTE - ASSISTED LIVING	G BY AMERICARE	m • •	
5125 OLD HWY 100	1.0 (0.00 0.00	<b>Telephone</b> (636) 239-0670	Alzheimer's Unit Yes
WASHINGTON	MO 63090-3855	Level of Care ALF**	Bed Capacity 72
Mailing Address 5125 OLD HWY 100	1.0 (0.00 0.00	County FRANKLIN	DMH Licensed No

Region 6

**Facility Number** 

13735

MO 63090-3855

WASHINGTON

Thursday, April 4, 2024 Page 38 of 142

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ST CLAIR NURSING CENTER			
1035 PLAZA COURT NORTH	<b>Telephone</b> (636) 629-2100	Alzheimer's Unit	No
SAINT CLAIR MO 63077-1129	Level of Care SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NORTH	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1129	Region 6 Medicare/Medicaid	Facility Number	13744
5 62	region 5 Neuten Girectical	Tuesticy Tuestice	13711
SUNSET HEALTH CARE CENTER			
400 WEST PARK AVE	<b>Telephone</b> (636) 583-2252	Alzheimer's Unit	No
UNION MO 63084-1140	Level of Care SNF	Bed Capacity	120
Mailing Address 400 WEST PARK AVE	County FRANKLIN	DMH Licensed	No
UNION MO 63084-1140	Region 6 Medicare/Medicaid	<b>Facility Number</b>	07831
UNION CARE CENTER 1080 MARIE LANE	<b>Telephone</b> (636) 206-8585	Alzheimer's Unit	No
UNION MO 63084-1056	Telephone (636) 206-8585 Level of Care SNF	Bed Capacity	60
Mailing Address 1080 MARIE LANE		DMH Licensed	No
UNION MO 63084-1056	County FRANKLIN  Region 6 Medicare/Medicaid	Facility Number	
ONION MO 03084-1030	Region 6 Medicare/Medicaid	Facility Number	31476
VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERI	ICARE		
160 CHARLES DR	<b>Telephone</b> (636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR MO 63077-1936	Level of Care ALF**	Bed Capacity	48
Mailing Address 160 CHARLES DR	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1936	Region 6	Facility Number	26005
VICTORIAN PLACE OF SULLIVAN, ASSISTED LIVING BY AME			
1250 EAST SPRINGFIELD RD	<b>Telephone</b> (573) 468-5217	Alzheimer's Unit	No
SULLIVAN MO 63080-1358	Level of Care ALF**	Bed Capacity	48
Mailing Address 1250 EAST SPRINGFIELD RD	County FRANKLIN	DMH Licensed	No
SULLIVAN MO 63080-1358	Region 6	Facility Number	26324
VICTORIAN PLACE OF UNION, ASSISTED LIVING BY AMERICA	ARE		
1320 W MAIN	<b>Telephone</b> (636) 584-0085	Alzheimer's Unit	No
UNION MO 63084-1084	Level of Care ALF**	Bed Capacity	48
Mailing Address 1320 W MAIN	County FRANKLIN	DMH Licensed	No
UNION MO 63084-1084	Region 6	Facility Number	24408
		•	
VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY	AMERICARE		
2800 RABBIT TRAIL DR	<b>Telephone</b> (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
WILLOW BROOKE - ASSISTED LIVING BY AMERICARE			
#1 NORTH POTOMAC CT	<b>Telephone</b> (636) 583-2799	Alzheimer's Unit	No
UNION MO 63084-1113	Level of Care ALF**	Bed Capacity	50
Mailing Address 1 NORTH POTOMAC CT	County FRANKLIN	DMH Licensed	No
UNION MO 63084-1113	Region 6	Facility Number	13596

Thursday, April 4, 2024 Page 39 of 142

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

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# **GASCONADE**

1910 NURSING HOMERD	GASCONADE MANOR NURSING	<b>G НОМЕ</b>				
Mailing Address PO BOX 320	1910 NURSING HOME RD		<b>Telephone</b> (573) 437-4101	Alzheimer's Unit		
OWENSVILLE	OWENSVILLE	MO 65066-2844	Level of Care SNF	Bed Capacity	79	
Page	•		· ·			
1930 NURSING HOME RD	OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number	02804	
OWENNSYILLE         MO 65066-2844         Level of Care Order         ALF         Bed Capacity         19           Mailing Address PO BOX \$20         County         GASCONADE         DMH Licensed         No           OWENSYILLE         MO 65066-0520         Region 6         SCONADE         DMH Licensed         No           STONEBRIDGE HERMANN         Total phone         1573 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           STONEBRIDGE HERMANN         MO 65041-1601         Level of Care SNF         Bed Capacity         118           Malling Address PO BOX 468         Total Care SNF         Bed Capacity         118           Malling Address PO BOX 468         County GASCONADE         Alzheimer's Unit         No           HERMANN         MO 65041-1601         Level of Care SNF         Bed Capacity         118           Malling Address PO BOX 468         Region 6         Medicare/Medicaid         Facility Number         02690           STONEBRIDGE WENSYILLE         MO 6506-1677         Level of Care SNF         Bed Capacity         118 <td c<="" td=""><td>GASCONADE TERRACE RETIR</td><td>EMENT CENTER</td><td></td><td></td><td></td></td>	<td>GASCONADE TERRACE RETIR</td> <td>EMENT CENTER</td> <td></td> <td></td> <td></td>	GASCONADE TERRACE RETIR	EMENT CENTER			
Mailing Address PO BOX 520	1930 NURSING HOME RD		<b>Telephone</b> (573) 437-4833	Alzheimer's Unit	No	
STONEBRIDGE HERMANN	OWENSVILLE	MO 65066-2844	Level of Care ALF	Bed Capacity	19	
STONEBRIDGE HERMANN	Mailing Address PO BOX 520		County GASCONADE	DMH Licensed	No	
Robert   February   Stock	OWENSVILLE	MO 65066-0520	Region 6	Facility Number	14143	
HERMANN	STONEBRIDGE HERMANN					
Mailing Address PO BOX 468   County   GASCONADE   DMH Licensed   No	1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit	No	
HERMANN	HERMANN	MO 65041-1601	Level of Care ALF	Bed Capacity	18	
STONEBRIDGE HERMANN	Mailing Address PO BOX 468		County GASCONADE		No	
1800 WEIN ST	HERMANN	MO 65041-0468	Region 6	Facility Number	02690	
HERMANN	STONEBRIDGE HERMANN					
Mailing Address PO BOX 468         County         GASCONADE         DMH Licensed         No           HERMANN         MO 65041-0468         Region 6 Medicare/Medicaid         Facility Number         02690           STONEBRIDGE OWENSVILLE           U1016 W HIGHWAY 28	1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit	No	
Region   6   Medicare/Medicaid   Facility Number   02690	HERMANN	MO 65041-1601			118	
STONEBRIDGE OWENSVILLE	•				No	
Telephone   (573) 437-6877	HERMANN	MO 65041-0468	Region 6 Medicare/Medicaid	Facility Number	02690	
No   County   County   GASCONADE   DMH Licensed   No   No   County   GASCONADE   DMH Licensed   No   County	STONEBRIDGE OWENSVILLE					
Mailing Address PO BOX 593         County Region         GASCONADE deficition         DMH Licensed possible         No           OWENSVILLE         MO 65066-0593         Region 6         Medicare/Medicaid         Facility Number         19051           VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE         Telephone (573) 486-5060         Alzheimer's Unit         No           HERMANN         MO 65041-1600         Level of Care RCF         Bed Capacity         48           Mailing Address 2120 VILLAGE LANE         County GASCONADE         DMH Licensed         No           HERMANN         MO 65041-1600         Region 6         Facility Number         24982           VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE         Telephone (573) 437-5396         Alzheimer's Unit         No           OWENSVILLE         MO 65066-1075         Level of Care RCF         Bed Capacity         48           Mailing Address 301 NORTH 7TH ST         County GASCONADE         DMH Licensed         No           OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           PINE VIEW MANOR, INC         307 NORTH PINEVIEW ST         Telephone (660) 783-2118         Alzheimer's Unit         No           57ANBERRY         MO	1016 W HIGHWAY 28		<b>Telephone</b> (573) 437-6877	Alzheimer's Unit	Yes	
OWENSVILLE         MO 65066-0593         Region 6 Medicare/Medicaid         Facility Number         19051           VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE           2120 VILLAGE LANE         Telephone         (573) 486-5060         Alzheimer's Unit         No           HERMANN         MO 65041-1600         Level of Care         RCF         Bed Capacity         48           Mailing Address 2120 VILLAGE LANE         County         GASCONADE         DMH Licensed         No           HERMANN         MO 65041-1600         Region 6         Facility Number         24982           VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE           301 NORTH 7TH ST         Telephone         (573) 437-5396         Alzheimer's Unit         No           OWENSVILLE         MO 65066-1075         Level of Care         RCF         Bed Capacity         48           Mailing Address 301 NORTH 7TH ST         County         GASCONADE         DMH Licensed         No           OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           DWH Licensed         No           OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           PINE	OWENSVILLE	MO 65066-1677	Level of Care SNF	Bed Capacity	131	
VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE           2120 VILLAGE LANE         Telephone         (573) 486-5060         Alzheimer's Unit         No           HERMANN         MO 65041-1600         Level of Care         RCF         Bed Capacity         48           Mailing Address 2120 VILLAGE LANE         County         GASCONADE         DMH Licensed         No           HERMANN         MO 65041-1600         Region 6         Facility Number         24982           VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE           301 NORTH 7TH ST         Telephone         (573) 437-5396         Alzheimer's Unit         No           OWENSVILLE         MO 65066-1075         Level of Care         RCF         Bed Capacity         48           Mailing Address 301 NORTH 7TH ST         County         GASCONADE         DMH Licensed         No           OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           GENTRY           PINE VIEW MANOR, INC           307 NORTH PINEVIEW ST         Telephone         (660) 783-2118         Alzheimer's Unit         No           STANBERRY         MO 64489-1509         Level of Care         ALF**         Bed Capacity         12	-		·		No	
Telephone   (573) 486-5060   Alzheimer's Unit   No	OWENSVILLE	MO 65066-0593	Region 6 Medicare/Medicaid	Facility Number	19051	
HERMANN	VICTORIAN PLACE OF HERMA	ANN, RESIDENTIAL CARE BY A	AMERICARE			
Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600 Region 6 Region 8 R	2120 VILLAGE LANE		<b>Telephone</b> (573) 486-5060	Alzheimer's Unit	No	
HERMANN   MO   65041-1600   Region   6   Facility Number   24982						
VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE           301 NORTH 7TH ST         Telephone         (573) 437-5396         Alzheimer's Unit         No           OWENSVILLE         MO 65066-1075         Level of Care         RCF         Bed Capacity         48           Mailing Address 301 NORTH 7TH ST         County         GASCONADE         DMH Licensed         No           OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           GENTRY           PINE VIEW MANOR, INC           307 NORTH PINEVIEW ST         Telephone         (660) 783-2118         Alzheimer's Unit         No           STANBERRY         MO 64489-1509         Level of Care         ALF**         Bed Capacity         12           Mailing Address 307 NORTH PINEVIEW ST         County         GENTRY         DMH Licensed         No	-		•			
301 NORTH 7TH ST	HERMANN	MO 65041-1600	Region 6	Facility Number	24982	
OWENSVILLE         MO         65066-1075         Level of Care RCF         Bed Capacity         48           Mailing Address 301 NORTH 7TH ST         County GASCONADE         DMH Licensed         No           GENTRY           PINE VIEW MANOR, INC           307 NORTH PINEVIEW ST         Telephone (660) 783-2118         Alzheimer's Unit No         No           STANBERRY         MO 64489-1509         Level of Care ALF**         Bed Capacity         12           Mailing Address 307 NORTH PINEVIEW ST         County GENTRY         DMH Licensed         No	VICTORIAN PLACE OF OWENS	SVILLE, RESIDENTIAL CARE B	Y AMERICARE			
Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075 Region 6  GENTRY  PINE VIEW MANOR, INC 307 NORTH PINEVIEW ST Telephone (660) 783-2118 Alzheimer's Unit No STANBERRY MO 64489-1509 Level of Care ALF** Bed Capacity 12 Mailing Address 307 NORTH PINEVIEW ST County GENTRY DMH Licensed No						
OWENSVILLE         MO 65066-1075         Region 6         Facility Number         24133           GENTRY           PINE VIEW MANOR, INC           307 NORTH PINEVIEW ST         Telephone (660) 783-2118         Alzheimer's Unit No         No           STANBERRY         MO 64489-1509         Level of Care ALF**         Bed Capacity         12           Mailing Address 307 NORTH PINEVIEW ST         County GENTRY         DMH Licensed         No						
FINE VIEW MANOR, INC  307 NORTH PINEVIEW ST  MO 64489-1509  Level of Care ALF**  Bed Capacity  12  Mailing Address 307 NORTH PINEVIEW ST  County GENTRY  DMH Licensed  No	· ·		· ·			
PINE VIEW MANOR, INC  307 NORTH PINEVIEW ST  Telephone (660) 783-2118 Alzheimer's Unit No STANBERRY MO 64489-1509 Level of Care ALF** Bed Capacity 12  Mailing Address 307 NORTH PINEVIEW ST  County GENTRY DMH Licensed No	OWENSVILLE	MO 65066-1075	Region 6	Facility Number	24133	
307 NORTH PINEVIEW ST Telephone (660) 783-2118 Alzheimer's Unit No STANBERRY MO 64489-1509 Level of Care ALF** Bed Capacity 12 Mailing Address 307 NORTH PINEVIEW ST County $GENTRY$ DMH Licensed No			GENTRY			
307 NORTH PINEVIEW ST Telephone (660) 783-2118 Alzheimer's Unit No STANBERRY MO 64489-1509 Level of Care ALF** Bed Capacity 12 Mailing Address 307 NORTH PINEVIEW ST County $GENTRY$ DMH Licensed No	PINE VIEW MANOR, INC					
STANBERRY MO 64489-1509 <b>Level of Care</b> ALF** <b>Bed Capacity</b> 12 <b>Mailing Address</b> 307 NORTH PINEVIEW ST <b>County GENTRY DMH Licensed</b> No			<b>Telephone</b> (660) 783-2118	Alzheimer's Unit	No	
·	STANBERRY	MO 64489-1509		Bed Capacity	12	
STANBERRY         MO 64489-1509         Region 4         Facility Number         05832	Mailing Address 307 NORTH PINE	EVIEW ST	County GENTRY	DMH Licensed	No	
	STANBERRY	MO 64489-1509	Region 4	Facility Number	05832	

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Thursday, April 4, 2024 Page 40 of 142

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PINE VIEW MANOR, INC				
307 NORTH PINEVIEW ST		<b>Telephone</b> (660) 783-2118	Alzheimer's Unit	No
STANBERRY MO	64489-1509	Level of Care SNF	Bed Capacity	70
Mailing Address 307 NORTH PINEVIEW ST	Γ	County GENTRY	DMH Licensed	No
STANBERRY MO	64489-1509	Region 4 Medicare/Medicaid	Facility Number	05832
		region integral of integral		00002
WILD-KAT ESTATES, LLC				
300 WEST FAIRVIEW STREET		<b>Telephone</b> (660) 728-2301	Alzheimer's Unit	No
KING CITY MO	64463-9606	Level of Care ALF**	Bed Capacity	24
Mailing Address 300 WEST FAIRVIEW STE		County GENTRY	DMH Licensed	No
o .				
KING CITY MO	64463-9606	Region 4	Facility Number	04305
	GREE	ENE		
	01.22	,_		
ASH GROVE HEALTHCARE FACILITY				
401 NORTH MEDICAL DR		<b>Telephone</b> (417) 751-2575	Alzheimer's Unit	Yes
ASH GROVE MO	65604-1004	Level of Care SNF	Bed Capacity	82
Mailing Address PO BOX 247	0000.100.	County GREENE	DMH Licensed	No
_	65604 0047	·		
ASH GROVE MO	65604-0247	Region 1 Medicare/Medicaid	Facility Number	00200
BIRCH POINTE HEALTH AND REHABI	LITATION			
3705 S JEFFERSON AVE		<b>Telephone</b> (417) 889-0773	Alzheimer's Unit	Yes
		• ' '		
	65807-5880	Level of Care SNF	Bed Capacity	120
Mailing Address 3705 S JEFFERSON AVE		County GREENE	DMH Licensed	No
SPRINGFIELD MO	65807-5880	Region 1 Medicare/Medicaid	Facility Number	31013
DDISTOL MANOD OF DEDUDING				
BRISTOL MANOR OF REPUBLIC				
634 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-8998	Alzheimer's Unit	No
REPUBLIC MC	65738-1124	Level of Care RCF	Bed Capacity	12
Mailing Address 634 EAST HWY 174		County GREENE	DMH Licensed	No
REPUBLIC MO	65738-1124	Region 1	Facility Number	20841
			·	
BRISTOL MANOR OF WILLARD				
511 WATSON		<b>Telephone</b> (417) 742-0090	Alzheimer's Unit	No
WILLARD MC	65781-8314	Level of Care RCF	Bed Capacity	12
Mailing Address 511 WATSON		County GREENE	DMH Licensed	No
	65781-8314	•		20838
WILLARD	03701-0314	Region 1	racinty Number	20030
BROOKHAVEN NURSING & REHAB				
3405 WEST MT VERNON		<b>Telephone</b> (417) 874-9600	Alzheimer's Unit	No
	65902 5241			
	65802-5241		Bed Capacity	90
Mailing Address 3405 WEST MT VERNON		County GREENE	DMH Licensed	No
SPRINGFIELD MO	65802-5241	Region 1 Medicare/Medicaid	Facility Number	09512
DINCALOWS AT CHESTEDERED VIII	ACE THE			
BUNGALOWS AT CHESTERFIELD VILI	LAGE, IRE	T-11 (417) 007 4000	Alling of Title	N.T
2410 WEST CHESTERFIELD BLVD		<b>Telephone</b> (417) 886-4000	Alzheimer's Unit	No
	65807-8631	Level of Care RCF	Bed Capacity	92
Mailing Address 2410 W CHESTERFIELD I	BLVD	County GREENE	DMH Licensed	No
SPRINGFIELD MO	65807-8631	Region 1	Facility Number	22584

PINE VIEW MANOR, INC

Thursday, April 4, 2024 Page 41 of 142

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BUNGALOWS AT SPRINGFIELD I	EAST, THE			
3540 EAST CHEROKEE		<b>Telephone</b> (417) 889-2222	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2828	Level of Care RCF	Bed Capacity	67
Mailing Address 3540 EAST CHERO	KEE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2828	Region 1	Facility Number	21025
CEDARHURST OF SPRINGFIELD				
1146 EAST LAKEWOOD ST		<b>Telephone</b> (417) 885-9050	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2614	Level of Care ALF**	Bed Capacity	66
Mailing Address 1146 E LAKEWOOI		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2614	Region 1	Facility Number	28295
SI KINGI IEED	WIO 03010-2014	Region 1	Facility Number	28293
FREMONT SENIOR LIVING, THE				
1520 EAST BATES ST		<b>Telephone</b> (417) 881-0500	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-8401	Level of Care ALF**	Bed Capacity	72
Mailing Address 1520 EAST BATES	ST	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-8401	Region 1	Facility Number	28782
GARDENS, THE				
1302 WEST SUNSET		<b>Telephone</b> (417) 889-7600	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5943	Level of Care ALF**	Bed Capacity	148
Mailing Address 1302 WEST SUNSE		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5943	Region 1	Facility Number	20288
SI KINGI ILLD	WIO 03007-3743	Region 1	racinty Number	20200
GLENDALE GARDENS NURSING	& REHAB			
3535 EAST CHEROKEE		<b>Telephone</b> (417) 889-9955	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2829	Level of Care SNF	Bed Capacity	120
Mailing Address 3535 EAST CHERO	KEE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2829	Region 1 Medicare/Medicaid	Facility Number	16735
		Region 1 Medical e/Medicald	•	10/33
		Region 1 Medical e/Medicalu	•	10/33
COI DEN ESTATE DESIDENTIAL	CADE	Region 1 Medical e Medicalu	·	10733
GOLDEN ESTATE RESIDENTIAL	CARE		·	
1134 WEST NORTON RD		<b>Telephone</b> (417) 833-4440	Alzheimer's Unit	No
1134 WEST NORTON RD SPRINGFIELD	MO 65803-1070	Telephone (417) 833-4440 Level of Care RCF*	Alzheimer's Unit Bed Capacity	No 31
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO	MO 65803-1070 DN RD	Telephone (417) 833-4440 Level of Care RCF* County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes
1134 WEST NORTON RD SPRINGFIELD	MO 65803-1070	Telephone (417) 833-4440 Level of Care RCF*	Alzheimer's Unit Bed Capacity	No 31
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO	MO 65803-1070 DN RD	Telephone (417) 833-4440 Level of Care RCF* County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO	MO 65803-1070 DN RD	Telephone (417) 833-4440 Level of Care RCF* County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes
1134 WEST NORTON RD SPRINGFIELD <b>Mailing Address</b> 1134 WEST NORTO SPRINGFIELD	MO 65803-1070 DN RD	Telephone (417) 833-4440 Level of Care RCF* County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC	MO 65803-1070 DN RD	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 31 Yes 02984
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE	MO 65803-1070 ON RD MO 65803-1070	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 31 Yes 02984
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD	MO 65803-1070 ON RD MO 65803-1070	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 31 Yes 02984 No 12
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD Mailing Address 932 WEST STATE	MO 65803-1070 NN RD MO 65803-1070 MO 65806-2846	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes 02984 No 12 Yes
1134 WEST NORTON RD SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD  Mailing Address 932 WEST STATE SPRINGFIELD	MO 65803-1070 N RD MO 65803-1070  MO 65806-2846 MO 65806-2846	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 31 Yes 02984 No 12 Yes
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD Mailing Address 932 WEST STATE SPRINGFIELD  JAMES RIVER NURSING AND RE	MO 65803-1070 N RD MO 65803-1070  MO 65806-2846 MO 65806-2846	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 31 Yes 02984 No 12 Yes 06229
1134 WEST NORTON RD SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD  Mailing Address 932 WEST STATE SPRINGFIELD  JAMES RIVER NURSING AND RE 3550 EAST BATTLEFIELD	MO 65803-1070 N RD MO 65803-1070  MO 65806-2846 MO 65806-2846  HABILITATION	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE Region 1  Telephone (417) 889-9500	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 31 Yes 02984 No 12 Yes 06229
1134 WEST NORTON RD SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD  Mailing Address 932 WEST STATE SPRINGFIELD  JAMES RIVER NURSING AND RE 3550 EAST BATTLEFIELD SPRINGFIELD	MO 65803-1070  MO 65803-1070  MO 65806-2846  MO 65806-2846  HABILITATION  MO 65809-3400	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE Region 1  Telephone (417) 889-9500 Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 31 Yes 02984 No 12 Yes 06229
1134 WEST NORTON RD SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  JACOBS CARE CENTER, LLC 932 WEST STATE SPRINGFIELD  Mailing Address 932 WEST STATE SPRINGFIELD  JAMES RIVER NURSING AND RE 3550 EAST BATTLEFIELD	MO 65803-1070  MO 65803-1070  MO 65806-2846  MO 65806-2846  HABILITATION  MO 65809-3400	Telephone (417) 833-4440 Level of Care RCF* County GREENE Region 1  Telephone (417) 865-6140 Level of Care RCF County GREENE Region 1  Telephone (417) 889-9500	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 31 Yes 02984 No 12 Yes 06229

Thursday, April 4, 2024 Page 42 of 142

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JOY ASSISTED LIVING FOR SENIO	ORS	TO 1 1 (415) 054 0005	
2030 W MOUNT VERNON ST	MO (5000 4046	<b>Telephone</b> (417) 864-8805	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4846	Level of Care ALF	Bed Capacity 74
Mailing Address PO BOX 9655 SPRINGFIELD	MO (5901 0655	County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65801-9655	Region 1	Facility Number 19668
LAKEWOOD - ASSISTED LIVING	RV AMERICARE		
4685 ROBBERSON AVE	DI AMERICARE	<b>Telephone</b> (417) 881-1411	Alzheimer's Unit Yes
SPRINGFIELD	MO 65810-1785	Level of Care ALF**	Bed Capacity 67
Mailing Address 4685 ROBBERSON		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65810-1785	Region 1	Facility Number 23613
		Ü	·
LODGES, THE			
2401 W GRAND ST		<b>Telephone</b> (417) 864-4545	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4967	Level of Care RCF*	<b>Bed Capacity</b> 99
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65802-4967	Region 1	Facility Number 09756
MAGNOLIA SQUARE NURSING A	ND REHAB		
1502 WEST EDGEWOOD		<b>Telephone</b> (417) 877-7545	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3567	Level of Care SNF	Bed Capacity 120
Mailing Address 1502 WEST EDGEW		County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number 23400
MANOR AT ELFINDALE, THE			
1707 WEST ELFINDALE ST		<b>Telephone</b> (417) 831-2273	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-1246	Level of Care SNF	Bed Capacity 100
Mailing Address 1707 WEST ELFIND		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-1246	Region 1 Medicare	Facility Number 17371
SI KEVGI ILLID	WO 05007 1240	Region 1 Medicare	Tacinty Number 17371
MAPLES HEALTH AND REHABIL	ITATION, THE		
610 WEST SUNSET ST		<b>Telephone</b> (417) 891-1700	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3696	Level of Care SNF	Bed Capacity 120
Mailing Address 610 WEST SUNSET	ST	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number 06441
MARANATHA VILLAGE, INC			
233 EAST NORTON RD		<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3633	Level of Care SNF	Bed Capacity 120
Mailing Address 233 EAST NORTON		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3633	Region 1 Medicare/Medicaid	Facility Number 04907
MARANATHA VILLAGE, INC			
233 EAST NORTON RD		<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3633	Level of Care RCF	Bed Capacity 29
Mailing Address 233 EAST NORTON		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3633	Region 1	Facility Number 04907
		<b>9</b> :	•

Thursday, April 4, 2024 Page 43 of 142

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MISSION RIDGE		<b></b>		
4349 S KANSAS AVE	MO (55040 4440	<b>Telephone</b> (417) 520-7020	Alzheimer's Unit	NO
SPRINGFIELD	MO 65810-1413	Level of Care ALF**	Bed Capacity	60
Mailing Address 4349 S KANSAS AV		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-1413	Region 1	Facility Number 33	3342
NEIGHBORHOODS AT QUAIL CRI	FFK THE			
1514 WEST LARK	EEK, THE	<b>Telephone</b> (417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2270	Level of Care SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK	WIO 03010-2270	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2270	Region 1 Medicare/Medicaid		4701
		-		
QUALITY RESIDENTIAL CARE		T. I. I. (417) 921 6466	A11	N
2034 WEST COLLEGE	MO 65006 1504	<b>Telephone</b> (417) 831-6466	Alzheimer's Unit	No
SPRINGFIELD	MO 65806-1524	Level of Care RCF*	Bed Capacity	42
Mailing Address PO BOX 8127	NO (5001 0105	County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65801-8127	Region 1	Facility Number 13	3150
RAVENWOOD - ASSISTED LIVING	BY AMERICARE			
1950 EAST REPUBLIC RD		<b>Telephone</b> (417) 890-6000	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-6763	Level of Care ALF**	Bed Capacity	66
Mailing Address 1950 E REPUBLIC R	dD.	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-6763	Region 1	Facility Number 20	0791
		S	•	
REPUBLIC NURSING & REHAB				
901 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-1822	Alzheimer's Unit	Yes
REPUBLIC	MO 65738-1155	Level of Care SNF	Bed Capacity	127
Mailing Address 901 EAST HIGHWA		County GREENE	DMH Licensed	No
REPUBLIC	MO 65738-1155	Region 1 Medicare/Medicaid	Facility Number 13	3684
SONSHINE MANOR				
300 SOUTH COTTONWOOD AVE		<b>Telephone</b> (417) 732-2929	Alzheimer's Unit	No
REPUBLIC	MO 65738-2093	Level of Care SNF	Bed Capacity	69
Mailing Address 300 SOUTH COTTO	NWOOD AVE	County GREENE	DMH Licensed	No
REPUBLIC	MO 65738-2093	Region 1 Medicare/Medicaid	Facility Number 10	6723
CDDING DIDGE ACCIOTED I WIN	C DV AMEDICADE			
SPRING RIDGE - ASSISTED LIVING 2828 SOUTH MEADOWBROOK	G D I AWIERICARE	<b>Telephone</b> (417) 889-7100	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-5925	Level of Care ALF**		44
			Bed Capacity	
Mailing Address 2828 SOUTH MEAD		County GREENE	DMH Licensed Facility Number 19	No
SPRINGFIELD	MO 65807-5925	Region 1	Facility Number 19	9713
SPRING VALLEY ASSISTED LIVIN	IG			
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit	No
SPRINGFIELD	MO 65804-3608	Level of Care ALF	Bed Capacity	40
Mailing Address 2915 SOUTH FREM	ONT AVE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-3608	Region 1	Facility Number 00	0144

Thursday, April 4, 2024 Page 44 of 142

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SPRING VALLEY HEALTH & REHA	ABILITATION CENTER		
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-3608	Level of Care SNF	Bed Capacity 194
Mailing Address 2915 SOUTH FREMO	ONT AVE	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65804-3608	Region 1 Medicare/Medicaid	Facility Number 00144
SPRINGFIELD REHABILITATION	& HEALTH CARE CENTER		
2800 S FORT AVE		<b>Telephone</b> (417) 882-0035	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3480	Level of Care SNF	Bed Capacity 146
Mailing Address PO BOX 3438 GS		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65808-3438	Region 1 Medicare/Medicaid	Facility Number 07460
SPRINGFIELD SKILLED CARE CEI	NTED		
2401 W GRAND ST	NIEK	<b>Telephone</b> (417) 864-4545	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4967	Level of Care SNF	Bed Capacity 120
Mailing Address 2401 W GRAND ST	WO 03802-4907	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-4967	•	
SPRINGFIELD	WO 03802-4907	Region 1 Medicare/Medicaid	Facility Number 09756
SPRINGFIELD VILLA			
1100 EAST MONTCLAIR		<b>Telephone</b> (417) 820-8500	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-5076	Level of Care SNF	<b>Bed Capacity</b> 146
Mailing Address 1100 EAST MONTCL	LAIR	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number 05280
SPRINGHOUSE VILLAGE EAST, LI	LC		
3877 EAST FARM ROAD 132		<b>Telephone</b> (417) 877-1717	Alzheimer's Unit Yes
SPRINGFIELD	MO 65802-	Level of Care ALF**	Bed Capacity 100
Mailing Address 3877 EAST FARM RO	OAD 132	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-	Region 1	Facility Number 32469
STRAFFORD CARE CENTER			
505 WEST EVERGREEN		<b>Telephone</b> (417) 736-9332	Alzheimer's Unit Yes
STRAFFORD	MO 65757-8625	Level of Care SNF	Bed Capacity 78
Mailing Address 505 WEST EVERGRE		County GREENE	DMH Licensed No
STRAFFORD	MO 65757-8625	Region 1 Medicare/Medicaid	Facility Number 21285
SUNTERRA SPRINGS SPRINGFIEL	D		
4935 S NATIONAL AVE		<b>Telephone</b> (417) 720-8050	Alzheimer's Unit No
SPRINGFIELD	MO 65810-2989	Level of Care SNF	Bed Capacity 38
Mailing Address 4935 S NATIONAL A		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65810-2989	Region 1 Medicare	Facility Number 31273
TOWNSHIP SENIOR LIVING, THE			
4150 WEST REPUBLIC ROAD		<b>Telephone</b> (417) 881-7800	Alzheimer's Unit Yes
BATTLEFIELD	MO 65619-7111	Level of Care ALF**	Bed Capacity 66
Mailing Address 4150 WEST REPUBL		County GREENE	DMH Licensed No
BATTLEFIELD	MO 65619-7111	Region 1	Facility Number 31903
	00017 /111	100011	J1703

Thursday, April 4, 2024 Page 45 of 142

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TURNERS ROCK		
3911 EAST HIGHWAY D	Telephone (417) 459-4070 Alzheimer's Unit	Yes
SPRINGFIELD MO 65809-	Level of Care ALF** Bed Capacity	70
Mailing Address 3911 EAST HIGHWAY D		No
SPRINGFEILD MO 65809-	·	441
SI KINGI ELES	Region 1 Tacinty Number 322	171
VSL SPRINGFIELD ASSISTED LIVING, LLC		
1401 WEST ELFINDALE STREET	Telephone (417) 831-3828 Alzheimer's Unit	No
SPRINGFIELD MO 65807-12	95 Level of Care ALF Bed Capacity	50
Mailing Address 1401 WEST ELFINDALE STREET	County GREENE DMH Licensed	No
SPRINGFIELD MO 65807-12	95 Region 1 Facility Number 324	492
WILLARD CARE CENTER		
WILLARD CARE CENTER 400 WEST WALNUT LN	Telephone (417) 742-3593 Alzheimer's Unit	Yes
WILLARD MO 65781-94		66
Mailing Address 400 W WALNUT LN	· · ·	No
WILLARD MO 65781-94		393
WILLAND 100 03/61-54	32 Region 1 Medicare/Medicaid Facility Number 103	193
WILSON'S CREEK NURSING & REHAB		
3403 WEST MT VERNON	Telephone (417) 864-5600 Alzheimer's Unit	Yes
SPRINGFIELD MO 65802-52	41 Level of Care SNF Bed Capacity	172
Mailing Address 3403 WEST MT VERNON	County GREENE DMH Licensed	No
SPRINGFIELD MO 65802-52	41 Region 1 Medicare/Medicaid Facility Number 055	579
WOODLAND MANOR		
1347 EAST VALLEY WATERMILL RD	Telephone (417) 833-1220 Alzheimer's Unit	No
SPRINGFIELD MO 65803-37	39 Level of Care SNF Bed Capacity	94
Mailing Address 1347 EAST VALLEY WATERMILL F	D County GREENE DMH Licensed	No
SPRINGFIELD MO 65803-37	39 Region <sup>1</sup> Medicare/Medicaid Facility Number 057	794
	GRUNDY	
PRICTOL MANOR OF TRENTON	<b>3.16.1.3.2</b>	
BRISTOL MANOR OF TRENTON 1701 EAST 28TH ST	Telephone (660) 359-5599 Alzheimer's Unit	No
TRENTON MO 64683-11		12
Mailing Address 1701 EAST 28TH ST	• •	No
TRENTON MO 64683-11	·	597
EASTVIEW MANOR CARE CENTER		
1622 EAST 28TH ST		No
TRENTON MO 64683-11	1 2	90
Mailing Address 1622 EAST 28TH ST	•	No
TRENTON MO 64683-11	04 Region 4 Medicare/Medicaid Facility Number 182	267
SUNNYVIEW NURSING HOME & APARTMENTS		
1311 EAST 28TH ST	Telephone (660) 359-5647 Alzheimer's Unit	No
TRENTON MO 64683-11	O3 Level of Care SNF Bed Capacity	154
Mailing Address 1311 EAST 28TH ST	•	No
TRENTON MO 64683-11	03 Region 4 Medicare/Medicaid Facility Number 185	509

Thursday, April 4, 2024 Page 46 of 142

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1311 EAST 28TH ST TRENTON Mailing Address 1311 EAST 28TH ST	MO 64683-1103	Telephone (660) 359-5647 Level of Care RCF* County GRUNDY	Alzheimer's Unit N Bed Capacity 3 DMH Licensed N	8
TRENTON	MO 64683-1103	Region 4	Facility Number 1850	9
	HARRI	SON		
BRISTOL MANOR OF BETHANY				
811 SOUTH 24TH ST		<b>Telephone</b> (660) 425-7133	Alzheimer's Unit N	
BETHANY	MO 64424-2631	Level of Care RCF		2
Mailing Address 811 SOUTH 24TH ST BETHANY	MO 64424-2631	County HARRISON	DMH Licensed N	
DETRANT	WO 04424-2031	Region 4	Facility Number 1906	8
CRESTVIEW HOME				
1313 SOUTH 25TH ST		<b>Telephone</b> (660) 425-3128	Alzheimer's Unit N	0
BETHANY	MO 64424-2634	Level of Care SNF	<b>Bed Capacity</b> 9	2
Mailing Address PO BOX 430		County HARRISON	DMH Licensed N	0
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 0193	6
	HEN	RY		
ADAIR VILLAGE				•
1801 N GAINES DR		<b>Telephone</b> (660) 885-8196	Alzheimer's Unit Ye	es
CLINTON	MO 64735-1127	Level of Care SNF	Bed Capacity 12	0.
Mailing Address 1801 N GAINES DR		County HENRY	DMH Licensed N	o
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	Facility Number 0852	1
ARBORS AT GLENDALE GARDENS	- MEMORY CARE RY AMERICARE	THE		
1300 SOUTH MAIN	- MEMORI CARE DI AMERICARE	<b>Telephone</b> (660) 885-2272	Alzheimer's Unit Ye	es
CLINTON	MO 64735-2728	Level of Care ALF**		2
Mailing Address 1300 S MAIN		County HENRY	DMH Licensed N	О
CLINTON	MO 64735-2728	Region 1	Facility Number 1705	4
BRISTOL MANOR OF CLINTON				
1402 EAST FRANKLIN		<b>Telephone</b> (660) 885-8391	Alzheimer's Unit N	O
CLINTON	MO 64735-1768	Level of Care RCF		2
Mailing Address 1402 EAST FRANKLI		County HENRY	DMH Licensed N	
CLINTON	MO 64735-1768	Region 1	Facility Number 1665	6
CLINTON HEAT THOADE AND DEV	ADII ITATION CENTED			
CLINTON HEALTHCARE AND REH 1009 EAST OHIO	ADILITATION CENTER	<b>Telephone</b> (660) 885-5571	Alzheimer's Unit N	0
CLINTON	MO 64735-2455	Level of Care SNF	Bed Capacity 12	
Mailing Address 1009 EAST OHIO		County HENRY	DMH Licensed N	
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number 0131	
TEEEEDCON CARDENG AGGGERS	I IVING DV AMEDICA DE			
JEFFERSON GARDENS - ASSISTED 509 WEST ROGERS ST	LIVING BY AMERICARE	<b>Telephone</b> (660) 885-9770	Alzheimer's Unit N	0
CLINTON	MO 64735-2548	Level of Care ALF**		2
Mailing Address 509 WEST ROGERS S		County HENRY	DMH Licensed N	
CLINTON	MO 64735-2548	Region 1	Facility Number 2060	3

SUNNYVIEW NURSING HOME & APARTMENTS

Thursday, April 4, 2024 Page 47 of 142

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JOY ADULT CARE CENTER 614 SOUTH MAIN CLINTON Mailing Address PO BOX 8 CLINTON	MO 64735-2620 MO 64735-0008	Telephone (660) 885-8328 Level of Care RCF* County HENRY Region 1	Alzheimer's Unit No Bed Capacity 4: DMH Licensed Ye Facility Number 07268
WINDSOR HEALTHCARE & REHA 809 WEST BENTON WINDSOR Mailing Address PO BOX 5 WINDSOR	MO 65360-0005	Telephone (660) 647-3102 Level of Care SNF County HENRY Region 1 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 2171:
	HICKO	ORY	
HERMITAGE NURSING & REHAB 18599 FIRST STREET HERMITAGE Mailing Address PO BOX 325 HERMITAGE	MO 65668-9129 MO 65668-0325	Telephone (417) 745-2111 Level of Care SNF County HICKORY Region 1 Medicare/Medicaid	Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number  Ye  120  120  10246
	НОІ	<b>LT</b>	
OREGON HEALTHCARE 501 MONROE OREGON Mailing Address PO BOX 19 OREGON	MO 64473-7800 MO 64473-0019	Telephone (660) 446-3355 Level of Care SNF County HOLT Region 4 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 0609
TIFFANY HEIGHTS 1531 NEBRASKA ST MOUND CITY Mailing Address PO BOX 308 MOUND CITY	MO 64470-1610 MO 64470-0308	Telephone (660) 442-3146 Level of Care SNF County HOLT Region 4 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 07998
	HOWA	ARD	
ASHBURY HEIGHTS OF FAYETTE 200 GROCE ST FAYETTE Mailing Address 200 GROCE ST FAYETTE	MO 65248-9813 MO 65248-9813	Telephone (660) 248-3603 Level of Care RCF County HOWARD Region 5	Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number  No 23894
GLASGOW GARDENS 100 AUDSLEY DR GLASGOW Mailing Address 100 AUDSLEY DR GLASGOW	MO 65254-9537 MO 65254-9537	Telephone (660) 338-2297 Level of Care SNF County HOWARD Region 5 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 59 DMH Licensed No Facility Number 01659
LODGE, THE 542 STATE ROAD DD FAYETTE Mailing Address 542 STATE RD DD FAYETTE	MO 65248-9658 MO 65248-9658	Telephone (660) 248-2277 Level of Care ALF** County HOWARD Region 5	Alzheimer's Unit No Bed Capacity 60 DMH Licensed Ye Facility Number 2881:

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Thursday, April 4, 2024 Page 48 of 142

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# **HOWELL**

BROOKE HAVEN HEALTHCARI 1410 NORTH KENTUCKY AVE WEST PLAINS		<b>Telephone</b> (417) 256-7975	Alzheimer's Unit	Yes
Mailing Address 1410 NORTH KEI	MO 65775-1822	Level of Care SNF  County HOWELL	Bed Capacity DMH Licensed	120
WEST PLAINS	MO 65775-1822	County HOWELL  Region 2 Medicare/Medicaid	Facility Number	No 06253
CEDARHURST OF WEST PLAIN	S			
1521 US HIGHWAY 63		<b>Telephone</b> (417) 372-8940	Alzheimer's Unit	YES
WEST PLAINS	MO 65775-9809	Level of Care ALF**	Bed Capacity	84
Mailing Address 1521 US HIGHWA		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-9809	Region 2	Facility Number	32028
LAMPLIGHT VILLAGE				
309 LOCUST ST		<b>Telephone</b> (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 2	Facility Number	21563
MOUNTAIN VIEW HEALTHCAR	Œ			
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	Level of Care SNF	Bed Capacity	105
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number	15542
NHC HEALTHCARE, WEST PLA	INS			
211 DAVIS DR		<b>Telephone</b> (417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care SNF	Bed Capacity	114
Mailing Address PO BOX 497		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 2 Medicare/Medicaid	Facility Number	08434
PARK PLACE APARTMENTS				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	<b>Level of Care</b> ALF	Bed Capacity	18
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2	Facility Number	15542
PLEASANT VALLEY MANOR				
213 DAVIS DR		<b>Telephone</b> (417) 257-0179	Alzheimer's Unit	No
WEST PLAINS	MO 65775-2274	Level of Care RCF*	Bed Capacity	72
Mailing Address 213 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 2	Facility Number	13641
SOUTH VIEW HEALTH CARE, L	LC			
951 CREAMERY ROAD		<b>Telephone</b> (417) 255-9322	Alzheimer's Unit	No
WEST PLAINS	MO 65775-6052	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 88		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0088	Region 2	Facility Number	23567

Thursday, April 4, 2024 Page 49 of 142

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WEST VUE NURSING AND REHABI	ILITATION CENTER		
210 DAVIS DR		<b>Telephone</b> (417) 256-2152	Alzheimer's Unit Yes
WEST PLAINS	MO 65775-2241	Level of Care SNF	<b>Bed Capacity</b> 130
Mailing Address 210 DAVIS DR		County HOWELL	<b>DMH Licensed</b> No
WEST PLAINS	MO 65775-2241	Region 2 Medicare/Medicaid	Facility Number 21733
WILLOW CARE NURSING HOME			
2646 STATE ROUTE 76		<b>Telephone</b> (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	<b>DMH Licensed</b> No
WILLOW SPRINGS	MO 65793-0309	Region 2 Medicare/Medicaid	Facility Number 08614
WILLOW WEST APARTMENTS		T. 1. 1 (417) 460 2152	A11.1
2644 STATE ROUTE 76		<b>Telephone</b> (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 2	Facility Number 08614
	IRO	N	
	IKO		
BAPTIST HOME, THE			
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON	MO 63650-4338	Level of Care ICF	<b>Bed Capacity</b> 49
Mailing Address PO BOX 87		County IRON	<b>DMH Licensed</b> No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number 00274
BAPTIST HOME, THE			
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON	MO 63650-4338	Level of Care ALF	<b>Bed Capacity</b> 56
Mailing Address PO BOX 87		County IRON	<b>DMH Licensed</b> No
IRONTON	MO 63650-0087	Region 2	Facility Number 00274
	0.47		
BELLEVIEW VALLEY NURSING HO	OME	m 1 1 (572) (07 5211	A
23144 HIGHWAY 32	110 (2)(2) (2)(	<b>Telephone</b> (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
GOGGIN BOARDING HOME LLC			
620 COUNTY ROAD 40		<b>Telephone</b> (573) 697-5894	Alzheimer's Unit No
CALEDONIA	MO 63631 0133	Level of Care RCF	
	MO 63631-9133		Bed Capacity 12  DMH Licensed Yes
Mailing Address 620 COUNTY RD 40	MO (2(21.0122	County IRON	
CALEDONIA	MO 63631-9133	Region 2	Facility Number 02937
GRANITE HOUSE RCF LLC			
321 SOUTH MAIN ST		<b>Telephone</b> (573) 546-7283	Alzheimer's Unit No
IRONTON	MO 63650-1406	Level of Care RCF	Bed Capacity 60
	1400 03030-1400		
Mailing Address PO BOX 6		County IRON	<b>DMH Licensed</b> Yes

Region 2

**Facility Number** 

04628

MO 63650-0066

IRONTON

Thursday, April 4, 2024 Page 50 of 142

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MEADOWBROOK RESIDENTIAL C	CARE, INC			
806 WEST MULBERRY		<b>Telephone</b> (573) 546-7065		No
PILOT KNOB	MO 63663-	Level of Care ALF**		36
Mailing Address PO BOX 510		County IRON		No
PILOT KNOB	MO 63663-0510	Region 2	Facility Number 2051	13
STONECREST HEALTHCARE				
2 HIGHWAY Y		<b>Telephone</b> (573) 244-3171	Alzheimer's Unit	Vо
VIBURNUM	MO 65566-0707	Level of Care SNF		60
Mailing Address PO BOX 707	MG 03300 0707	County IRON		No
VIBURNUM	MO 65566-0707	Region 2 Medicare/Medicaid	Facility Number 1668	
VALLEY RESIDENTIAL CARE		Telephone (572) 546 2090	Alahaiman'a Unit	J.
101 SOUTH KNOB ST	MO 62650 1501	<b>Telephone</b> (573) 546-3080		No 12
IRONTON  Moding Address 202 SOLITH WASHIN	MO 63650-1501	Level of Care RCF		12
Mailing Address 203 SOUTH WASHIN		County IRON		es
FARMINGTON	MO 63640-1836	Region 2	Facility Number 0190	ЭI
	JACK	SON		
ADDINGTON PLACE OF LEE'S SUN	MMIT			
2160 SE BLUE PARKWAY		<b>Telephone</b> (816) 554-0101	Alzheimer's Unit Y	es
LEE'S SUMMIT	MO 64063-1007	Level of Care ALF**	Bed Capacity	88
Mailing Address 2160 SE BLUE PARK	CWAY	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number 2813	36
ALPINE BREEZE HEALTH AND W	ei i niecc			
6124 RAYTOWN RD	ELLNESS	<b>Telephone</b> (816) 358-8222	Alzheimer's Unit Yo	es
RAYTOWN	MO 64133-4007	Level of Care SNF		54
Mailing Address 6124 RAYTOWN RD		County JACKSON		No
RAYTOWN	MO 64133-4007	Region 3 Medicare/Medicaid	Facility Number 0076	
MITTOWN	110 04133 4007	Region 5 Medical e/Medicalu	running running	50
ANTHOLOGY OF THE PLAZA				
2 EMANUEL CLEAVER II BLVD		<b>Telephone</b> (816) 505-3030	Alzheimer's Unit Y	es
KANSAS CITY	MO 64112-1712	Level of Care ALF**	Bed Capacity	96
Mailing Address 2 EMANUEL CLEAV	ER II BLVD	County JACKSON	DMH Licensed N	No
KANSAS CITY	MO 64112-1712	Region 3	Facility Number 3179	91
ARMOUR OAKS SENIOR LIVING O	COMMUNITY			
8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care SNF		38
Mailing Address 8100 WORNALL RD	2.22.2000	County JACKSON	= -	No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number 0019	
. D. COVID O :	2010 477			
ARMOUR OAKS SENIOR LIVING O	COMMUNITY	m		
8100 WORNALL RD	MO (4114 500)	<b>Telephone</b> (816) 363-5141		No 47
KANSAS CITY	MO 64114-5806	Level of Care ALF		47
Mailing Address 8100 WORNALL RD	NO 64114 5006	County JACKSON	DMH Licensed N	No

Region 3

**Facility Number** 

00199

MO 64114-5806

KANSAS CITY

Thursday, April 4, 2024 Page 51 of 142

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ASPIRE SENIOR LIVING OAK GROVE		(016) (00 A110	A1 1 - 1 - 1 - 17 - 14
2108 SW MITCHELL STREET		<b>Telephone</b> (816) 690-4118	Alzheimer's Unit Yes
	0 64075-9472	Level of Care SNF	Bed Capacity 90
Mailing Address 2108 S MITCHELL	. (4075 0472	County JACKSON	DMH Licensed No
OAK GROVE MO	0 64075-9472	Region 3 Medicare/Medicaid	Facility Number 05849
BAPTIST HOMES OF INDEPENDENCE			
17451 MEDICAL CENTER PARKWAY		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit No
	64057-1805	Level of Care SNF	Bed Capacity 118
Mailing Address 17451 MEDICAL CENTER	R PRKWY	County JACKSON	DMH Licensed No
_	0 64057-1805	Region 3 Medicare/Medicaid	Facility Number 03782
BAPTIST HOMES OF INDEPENDENCE			
17451 MEDICAL CENTER PARKWAY		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit NO
INDEPENDENCE MC	0 64057-1805	Level of Care RCF	<b>Bed Capacity</b> 20
Mailing Address 17451 MEDICAL CENTER	R PARKWAY	County JACKSON	<b>DMH Licensed</b> No
INDEPENDENCE MC	0 64057-1805	Region 3	Facility Number 03782
BEACON HILL RESIDENTIAL CARE			
2905 CAMPBELL		<b>Telephone</b> (816) 531-6168	Alzheimer's Unit No
	O 64109-1417	Level of Care RCF*	Bed Capacity 37
Mailing Address 2905 CAMPBELL	0 0 1 1 0 7 1 7 1 7	County JACKSON	DMH Licensed Yes
_	O 64109-1417	Region 3	Facility Number 00329
KANDAD CITT	7 04107-1417	Region 5	racinty Number 00329
BEEHIVE HOMES OF GRAIN VALLEY			
101 CROSS CREEK DR		<b>Telephone</b> (816) 224-2700	Alzheimer's Unit No
GRAIN VALLEY MO	0 64029-9561	Level of Care ALF**	<b>Bed Capacity</b> 32
Mailing Address 101 CROSS CREEK DR		County JACKSON	<b>DMH Licensed</b> No
GRAIN VALLEY MO	0 64029-9561	Region 3	Facility Number 24279
BENTON HOUSE OF BLUE SPRINGS			
1701 NW JEFFERSON ST		<b>Telephone</b> (816) 224-2727	Alzheimer's Unit Yes
	0 64015-7229	Level of Care ALF**	Bed Capacity 95
Mailing Address 1701 NW JEFFERSON ST		County JACKSON	DMH Licensed No
	64015-7229	Region 3	Facility Number 29729
BISHOP SPENCER PLACE, INC, THE			
4301 MADISON AVE		<b>Telephone</b> (816) 931-4277	Alzheimer's Unit No
KANSAS CITY MO	0 64111-3491	Level of Care ALF**	Bed Capacity 40
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed No
KANSAS CITY MO	0 64111-3491	Region 3	Facility Number 20635
BISHOP SPENCER PLACE, INC, THE			
4301 MADISON AVE		<b>Telephone</b> (816) 931-4277	Alzheimer's Unit No
	0 64111-3491	Level of Care SNF	Bed Capacity 57
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed No
	0 64111-3491	Region 3 Medicare/Medicaid	Facility Number 20635
2.02			20033

Thursday, April 4, 2024 Page 52 of 142

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BLUE HILLS REST HOME, INC			
2207 NORTH BLUE MILLS RD		<b>Telephone</b> (816) 796-3376	Alzheimer's Unit No
INDEPENDENCE	MO 64058-2022	Level of Care ALF**	<b>Bed Capacity</b> 63
Mailing Address 2207 N BLUE MILLS	RD	County JACKSON	<b>DMH Licensed</b> No
INDEPENDENCE	MO 64058-2022	Region 3	Facility Number 11146
BRIDGEWOOD HEALTH CARE CEN	NTER		
11515 TROOST		<b>Telephone</b> (816) 943-0101	Alzheimer's Unit NO
KANSAS CITY	MO 64131-3769	Level of Care SNF	Bed Capacity 166
Mailing Address 11515 TROOST		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number 06555
BRISTOL MANOR OF OAK GROVE		T-l-nh (916) (25 9601	A1-1
300 NORTH AUSTIN	MO (4075 0100	<b>Telephone</b> (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
BROOKDALE WORNALL PLACE			
501 WEST 107TH ST		<b>Telephone</b> (816) 941-7777	Alzheimer's Unit No
KANSAS CITY	MO 64114-5919	Level of Care ALF**	Bed Capacity 68
Mailing Address 501 WEST 107TH ST	1410 04114 3717	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5919	Region 3	Facility Number 29304
KANDAD CITT	WO 04114-3717	Region 5	racinty Number 29304
BUTTERFLY HAVEN			
11500 CAMPBELL ST		<b>Telephone</b> (816) 941-2836	Alzheimer's Unit No
KANSAS CITY	MO 64131-3829	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address PO BOX 481578		County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64148-1578	Region 3	Facility Number 18207
CARMEL HILLS WELLNESS & REH	IABILITATION		
810 EAST WALNUT ST	MO (1050 1025	<b>Telephone</b> (816) 461-9600	Alzheimer's Unit Yes
INDEPENDENCE	MO 64050-4025	Level of Care SNF	Bed Capacity 194
Mailing Address 810 EAST WALNUT S		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number 23422
CARRIE DUMAS LONG TERM CARI	E FACILITY		
2836 BENTON BLVD		<b>Telephone</b> (816) 924-5017	Alzheimer's Unit No
KANSAS CITY	MO 64128-1140	Level of Care ALF	Bed Capacity 34
Mailing Address 2836 BENTON BLVD		County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64128-1140	Region 3	Facility Number 18550
		<b>o</b> -	. 10000
CEDARHURST OF BLUE SPRINGS			
20551 E TRINITY PLACE		<b>Telephone</b> (816) 685-8863	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64015-9501	Level of Care ALF**	<b>Bed Capacity</b> 89
Mailing Address 20551 E TRINITY PLA BLUE SPRINGS	ACE MO 64015-9501	County JACKSON Region 3	DMH Licensed No Facility Number 31581

Thursday, April 4, 2024 Page 53 of 142

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CLARA MANOR NURSING HOME				
3621 WARWICK BLVD		<b>Telephone</b> (816) 756-1593	Alzheimer's Unit	No
KANSAS CITY	MO 64111-1403	Level of Care SNF	<b>Bed Capacity</b>	90
Mailing Address 3621 WARWICK BL	VD	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-1403	Region 3 Medicaid	Facility Number	14102
		S		
COLUMN CARE HOME INC				
COLLIER CARE HOME, INC		The Late (917) 225 0217	A1 1	NT-
3001 NW VESPER ST BLUE SPRINGS	MO 64015-3104	Telephone (816) 225-9317 Level of Care RCF*	Alzheimer's Unit	No 15
			Bed Capacity	Yes
Mailing Address 3001 NW VESPER S BLUE SPRINGS	MO 64015-3104	· · · · · · · · · · · · · · · · ·	DMH Licensed	
BLUE SPRINGS	MO 04013-3104	Region 3	Facility Number	01591
CROSS CREEK AT LEE'S SUMMIT				
3320 NE WILSHIRE DR		<b>Telephone</b> (816) 607-5700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64064-2077	Level of Care ALF**	Bed Capacity	55
Mailing Address 3320 NE WILSHIRE	DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-2077	Region 3	Facility Number	30996
EDGEWOOD MANOR HEALTH CA	ARE CENTER			
11900 JESSICA LN		<b>Telephone</b> (816) 358-7858	Alzheimer's Unit	No
RAYTOWN	MO 64138-2649	Level of Care SNF	<b>Bed Capacity</b>	91
Mailing Address 11900 JESSICA LN		County JACKSON	DMH Licensed	No
RAYTOWN	MO 64138-2649	Region 3 Medicare/Medicaid	Facility Number	14119
ESSEX OF GRAIN VALLEY, THE				
401 SOUTHWEST ROCK CREEK LN		<b>Telephone</b> (816) 443-3992	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-8460	Level of Care RCF	Bed Capacity	12
Mailing Address 401 SOUTHWEST R		County JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-8460	Region 3	Facility Number	24475
			•	
CRECORY PIRCE HEALTH CAR	CENTER			
GREGORY RIDGE HEALTH CARE	CENTER	T 1 1 (016) 222 0700	A1 1	NT
7001 CLEVELAND AVE	MO (4122 1622	<b>Telephone</b> (816) 333-0700	Alzheimer's Unit	No
KANSAS CITY	MO 64132-1622	Level of Care SNF	Bed Capacity	116
Mailing Address 7001 CLEVELAND A KANSAS CITY		County JACKSON	DMH Licensed	No
KANSAS CII I	MO 64132-1622	Region 3 Medicare/Medicaid	Facility Number	04109
HARRIS HOUSE RESIDENTIAL CA	ARE FACILITY, THE			
3859 EAST 59TH TERRACE		<b>Telephone</b> (816) 599-5230	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4410	Level of Care RCF	Bed Capacity	7
Mailing Address 3859 EAST 59TH TE	ERRACE	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4410	Region 3	Facility Number	16225
HIDDEN LAKE CARE CENTER				
11400 HIDDEN LAKE DR		<b>Telephone</b> (816) 737-1010	Alzheimer's Unit	No
11400 HIDDEN LAKE DR RAYTOWN	MO 64133-7409	Level of Care RCF*	Bed Capacity	No 48
11400 HIDDEN LAKE DR		- · · · · · · · · · · · · · · · · · · ·		

Thursday, April 4, 2024 Page 54 of 142

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HIDDEN LAKE CARE CENTER			
11400 HIDDEN LAKE DR		<b>Telephone</b> (816) 737-1010	Alzheimer's Unit No
RAYTOWN	MO 64133-7409	Level of Care SNF	Bed Capacity 112
Mailing Address 11400 HIDDEN LAK		County JACKSON	<b>DMH Licensed</b> No
RAYTOWN	MO 64133-7409	Region 3 Medicare/Medicaid	Facility Number 17146
HIGHLAND REHABILITATION & I	HEALTH CARE CENTER		
904 EAST 68TH ST		<b>Telephone</b> (816) 333-5485	Alzheimer's Unit NO
KANSAS CITY	MO 64131-1305	Level of Care SNF	<b>Bed Capacity</b> 162
Mailing Address 904 EAST 68TH ST		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64131-1305	Region 3 Medicare/Medicaid	Facility Number 06782
HILLTOP AT BLUE RIVER, THE		T-l	All-between TT 14
10425 CHESTNUT DR	NO. 64127 2221	<b>Telephone</b> (816) 763-4444	Alzheimer's Unit Yes
KANSAS CITY	MO 64137-3201	Level of Care SNF	Bed Capacity 160
Mailing Address 10425 CHESTNUT D		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64137-3201	Region 3 Medicare/Medicaid	Facility Number 19114
HOPE CARE CENTER			
115 EAST 83RD ST		<b>Telephone</b> (816) 523-3988	Alzheimer's Unit No
KANSAS CITY	MO 64114-2537	Level of Care SNF	Bed Capacity 16
Mailing Address 115 EAST 83RD ST	N10 04114 2337	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-2537	Region 3 Medicaid	Facility Number 21370
Manda CH I	1110 04114 2337	Region 5 Medicald	Facility Number 21370
HOUSE OF CARE CENTER			
3744 BENTON BLVD		<b>Telephone</b> (816) 921-6852	Alzheimer's Unit No
KANSAS CITY	MO 64128-2515	Level of Care RCF	<b>Bed Capacity</b> 8
Mailing Address 3744 BENTON BLVI	)	County JACKSON	<b>DMH Licensed</b> Yes
KANSAS CITY	MO 64128-7912	Region 3	Facility Number 17001
IGNITE MEDICAL RESORT BLUE	SPRINGS	T-l (916) (22, 2000	Al-h-i
20511 E TRINITY PLACE	MO (4015 0501	<b>Telephone</b> (816) 622-2900	Alzheimer's Unit NO
BLUE SPRINGS	MO 64015-9501	Level of Care SNF	Bed Capacity 90
Mailing Address 20511 E TRINITY PL		County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64015-9501	Region 3 Medicare/Medicaid	Facility Number 32246
IGNITE MEDICAL RESORT CARO	NDELET LLC		
621 CARONDELET DR		<b>Telephone</b> (816) 941-1300	Alzheimer's Unit No
KANSAS CITY	MO 64114-4670	Level of Care SNF	Bed Capacity 162
Mailing Address 621 CARONDELET I		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-4670	Region 3 Medicare/Medicaid	Facility Number 12185
		-g Macateur of Macateur	12103
IGNITE MEDICAL RESORT ST MA	RYS LLC		
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	<b>Alzheimer's Unit</b> Yes
BLUE SPRINGS	MO 64014-2504	Level of Care SNF	<b>Bed Capacity</b> 130
Mailing Address 111 MOCK AVE		County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS	MO 64014-2504	Region 3 Medicare/Medicaid	Facility Number 13219

Thursday, April 4, 2024 Page 55 of 142

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INDEPENDENCE MANOR CARE CENTER	
1600 SOUTH KINGS HIGHWAY	<b>Telephone</b> (816) 833-4777 <b>Alzheimer's Unit</b> Yes
INDEPENDENCE MO 64055-1853	Level of Care SNF Bed Capacity 99
Mailing Address 1600 SOUTH KINGS HIGHWAY	County JACKSON DMH Licensed No
INDEPENDENCE MO 64055-1853	Region 3 Medicare/Medicaid Facility Number 03807
IA CUCON CREEK MEMORY CARE	
JACKSON CREEK MEMORY CARE 19400 EAST 40TH ST COURT SOUTH	Telephone (816) 478-5689 Alzheimer's Unit Yes
INDEPENDENCE MO 64057-1548	
Mailing Address 19400 EAST 40TH ST COURT SOUTH	Double of Care 191
INDEPENDENCE MO 64057-1548	•
INDEFENDENCE MIO 04037-1340	Region 3 Facility Number 25894
JACKSON CREEK POST ACUTE	The 100 (016) 705 1402
3980 SOUTH JACKSON DR	Telephone (816) 795-1433 Alzheimer's Unit No
INDEPENDENCE MO 64057-2205	1 2
Mailing Address 3980 S JACKSON DR	County JACKSON DMH Licensed No
INDEPENDENCE MO 64057-2205	Region 3 Medicare/Medicaid Facility Number 25709
JACKSON CREEK POST ACUTE	<b>M. . . . . . . . . . </b>
3980 SOUTH JACKSON DR	Telephone (816) 795-1433 Alzheimer's Unit No
INDEPENDENCE MO 64057-2205	
Mailing Address 3980 S JACKSON DR	County JACKSON DMH Licensed No
INDEPENDENCE MO 64057-2205	Region 3 Facility Number 25709
JEANNE JUGAN CENTER	
8745 JAMES A REED ROAD	Telephone (816) 761-4744 Alzheimer's Unit No
KANSAS CITY MO 64138-4414	
Mailing Address 8745 JAMES A REED RD	County JACKSON DMH Licensed No
KANSAS CITY MO 64138-4414	Region 3 Medicaid Facility Number 12724
JEANNE JUGAN CENTER	The state of the s
8745 JAMES A REED ROAD	Telephone (816) 761-4744 Alzheimer's Unit No
KANSAS CITY MO 64138-4414	
Mailing Address 8745 JAMES A REED RD	County JACKSON DMH Licensed No
KANSAS CITY MO 64138-4414	Region 3 Medicaid Facility Number 12724
JEFFERSON HEALTH CARE	
615 SW OLDHAM PARKWAY	<b>Telephone</b> (816) 524-3328 <b>Alzheimer's Unit</b> No
	* * *
Mailing Address 615 SW OLDHAM PKWY	County JACKSON DMH Licensed No
LEE'S SUMMIT MO 64081-2602	Region 3 Medicare/Medicaid Facility Number 04415
JOHN KNOX VILLAGE CARE CENTER	
600 NW PRYOR ROAD	Telephone (816) 347-2400 Alzheimer's Unit Yes
LEE'S SUMMIT MO 64081-1104	
Mailing Address 600 NW PRYOR RD	County JACKSON DMH Licensed No
LEE'S SUMMIT MO 64081-1104	•
EED 5 50000011	Region 5 Medical Civicultation Facility Number 14329

Thursday, April 4, 2024 Page 56 of 142

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JOLET HOME				
3920 FOREST		<b>Telephone</b> (816) 531-5308	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1220	Level of Care RCF	Bed Capacity	17
Mailing Address 3920 FOREST		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64110-1220	Region 3		)3982
			·	
KINGSWOOD				
10000 WORNALL RD		<b>Telephone</b> (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care SNF	Bed Capacity	86
Mailing Address 10000 WORNALL R	D	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number	)4152
KINGSWOOD				
10000 WORNALL RD		<b>Telephone</b> (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care ALF**	Bed Capacity	67
Mailing Address 10000 WORNALL R		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64114-4359	Region 3		)4152
				,.102
LEE'S SUMMIT PLACE				
1501 SW 3RD ST		<b>Telephone</b> (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
LIFE CARE CENTER OF GRANDV	IEW			
LIFE CARE CENTER OF GRANDV 6301 EAST 125TH ST	IEW	<b>Telephone</b> (816) 765-7714	Alzheimer's Unit	Yes
	MO 64030-1884	Telephone (816) 765-7714 Level of Care SNF	Alzheimer's Unit Bed Capacity	Yes 172
6301 EAST 125TH ST	MO 64030-1884	• '		
6301 EAST 125TH ST GRANDVIEW	MO 64030-1884	Level of Care SNF	Bed Capacity  DMH Licensed	172
6301 EAST 125TH ST GRANDVIEW <b>Mailing Address</b> 6301 EAST 125TH S GRANDVIEW	MO 64030-1884 T MO 64030-1884	Level of Care SNF County JACKSON	Bed Capacity  DMH Licensed	172 No
6301 EAST 125TH ST GRANDVIEW Mailing Address 6301 EAST 125TH S GRANDVIEW LODGE RESIDENTIAL CARE FAC	MO 64030-1884 T MO 64030-1884	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	172 No 11929
6301 EAST 125TH ST GRANDVIEW Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST	MO 64030-1884 T MO 64030-1884	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	172 No 11929 No
6301 EAST 125TH ST GRANDVIEW Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY	MO 64030-1884 T MO 64030-1884 ILITY, THE MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	172 No 11929 No 8
6301 EAST 125TH ST GRANDVIEW Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST	MO 64030-1884 T MO 64030-1884 ILITY, THE MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY	MO 64030-1884 T MO 64030-1884 ILITY, THE MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No 8 No
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING	MO 64030-1884 T MO 64030-1884 ILITY, THE MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS	MO 64030-1884 T MO 64030-1884 ILITY, THE MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS  Mailing Address 111 MOCK AVE	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418  MO 64014-2504	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS  Mailing Address 111 MOCK AVE	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418  MO 64014-2504	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FAC 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS  Mailing Address 111 MOCK AVE BLUE SPRINGS	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418  MO 64014-2504	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	172 No 11929 No 8 No 16211
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FACT 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS  Mailing Address 111 MOCK AVE BLUE SPRINGS  MADISON SENIOR LIVING THE 14001 MADISON AVENUE KANSAS CITY	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418  MO 64014-2504 MO 64014-2504 MO 64014-2504	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 8 No 16211 No 57 No 13219
GRANDVIEW  Mailing Address 6301 EAST 125TH S GRANDVIEW  LODGE RESIDENTIAL CARE FACT 3860 EAST 60TH ST KANSAS CITY  Mailing Address 3860 EAST 60TH ST KANSAS CITY  LUXLIFE SENIOR LIVING 111 MOCK AVE BLUE SPRINGS  Mailing Address 111 MOCK AVE BLUE SPRINGS  MADISON SENIOR LIVING THE 14001 MADISON AVENUE	MO 64030-1884 T MO 64030-1884  ILITY, THE MO 64130-4418 MO 64130-4418  MO 64014-2504 MO 64014-2504 MO 64014-2504	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 599-5235 Level of Care RCF County JACKSON Region 3  Telephone (816) 220-4200 Level of Care ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	172 No 11929 No 8 No 16211 No 57 No 13219

Thursday, April 4, 2024 Page 57 of 142

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MAYWOOD MANOR			
1041 WEST TRUMAN RD	<b>Telephone</b> (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	<b>Telephone</b> (816) 836-1250	Alzheimer's Unit	Yes
INDEPENDENCE MO 64052-2258	Level of Care SNF	<b>Bed Capacity</b>	89
Mailing Address 10300 EAST TRUMAN RD	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64052-2258	Region 3 Medicare/Medicaid	Facility Number	08673
MONTEREY PARK REHABILITATION & HEALTH CARE	CENTER		
4600 LITTLE BLUE PARKWAY	<b>Telephone</b> (816) 795-7888	Alzheimer's Unit	No
INDEPENDENCE MO 64057-8302	Level of Care SNF	<b>Bed Capacity</b>	122
Mailing Address 4600 LITTLE BLUE PRKWY	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64057-8302	Region 3 Medicare/Medicaid	<b>Facility Number</b>	15987
MY BLESSED HOME			
305 E 63RD ST	<b>Telephone</b> (816) 678-8061	Alzheimer's Unit	No
KANSAS CITY MO 64113-2225	Level of Care RCF	<b>Bed Capacity</b>	11
Mailing Address 305 E 63RD ST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64113-2225	<b>Region</b> 3	<b>Facility Number</b>	27175
MYERS NURSING & CONVALESCENT CENTER			
2315 WALROND AVE	<b>Telephone</b> (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
	- Transma		05020
OAKS, THE			
5550 NOLAND ROAD	<b>Telephone</b> (816) 356-0200	Alzheimer's Unit	No
KANSAS CITY MO 64133-3685	Level of Care RCF	Bed Capacity	62
Mailing Address 5550 NOLAND RD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64133-3685	Region 3	Facility Number	13440
	region 5		15.10
PARKVIEW HEALTHCARE			
128 NORTH HARDESTY	<b>Telephone</b> (816) 241-2020	Alzheimer's Unit	No
KANSAS CITY MO 64123-1404	Level of Care SNF	Bed Capacity	120
Mailing Address 128 NORTH HARDESTY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64123-1404	•	Facility Number	
MAINGAN CITT 1910 04123-1404	Region 3 Medicare/Medicaid	racinty Number	02928
PARKWAY HEALTH CARE CENTER			
2323 SWOPE PARKWAY	<b>Telephone</b> (816) 924-1122	Alzheimer's Unit	No
KANSAS CITY MO 64130-2638	Level of Care SNF	Bed Capacity	97
Mailing Address 2323 SWOPE PARKWAY	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number	07092
121 101 10 11 1 11 11 11 11 11 11 11 11 11	Region 5 Medicare/Medicald	racinty number	07092

Thursday, April 4, 2024 Page 58 of 142

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PARKWAY SENIOR LIVING, THE		TELL (016) 200 0066	AT THE STATE OF THE STATE OF	37
550 NE NAPOLEON DR	MO (4014 5402	Telephone (816) 228-8866	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-5403	Level of Care ALF**	Bed Capacity	72 N
Mailing Address 550 NE NAPOLEON		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-5403	Region 3	Facility Number	29917
PRINCETON SENIOR LIVING THE				
1701 S E OLDHAM PARKWAY		<b>Telephone</b> (816) 875-4950	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-	Level of Care ALF**	Bed Capacity	68
Mailing Address 1701 S E OLDHAM I		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number	32762
EEE o selviiviii	MC 01001	Region 5	Tacinty Ivanioei	32102
REHAB OF KANSAS CITY SOUTH				
8033 HOLMES ROAD		<b>Telephone</b> (816) 363-6222	Alzheimer's Unit	No
KANSAS CITY	MO 64131-2115	Level of Care SNF	<b>Bed Capacity</b>	100
Mailing Address 8033 HOLMES ROA	D	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-2115	Region 3 Medicare/Medicaid	<b>Facility Number</b>	03680
REHABILITATION CENTER OF IN	DEPENDENCE,THE			
1800 S SWOPE DR		<b>Telephone</b> (816) 257-2566	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64057-1084	Level of Care SNF	Bed Capacity	130
Mailing Address 1800 S SWOPE DR		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1084	Region 3 Medicare/Medicaid	Facility Number	22063
ROCKHILL MANOR ASSISTED LIV	VING			
4235 LOCUST ST		<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care ALF	Bed Capacity	154
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	<b>Facility Number</b>	06794
ROCKHILL MANOR ASSISTED LIV	VING			
4235 LOCUST ST		<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
ROSEWOOD REHAB AND HEALTI	HCARE CENTER			
1415 WEST WHITE OAK		<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64050-2590	Level of Care SNF	Bed Capacity	300
Mailing Address 1415 WEST WHITE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-2590	Region 3 Medicare/Medicaid	<b>Facility Number</b>	06604
SEASONS REHAB AND HEALTHCA	ARE CENTER	<b>m.</b>		
15600 WOODS CHAPEL RD	MO (4120 1261	<b>Telephone</b> (816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care SNF	Bed Capacity	78
Mailing Address 15600 WOODS CHA		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712

Thursday, April 4, 2024 Page 59 of 142

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SHANGRI-LA REHAB & LIVING C	ENTER			
930 NORTH EAST DUNCAN RD		<b>Telephone</b> (816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2173	Level of Care SNF	Bed Capacity	120
Mailing Address 930 NORTH EAST D	OUNCAN RD	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2173	Region 3 Medicare/Medicaid	Facility Number	00677
SILVERADO LEE'S SUMMIT				
3101 SW 3RD STREET		<b>Telephone</b> (816) 321-1648	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-4060	Level of Care ALF**	Bed Capacity	54
Mailing Address 3101 SW 3RD STRE		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-4060	Region 3	Facility Number	31077
ZZZ 6 SC.M.M.	1120 01001 1000	Region 5	Tuellity Tulliser	31077
ST ANTHONY'S				
1010 EAST 68TH STREET		<b>Telephone</b> (816) 846-0870	Alzheimer's Unit	Yes
KANSAS CITY	MO 64131-1311	Level of Care ALF**	Bed Capacity	81
Mailing Address 1010 EAST 68TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-1311	Region 3	Facility Number	32075
SUMMIT, THE				
3660 SUMMIT		<b>Telephone</b> (816) 931-1196	Alzheimer's Unit	No
KANSAS CITY	MO 64111-4632	Level of Care SNF	Bed Capacity	64
Mailing Address 3660 SUMMIT		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-4632	Region 3 Medicare/Medicaid	Facility Number	18330
SUMMITVIEW TERRACE ASSISTE	ED LIVING BY AMERICARE	T. 1. 1. (010) 7.00 667		
12101 EAST BANNISTER RD	NO (4130 4013	<b>Telephone</b> (816) 763-6667	Alzheimer's Unit	No
KANSAS CITY	MO 64138-4913	Level of Care ALF**	Bed Capacity	52 N
Mailing Address 12101 EAST BANNI		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64138-4913	Region 3	Facility Number	16311
SUNTERRA SPRINGS INDEPENDE	NCE			
19200 E 37TH TERRACE S		<b>Telephone</b> (816) 335-3008	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-8324	Level of Care SNF	<b>Bed Capacity</b>	38
Mailing Address 19200 E 37TH TERR	ACE S	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-8324	Region 3 Medicare	Facility Number	30894
TIMBEDI AKE CARE CENTER				
TIMBERLAKE CARE CENTER		Telephone (816) 941-3006	Alzheimer's Linit	No
12110 HOLMES RD	MO 64145-1707	Telephone (816) 941-3006 Level of Care SNF	Alzheimer's Unit	No 122
12110 HOLMES RD KANSAS CITY	MO 64145-1707	Level of Care SNF	Bed Capacity	122
12110 HOLMES RD KANSAS CITY <b>Mailing Address</b> 12110 HOLMES RD		Level of Care SNF County JACKSON	Bed Capacity DMH Licensed	122 No
12110 HOLMES RD KANSAS CITY	MO 64145-1707 MO 64145-1707	Level of Care SNF	Bed Capacity	122
12110 HOLMES RD KANSAS CITY <b>Mailing Address</b> 12110 HOLMES RD		Level of Care SNF County JACKSON	Bed Capacity DMH Licensed	122 No
12110 HOLMES RD KANSAS CITY Mailing Address 12110 HOLMES RD KANSAS CITY TRUSTWELL LIVING OF RAYTOW	MO 64145-1707	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	122 No 10962
12110 HOLMES RD KANSAS CITY Mailing Address 12110 HOLMES RD KANSAS CITY  TRUSTWELL LIVING OF RAYTOW 9110 EAST 63RD ST	MO 64145-1707 WN	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 353-3400	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	122 No 10962 No
12110 HOLMES RD KANSAS CITY Mailing Address 12110 HOLMES RD KANSAS CITY  TRUSTWELL LIVING OF RAYTOW 9110 EAST 63RD ST RAYTOWN	MO 64145-1707  WN  MO 64133-4893	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	122 No 10962 No 76
12110 HOLMES RD KANSAS CITY Mailing Address 12110 HOLMES RD KANSAS CITY  TRUSTWELL LIVING OF RAYTOW 9110 EAST 63RD ST	MO 64145-1707  WN  MO 64133-4893	Level of Care SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (816) 353-3400	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	122 No 10962 No

Thursday, April 4, 2024 Page 60 of 142

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VILLAGE ASSISTED LIVING				
1701 NW O'BRIEN RD		<b>Telephone</b> (816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Level of Care ALF**	<b>Bed Capacity</b>	50
Mailing Address 1701 NW O'BRIEN	RD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3	<b>Facility Number</b>	29258
VILLAGE ASSISTED LIVING				
1704 NORTHWEST O'BRIEN RD		<b>Telephone</b> (816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Level of Care ALF**	Bed Capacity	172
Mailing Address 1704 NORTHWEST		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3	Facility Number	16108
ELES SCIMINI	1410 04001 1337	Region 5	Pacinty Number	10108
VILLAGE AT CARROLL PARK, T	нЕ	T-l	All-bathar t TT 14	ът
5301 HARRY TRUMAN DR	MO (4020 1700	<b>Telephone</b> (816) 761-6838	Alzheimer's Unit	No
GRANDVIEW	MO 64030-1708	Level of Care ICF	Bed Capacity	93
Mailing Address 5301 HARRY TRUN		County JACKSON	DMH Licensed	Yes
GRANDVIEW	MO 64030-1708	Region 3	Facility Number	03157
WATERFORD LADIES HOME				
500 NW VESPER ST	NO. (4014.0544	<b>Telephone</b> (816) 228-6337	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2744	Level of Care RCF	Bed Capacity	27
Mailing Address 500 NW VESPER ST		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2744	Region 3	Facility Number	13774
WHITE OAK ACCICTED I WING				
WHITE OAK ASSISTED LIVING 1515 WEST WHITE OAK		<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	No
INDEPENDENCE	MO 64050-2557	Telephone (816) 254-3500 Level of Care ALF**	Bed Capacity	78
Mailing Address 1515 WEST WHITE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-2557	·	Facility Number	
INDEFENDENCE	WO 04030-2337	Region 3	racinty Number	06604
WILSHIRE AT LAKEWOOD REHA	AR CENTER			
600 NE MEADOWVIEW DR	AD CENTER	<b>Telephone</b> (816) 554-9866	Alzheimer's Unit	No
LEE'S SUMMIT	MO 64064-1983	Level of Care SNF	Bed Capacity	170
Mailing Address 600 NE MEADOWV		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number	22471
ELLOSOMMIT	1410 04004 1703	Region 5 Medical e/Medicald	racinty runner	22471
WOOD OAKS, INC				
1804 SOUTH STERLING AVE		<b>Telephone</b> (816) 254-5400	Alzheimer's Unit	No
INDEPENDENCE	MO 64052-3845	Level of Care RCF*	Bed Capacity	30
Mailing Address PO BOX 520049		County JACKSON	DMH Licensed	Yes
INDEPENDENCE	MO 64052-0049	Region 3	Facility Number	02389
	3.002.00.7	Allegion o	I women's I wanted	0230)
	JAS	PER		
ANEW HEALTHCARE OPERATIO	ONS-SARCOXIE, LLC			
1505 MINER	, 200	<b>Telephone</b> (417) 548-3434	Alzheimer's Unit	No
SARCOXIE	MO 64862-9211	Level of Care SNF	Bed Capacity	40
			ca capacity	

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MO 64862-0248

County

Region 1

**JASPER** 

Medicare/Medicaid

No

06864

**DMH Licensed** 

**Facility Number** 

Mailing Address 1505 MINER

SARCOXIE

Thursday, April 4, 2024 Page 61 of 142

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AUTUMN PLACE RESIDENTIAL C	ARE OF JOPLIN		
2030 E ZORA ST		<b>Telephone</b> (417) 626-8900	Alzheimer's Unit No
JOPLIN	MO 64801-1170	Level of Care RCF*	<b>Bed Capacity</b> 38
Mailing Address 2030 E ZORA ST		County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64801-1170	Region 1	Facility Number 20779
BRISTOL MANOR OF CARTHAGE			
2131 SOUTH RIVER AVE	,	<b>Telephone</b> (417) 358-9788	Alzheimer's Unit No
CARTHAGE	MO 64836-3350	Level of Care RCF	Bed Capacity 12
Mailing Address 2131 S RIVER AVE	WO 04030-3330	County JASPER	DMH Licensed Yes
CARTHAGE	MO 64836-3350	Region 1	Facility Number 20858
CARTHAGE	WO 04630-3330	Region 1	Facility Number 20838
BRISTOL MANOR OF WEBB CITY			
1803 NORTH MAIN, HIGHWAY D		<b>Telephone</b> (417) 673-4231	Alzheimer's Unit No
WEBB CITY	MO 64870-1193	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 1803 NORTH MAIN,	, HIGHWAY D	County JASPER	DMH Licensed No
WEBB CITY	MO 64870-1193	Region 1	Facility Number 20537
CARL JUNCTION RESIDENTIAL C	CARE		
201 FIR RD		<b>Telephone</b> (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	<b>DMH Licensed</b> No
CARL JUNCTION	MO 64834-9222	Region 1	Facility Number 20550
CARTHAGE HEALTH AND REHAM	RII ITATION CENTER		
1901 BUENA VISTA AVE	JEHAHON CENTER	<b>Telephone</b> (417) 358-1937	Alzheimer's Unit Yes
CARTHAGE	MO 64836-3178	Level of Care SNF	Bed Capacity 120
Mailing Address 1901 BUENA VISTA		County JASPER	DMH Licensed No
CARTHAGE	MO 64836-3178	Region 1 Medicare/Medicaid	Facility Number 12472
0.11.11.02	110 01000 0170	region i medicare/medicard	12472
COMMUNITIES OF WILDWOOD R	AANCH		
3222 SOUTH JOHN DUFFY DR		<b>Telephone</b> (417) 621-0175	Alzheimer's Unit No
JOPLIN	MO 64804-1569	Level of Care SNF	Bed Capacity 120
Mailing Address 3222 SOUTH JOHN	DUFFY DR	County JASPER	DMH Licensed No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number 29077
FOXBERRY TERRACE - ASSISTED	ALIVING RV AMEDICADE		
4316 NORTH ST LOUIS AVE	LIVING BY AMERICARE	Talanhana (417) 625 1000	Alahaiman'a Unit Vas
WEBB CITY	MO 64870-9550	Telephone (417) 625-1000 Level of Care ALF**	Alzheimer's Unit Yes Bed Capacity 46
Mailing Address 4316 NORTH ST LO WEBB CITY	MO 64870-9550	·	
WEDD CITT	1410 040/0-3330	Region 1	Facility Number 25428
JOPLIN GARDENS			
2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	Alzheimer's Unit No
JOPLIN	MO 64804-2524	Level of Care SNF	<b>Bed Capacity</b> 92
Mailing Address 2810 SOUTH JACKS	SON AVE	County JASPER	DMH Licensed No
JOPLIN	MO 64804-2524	Region 1 Medicare/Medicaid	Facility Number 01373

Thursday, April 4, 2024 Page 62 of 142

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MAPLE TREE TERRACE - ASSISTI	ED LIVING BY AMERICARE			
2510 CLINTON ST		<b>Telephone</b> (417) 358-7201	Alzheimer's Unit	No
CARTHAGE	MO 64836-3427	Level of Care ALF**	Bed Capacity	50
Mailing Address 2510 CLINTON ST		County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3427	Region 1	Facility Number	17660
		_		
OAK BODYEE OF CARTHACE				
OAK POINTE OF CARTHAGE 300 W AIRPORT DR		TD 1 1 (417) 259 2255	A1 1	Yes
CARTHAGE	MO 64836-3511	Telephone (417) 358-3355  Level of Care ALF**	Alzheimer's Unit	55
Mailing Address 300 W AIRPORT DR		20,0101010110	Bed Capacity DMH Licensed	No
CARTHAGE	MO 64836-3511	•		
CARTHAGE	WO 04830-3311	Region 1	Facility Number	30168
SPRING RIVER CHRISTIAN VILLA	AGE, INC			
201 S NORTHPARK LN		<b>Telephone</b> (417) 623-4313	Alzheimer's Unit	No
JOPLIN	MO 64801-8426	Level of Care ALF**	Bed Capacity	93
Mailing Address 201 S NORTHPARK	LN	County JASPER	DMH Licensed	No
JOPLIN	MO 64801-8426	Region 1	Facility Number	14251
ST LUKE'S CARE CENTER, INC				
1220 EAST FAIRVIEW AVE		<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	No
CARTHAGE	MO 64836-3122	Level of Care ALF**	Bed Capacity	41
Mailing Address 1220 EAST FAIRVIE		County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1	Facility Number	07606
CARTINGE	1410 04030 3122	Acgion 1	racinty (tumber	07000
ST LUKE'S NURSING CENTER, INC	C			
1220 EAST FAIRVIEW AVE		<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3122	Level of Care SNF	Bed Capacity	95
Mailing Address 1220 EAST FAIRVIE	W AVE	County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1 Medicare/Medicaid	Facility Number	07606
SUNNY HILLS RESIDENTIAL CAR	E FACILITY			
17562 IMPERIAL RD	EFACILITI	<b>Telephone</b> (417) 358-6122	Alzheimer's Unit	No
CARTHAGE	MO 64836-8753	Level of Care RCF	Bed Capacity	18
Mailing Address 17562 IMPERIAL RD		County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-8753	Region 1	Facility Number	13351
CHRITHIGE	110 01030 0733	Kegion 1	Tuellity Tulliser	13331
WEBB CITY HEALTH AND REHAB	SILITATION CENTER			
2077 STADIUM DR		<b>Telephone</b> (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
WESTGATE				
3130 JOHN DUFFY DR		<b>Telephone</b> (417) 553-3688	Alzheimer's Unit	Yes
JOPLIN	MO 64804-1569	Level of Care SNF	Bed Capacity	120
Mailing Address 3130 JOHN DUFFY I		County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number	31754
JOI DII I	110 01001 1307	Region i Medicale/Medicald	racincy runner	31/34

Thursday, April 4, 2024 Page 63 of 142

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WHISPERING PINES SENIOR LIVI	NG			
4904 EAST WELLRIDGE LN		<b>Telephone</b> (417) 781-0099	Alzheimer's Unit	No
JOPLIN	MO 64801-8793	Level of Care RCF*	Bed Capacity	20
Mailing Address 4904 EAST WELLRI	DGE LN	County JASPER	DMH Licensed	No
JOPLIN	MO 64801-8793	Region 1	<b>Facility Number</b>	09477
WILDWOOD SENIOR LIVING THE		m		77
3002 SOUTH JOHN DUFFY DRIVE		<b>Telephone</b> (417) 623-2233	Alzheimer's Unit	Yes
JOPLIN	MO 64804-1656	Level of Care ALF**	Bed Capacity	74
Mailing Address 3002 SOUTH JOHN I	DUFFY DRIVE	County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1656	Region 1	Facility Number	31370
	JEFFEI	RSON		
ARBOR VIEW NURSING AND REH				
6400 THE CEDARS COURT	ADILITATION	<b>Telephone</b> (636) 274-1777	Alzheimer's Unit	NO
	NO. 62016 2220	- · · · · ·		
CEDAR HILL	MO 63016-2220	Level of Care SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS 0		County JEFFERSON	DMH Licensed	No
CEDAR HILL	MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number	12647
AUTUMN RIDGE RESIDENCES				
300 AUTUMN RIDGE DR		<b>Telephone</b> (636) 931-8400	Alzheimer's Unit	No
HERCULANEUM	MO 63048-1506	Level of Care RCF*		81
			Bed Capacity	
Mailing Address 300 AUTUMN RIDG		County JEFFERSON	DMH Licensed	Yes
HERCULANEUM	MO 63048-1506	Region 2	Facility Number	15845
BAISCH NURSING CENTER				
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care RCF*	Bed Capacity	18
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-5046	Region 2	Facility Number	00910
DESOTO	WO 03020-3040	Region 2	Facinty Number	00910
BAISCH NURSING CENTER				
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care SNF	<b>Bed Capacity</b>	61
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-5046	Region 2 Medicare/Medicaid	Facility Number	00910
CEDARHURST OF ARNOLD				
2069 MISSOURI STATE ROAD		<b>Telephone</b> (636) 333-2715	Alzheimer's Unit	Yes
ARNOLD	MO 63010-4809	Level of Care ALF**	Bed Capacity	94
Mailing Address 2069 MISSOURI STA	ATE ROAD	County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4809	Region 2	Facility Number	32428
COLLINS HOUSE, THE				
102 COLLINS RD		<b>Telephone</b> (314) 749-0986	Alzheimer's Unit	NO
FESTUS	MO 63028-	Level of Care ALF**	Bed Capacity	8
Mailing Address 102 COLLINS RD	112 00020	County JEFFERSON	DMH Licensed	No
FESTUS	MO 62028	•		
1123103	MO 63028-	Region 2	Facility Number	33443

WHISPERING PINES SENIOR LIVING

Thursday, April 4, 2024 Page 64 of 142

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COLONIAL HOUSE OF FESTUS II				
129 GRAY ST		<b>Telephone</b> (636) 465-0994	Alzheimer's Unit	No
FESTUS	MO 63028-1950	Level of Care RCF	Bed Capacity	20
Mailing Address 129 GRAY ST		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-1950	Region 2	Facility Number	07322
CORI MANOR HEALTHCARE & R	EHABILITATION CENTER			
560 CORISANDE HILLS RD		<b>Telephone</b> (636) 343-2282	Alzheimer's Unit	No
FENTON	MO 63026-5613	Level of Care SNF	<b>Bed Capacity</b>	144
Mailing Address 560 CORISANDE HI	LLS RD	<b>County JEFFERSON</b>	DMH Licensed	No
FENTON	MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number	01800
anvanir alva				
CRYSTAL OAKS		T-l ((24) 022 1010	A 1-1	V
1500 CALVARY CHURCH RD	MO 62009 4125	Telephone (636) 933-1818 Level of Care ALF**	Alzheimer's Unit	Yes 60
FESTUS Mailing Address 1500 CALVARY CH	MO 63028-4125		Bed Capacity  DMH Licensed	
FESTUS	MO 63028-4125	•		No
restus	MO 03028-4123	Region 2	Facility Number	99932
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care SNF	Bed Capacity	131
Mailing Address 1500 CALVARY CH	URCH RD	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	<b>Facility Number</b>	99932
DECEME MANOR				
FESTUS MANOR 627 WESTWOOD DR S		Tolophono (626) 021 0066	Alzheimer's Unit	No
FESTUS	MO 63028-2062	Telephone (636) 931-9066 Level of Care SNF		No 150
Mailing Address 627 WESTWOOD D		County JEFFERSON	Bed Capacity DMH Licensed	No
FESTUS	MO 63028-2062	•	Facility Number	02546
1123103	WIO 03026-2002	Region 2 Medicare/Medicaid	racinty Number	02340
FOUNTAINBLEAU NURSING CEN	ΓER			
1349 HIGHWAY 61		<b>Telephone</b> (636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care SNF	<b>Bed Capacity</b>	106
Mailing Address PO BOX 700		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number	17080
HILLCREST CARE CENTER, INC				
1108 CLARKE ST		<b>Telephone</b> (636) 586-3022	Alzheimer's Unit	No
DE SOTO	MO 63020-2706	Level of Care SNF	Bed Capacity	120
Mailing Address 1108 CLARKE ST	110 03020-2700	County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2706	•	Facility Number	20084
סוספחת	1110 03020-2700	Region 2 Medicare/Medicaid	racinty Number	∠0084
MAGNOLIA HOUSE				
204 GRAND AVE		<b>Telephone</b> (636) 933-0662	Alzheimer's Unit	No
FESTUS	MO 63028-1842	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 204 GRAND AVE		County JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1842	Region 2	Facility Number	13697

Thursday, April 4, 2024 Page 65 of 142

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MEADOWVIEW MEMORY CARE			
555 WOODLAND VILLAS LANE		<b>Telephone</b> (636) 296-1400	Alzheimer's Unit Yes
ARNOLD	MO 63010-2011	Level of Care ALF**	Bed Capacity 24
Mailing Address 555 WOODLAND VIL	LAS LANE	County JEFFERSON	<b>DMH Licensed</b> No
ARNOLD	MO 63010-2011	Region 2	Facility Number 12549
MY PLACE RESIDENTIAL CARE, L.	c.		
23 NORTH SIXTH ST		<b>Telephone</b> (636) 933-1793	Alzheimer's Unit No
FESTUS	MO 63028-1301	Level of Care ALF	Bed Capacity 44
Mailing Address 23 NORTH SIXTH ST		County JEFFERSON	<b>DMH Licensed</b> Yes
FESTUS	MO 63028-1301	Region 2	Facility Number 10631
MV DI ACE TOO INC			
MY PLACE TOO, INC 1107 CLARKE ST		<b>Telephone</b> (636) 586-7871	Alzheimer's Unit No
DE SOTO	MO 63020-2709	Level of Care RCF*	Bed Capacity 50
	MO 63020-2709		DMH Licensed Yes
Mailing Address 1107 CLARKE ST DE SOTO	MO 63020-2709	County JEFFERSON	
DESOIO	MO 03020-2709	Region 2	Facility Number 16234
PINE VALLEY AT THE WOODLAND	os		
620 WOODLAND MEADOWS		<b>Telephone</b> (636) 202-1050	Alzheimer's Unit No
ARNOLD	MO 63010-2030	Level of Care ALF**	Bed Capacity 48
Mailing Address 620 WOODLAND ME.		County JEFFERSON	DMH Licensed No
ARNOLD	MO 63010-2030	Region 2	Facility Number 31974
		region -	2 10 11 21 21 21 21 21 21 21 21 21 21 21 21
SCENIC NURSING AND REHABILIT	ATION CENTER, LLC		
1333 SCENIC DR		<b>Telephone</b> (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	<b>DMH Licensed</b> No
HERCULANEUM	MO 63048-1550	Region 2 Medicare/Medicaid	Facility Number 09605
SOUTH COUNTY NURSING HOME,	INC		
1101 WEST OUTER 21 RD	inc	<b>Telephone</b> (636) 296-5455	Alzheimer's Unit No
ARNOLD	MO 63010-4644	Level of Care SNF	Bed Capacity 153
Mailing Address 1101 WEST OUTER 2		County JEFFERSON	DMH Licensed No
ARNOLD	MO 63010-4644	Region 2 Medicare/Medicaid	Facility Number 03650
ANTOLD	WIO 03010-4044	Region 2 Medicale/Medicald	racinty (uniber 03030
STONEBRIDGE DESOTO			
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
DE SOTO	MO 63020-2586	Level of Care SNF	<b>Bed Capacity</b> 56
Mailing Address 1550 VILLAS DR		County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-2586	Region 2 Medicare/Medicaid	Facility Number 13501
STONEDDIDGE DESOTO			
STONEBRIDGE DESOTO 1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
DE SOTO	MO 63020-2586	Level of Care RCF*	Bed Capacity 80
Mailing Address 1550 VILLAS DR	WIO 03020-2300	County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-2586	Region 2	
DE SOTO	1410 03020-2300	region 2	Facility Number 13501

Thursday, April 4, 2024 Page 66 of 142

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SUNNYHILL INDEPENDENCE CEN	TER		
3343 ARMBRUSTER ROAD		<b>Telephone</b> (636) 586-2188	Alzheimer's Unit No
DE SOTO	MO 63020-4506	Level of Care ALF**	<b>Bed Capacity</b> 32
Mailing Address 3343 ARMBRUSTER	RD	County JEFFERSON	<b>DMH Licensed</b> Yes
DE SOTO	MO 63020-4506	Region 2	Facility Number 29674
SUPERIOR MANOR OF FESTUS, LI	∆ <b>c</b>		
12827 HIGHWAY TT		<b>Telephone</b> (314) 624-5575	Alzheimer's Unit No
FESTUS	MO 63028-4351	Level of Care SNF	Bed Capacity 55
Mailing Address 12827 HWY TT		County JEFFERSON	DMH Licensed No
FESTUS	MO 63028-4351	Region 2 Medicare/Medicaid	Facility Number 06820
123103	WO 03020- <del>4</del> 331	Region 2 Medicare/Medicald	racinty Number 00820
WOODLAND MANOR NURSING CE	INTED		
100 WOODLAND COURT	ENIER	<b>Telephone</b> (636) 296-1400	Alzheimer's Unit No
ARNOLD	MO 63010-2030	Level of Care SNF	Bed Capacity 178
			- ·
Mailing Address 100 WOODLAND CT		County JEFFERSON	DMH Licensed No
ARNOLD	MO 63010-2030	Region 2 Medicare/Medicaid	Facility Number 12549
	JOHNS	SON	
ARBORS AT HARMONY GARDENS	-MEMORY CARE ASSISTED LIVING	BY AMERICARE THE	
539 EAST YOUNG AVENUE		<b>Telephone</b> (660) 429-0034	Alzheimer's Unit Yes
WARRENSBURG	MO 64093-1228	Level of Care ALF**	<b>Bed Capacity</b> 24
Mailing Address 539 EAST YOUNG A	VENUE	County JOHNSON	<b>DMH Licensed</b> No
WARRENSBURG	MO 64093-1228	Region 3	Facility Number 31389
BRISTOL MANOR OF HOLDEN			
501 WEST SECOND		<b>Telephone</b> (816) 732-6789	Alzheimer's Unit No
HOLDEN	MO 64040-1205	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 501 WEST SECOND		County JOHNSON	<b>DMH Licensed</b> No
HOLDEN	MO 64040-1205	Region 3	Facility Number 17951
BRISTOL MANOR OF WARRENSBU	URG		
603 CREACH		<b>Telephone</b> (660) 747-8319	Alzheimer's Unit No
WARRENSBURG	MO 64093-1994	Level of Care RCF	Bed Capacity 12
Mailing Address 603 CREACH		County JOHNSON	<b>DMH Licensed</b> No
WARRENSBURG	MO 64093-1994	Region 3	Facility Number 16599
COUNTRY CLUB REHAB AND HEA	ALTHCARE CENTER		
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care SNF	<b>Bed Capacity</b> 73
Mailing Address 503 REGENT DR		County JOHNSON	<b>DMH Licensed</b> No
WARRENSBURG	MO 64093-3231	Region 3 Medicare/Medicaid	Facility Number 20892
COUNTRY CLUB REHAB AND HEA	ALTHCARE CENTER		
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care RCF*	<b>Bed Capacity</b> 40
Mailing Address 503 REGENT DR		County JOHNSON	<b>DMH Licensed</b> No

Region 3

**Facility Number** 

20892

MO 64093-3231

WARRENSBURG

Thursday, April 4, 2024 Page 67 of 142

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HADMONIA CADDENC ACCIOTED I	WING BY AMERICARE			
HARMONY GARDENS - ASSISTED LI 503 BURKARTH ROAD	IVING BY AMERICARE	<b>Telephone</b> (660) 747-5411	Alzheimer's Unit	No
	MO 64093-3145	Level of Care ALF**		44
Mailing Address 503 BURKARTH RD	WIO 04093-3143		Bed Capacity DMH Licensed	No
0	MO 64002 2145	•		
WARRENSBURG	MO 64093-3145	Region 3	Facility Number	18615
HOLDEN MANOR HEALTH & REHAL	BILITATION			
2005 SOUTH LEXINGTON		<b>Telephone</b> (816) 732-4138	Alzheimer's Unit	No
HOLDEN	MO 64040-1610	Level of Care SNF	Bed Capacity	52
Mailing Address 2005 SOUTH LEXINGT	TON	County JOHNSON	DMH Licensed	No
HOLDEN	MO 64040-1610	Region 3 Medicare/Medicaid	Facility Number	08334
JOHNSON COUNTY CARE CENTER				
122 EAST MARKET ST		<b>Telephone</b> (660) 747-8101	Alzheimer's Unit	No
	MO 64093-1818	Level of Care ICF	Bed Capacity	87
Mailing Address 122 EAST MARKET ST		County JOHNSON	DMH Licensed	No
-	MO 64093-1818	Region 3 Medicaid		05309
WARRENSBURG	WIO 04093-1010	Region 5 Medicaid	Facility Number	03309
MOOREVIEW RESIDENTIAL				
130 WEST CULTON		<b>Telephone</b> (660) 429-1587	Alzheimer's Unit	No
	MO 64093-1720	Level of Care RCF	Bed Capacity	20
Mailing Address 130 WEST CULTON		County JOHNSON	DMH Licensed	Yes
WARRENSBURG N	MO 64093-1720	Region 3	Facility Number	11225
RIDGE CREST NURSING CENTER				
706 SOUTH MITCHELL		<b>Telephone</b> (660) 429-2177	Alzheimer's Unit	Yes
WARRENSBURG	MO 64093-2828	Level of Care SNF	Bed Capacity	120
Mailing Address 706 SOUTH MITCHELI	L	County JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number	06640
WARRENSBURG MANOR CARE CEN	TTER			
400 CARE CENTER DR		<b>Telephone</b> (660) 747-2216	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3100	Level of Care SNF	Bed Capacity	88
Mailing Address 400 CARE CENTER DR	₹	County JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number	08383
	KNO	X		
BLESSING CENTER, THE				
302 NORTH MAIN		<b>Telephone</b> (660) 397-2293	Alzheimer's Unit	No
EDINA	MO 63537-1353	Level of Care RCF	Bed Capacity	51
Mailing Address 302 NORTH MAIN		County KNOX	DMH Licensed	Yes
EDINA !	MO 63537-1353	Region 5	Facility Number	03728
KNOX COUNTY NURSING HOME DIS	STRICT			
55774 STATE HIGHWAY 6		<b>Telephone</b> (660) 397-2282	Alzheimer's Unit	No
EDINA	MO 63537-4253	Level of Care SNF	Bed Capacity	60
Mailing Address 55774 STATE HIGHWA	AY 6	County KNOX	DMH Licensed	No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number	04173

Thursday, April 4, 2024 Page 68 of 142

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# **LACLEDE**

ANNA'S HOUSE ASSISTED LIVING 25466 NORTH HWY 5	G FACILITY	<b>Telephone</b> (417) 839-7637	Alzheimer's Unit	No
LEBANON	MO 65536-	Level of Care ALF	Bed Capacity	80
Mailing Address PO BOX 969		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-0969	Region 1	Facility Number	08791
CEDARHURST OF LEBANON ASSI	ISTED LIVING & MEMORY CARE			
842 LYNN STREET		<b>Telephone</b> (417) 815-0122	Alzheimer's Unit	Yes
LEBANON	MO 65536-3832	Level of Care ALF**	Bed Capacity	90
Mailing Address 842 LYNN STREET	MO (552( 2922	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3832	Region 1	Facility Number	31890
COUNTRYSIDE HOME, LLC		T		
24499 PARK DR	MO (552( 5042	<b>Telephone</b> (417) 532-7418	Alzheimer's Unit	No
LEBANON	MO 65536-5843	Level of Care RCF	Bed Capacity	20 Vac
Mailing Address 24499 PARK DR LEBANON	MO 65536-5843	County LACLEDE  Region 1	DMH Licensed Facility Number	Yes 15052
LEBANON	WO 03330-3643	Kegion 1	Facility Number	15052
ESSEX OF LEBANON, THE		T. 1. 1. (445) 500 4040		
1316 DEADRA DR	MO (552) 4(00	<b>Telephone</b> (417) 532-4863	Alzheimer's Unit	No
LEBANON  Mailing Address 1316 DEADRA DR	MO 65536-4609	Level of Care RCF County LACLEDE	Bed Capacity DMH Licensed	12 No
LEBANON	MO 65536-4609	Region 1	Facility Number	24257
EEDITION	MG 03330 1005	Region 1	Tuenty Tumber	24237
LEBANON NORTH NURSING & RE 596 MORTON RD	ЕНАВ	<b>Telephone</b> (417) 532-9173	Alzheimer's Unit	Yes
LEBANON	MO 65536-3648	Level of Care SNF	Bed Capacity	180
Mailing Address 596 MORTON RD	110 03330 3040	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3648	Region 1 Medicare/Medicaid	Facility Number	04369
LEBANON SOUTH NURSING & RE	CHAB			
514 WEST FREMONT ROAD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care SNF	<b>Bed Capacity</b>	116
Mailing Address 514 WEST FREMON	T ROAD	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1 Medicare/Medicaid	Facility Number	15650
LEBANON SOUTH NURSING & RE	СНАВ			
514 WEST FREMONT RD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care RCF	Bed Capacity	68
Mailing Address 514 WEST FREMON		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1	Facility Number	15650
NORTHRIDGE PLACE - ASSISTED	LIVING BY AMERICARE			
1500 LYNN ST		<b>Telephone</b> (417) 532-9793	Alzheimer's Unit	Yes
LEBANON	MO 65536-4409	Level of Care ALF**	Bed Capacity	50 N
Mailing Address 1500 LYNN ST	MO 65526 4400	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4409	Region 1	Facility Number	20525

Thursday, April 4, 2024 Page 69 of 142

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# **LAFAYETTE**

ANEW HEALTHCARE ODESSA 609 GOLF ST ODESSA Mailing Address 609 GOLF ST ODESSA	MO 64076-1462 MO 64076-1462	Telephone (816) 230-7530 Level of Care SNF County LAFAYETTE Region 3 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 05749
APPLE RIDGE CARE CENTER 100 WEST THOMAS AVE WAVERLY Mailing Address PO BOX 188 WAVERLY	MO 64096-9143 MO 64096-0188	Telephone (660) 493-2232 Level of Care SNF County LAFAYETTE Region 3 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 08823
BRISTOL MANOR OF LEXINGTON 2615 MAIN ST LEXINGTON Mailing Address 2615 MAIN ST LEXINGTON	MO 64067-1974 MO 64067-1974	Telephone (660) 259-6655 Level of Care RCF County LAFAYETTE Region 3	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 17543
BRISTOL MANOR OF ODESSA 115 SOUTH 5TH ST ODESSA Mailing Address 115 S 5TH ST ODESSA	MO 64076-1330 MO 64076-1330	Telephone (816) 633-8692 Level of Care RCF County LAFAYETTE Region 3	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 16547
ESSEX OF CONCORDIA, THE 402 REDBUD CONCORDIA Mailing Address 402 REDBUD CONCORDIA	MO 64020-8358 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 HO 202 S WEST ST CONCORDIA Mailing Address PO BOX 849 CONCORDIA	MO 64020-9643 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 04705
LUTHERAN NURSING HOME 202 S WEST ST CONCORDIA Mailing Address PO BOX 849 CONCORDIA	MO 64020-9643 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
MEYER CARE CENTER 1201 WEST 19TH ST HIGGINSVILLE Mailing Address 1201 WEST 19TH ST HIGGINSVILLE	MO 64037-1458 MO 64037-1458	Telephone (660) 584-7111 Level of Care SNF County LAFAYETTE Region 3 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 56 DMH Licensed No Facility Number 05326

Thursday, April 4, 2024 Page 70 of 142

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MEYER CARE CENTER				
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-7111	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care ALF**	Bed Capacity	39
Mailing Address 1201 WEST 19TH	I ST	County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3	<b>Facility Number</b>	05326
	II & DELIADII ITATION			
RIVERBEND HEIGHTS HEALT	H & REHABILITATION	(CCO) 250 4C05		NT.
1221 HIGHWAY 13 SOUTH		<b>Telephone</b> (660) 259-4695	Alzheimer's Unit	No
LEXINGTON	MO 64067-7187	Level of Care SNF	Bed Capacity	154
Mailing Address 1221 HIGHWAY		County LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number	04333
	L	AWRENCE		
A TORREST OF THE PROPERTY OF T				
AURORA NURSING CENTER		m 1 1 (45) 250 04 55	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••
1700 SOUTH HUDSON AVE		<b>Telephone</b> (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		<b>Telephone</b> (417) 678-7535	Alzheimer's Unit	No
AURORA	MO 65605-2512	Level of Care RCF	Bed Capacity	12
			DMH Licensed	No
Mailing Address 740 SOUTH HUD		·		
AURORA	MO 65605-2512	Region 1	Facility Number	20352
COMMUNITY OF AUTUMN CO	URT AT MT VERNON, THE			
1421 S LANDRUM ST		<b>Telephone</b> (417) 466-3549	Alzheimer's Unit	No
MOUNT VERNON	MO 65712-1912	Level of Care ALF**	Bed Capacity	34
Mailing Address 1421 S LANDRU	M ST	County LAWRENCE	DMH Licensed	No
MOUNT VERNON	MO 65712-1912	Region 1	Facility Number	20809
		8	·	
HUDSON HOUSE				
1700-B SOUTH HUDSON AVE		<b>Telephone</b> (417) 678-2169	Alzheimer's Unit	No
AURORA	MO 65605-2717	Level of Care RCF*	Bed Capacity	41
Mailing Address 1700-B S HUDSO	ON AVE	County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Facility Number	10444
LAWRENCE COUNTY MANOR				
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit	Yes
MT VERNON	MO 65712-1612	Level of Care SNF	Bed Capacity	90
Mailing Address 915 CARL ALLEI		County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1 Medicare/Medicaid	Facility Number	04349
WII VERNOU	100 03/12-1012	region i Medicare/Medicald	racinty Number	04349
LAWRENCE COUNTY RESIDEN	NTIAL CARE CENTER			
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit	No
MT VERNON	MO 65712-1612	Level of Care RCF*	<b>Bed Capacity</b>	30
Mailing Address 915 CARL ALLE	N ST	County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1	<b>Facility Number</b>	04349

MEYER CARE CENTER

Thursday, April 4, 2024 Page 71 of 142

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MT VERNON NURSING		T. I. I. (417) 466 2260		NO
1425 SOUTH LANDRUM	MO (5712 1012	<b>Telephone</b> (417) 466-2260	Alzheimer's Unit	NO
MT VERNON  Mailing Address 1425 S LANDRUM	MO 65712-1912	Level of Care SNF County LAWRENCE	Bed Capacity DMH Licensed	60 No
MT VERNON	MO 65712-1912	•		5304
WII VERNON	WIO 03/12-1912	Region 1 Medicare/Medicaid	racinty Number 16	)304
OAK POINTE OF MONETT				
1011 OLD AIRPORT ROAD		<b>Telephone</b> (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 30	0206
OZARKS METHODIST MANOR, TI	HF.			
205 SOUTH COLLEGE		<b>Telephone</b> (417) 258-2573	Alzheimer's Unit	Yes
MARIONVILLE	MO 65705-9340	Level of Care SNF	Bed Capacity	78
Mailing Address PO BOX 403		County LAWRENCE	DMH Licensed	No
MARIONVILLE	MO 65705-0403	Region 1 Medicare/Medicaid	Facility Number 06	5273
OZARKS METHODIST MANOR, TI	не			
205 SOUTH COLLEGE		<b>Telephone</b> (417) 258-2573	Alzheimer's Unit	No
MARIONVILLE	MO 65705-9340	Level of Care RCF	Bed Capacity	76
Mailing Address PO BOX 403		County LAWRENCE	DMH Licensed	No
MARIONVILLE	MO 65705-0403	Region 1	Facility Number 06	5273
POPA GOOD SAMARITAN SERVIO	CES, LLC			
16979 HWY 39		<b>Telephone</b> (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 30	0440
	LEW	VIS		
COUNTRY AIRE RETIREMENT CH	ENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care RCF*	<b>Bed Capacity</b>	8
Mailing Address 18540 STATE HIGH	WAY 16	County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5	Facility Number 16	5896
COUNTRY AIRE RETIREMENT CI	ENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care SNF	Bed Capacity	60
Mailing Address 18540 STATE HIGH		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number 16	5896
LA BELLE MANOR CARE CENTE	R			
1002 CENTRAL		<b>Telephone</b> (660) 213-3234	Alzheimer's Unit	Yes
LA BELLE	MO 63447-2092	Level of Care SNF	Bed Capacity	94
Mailing Address 1002 CENTRAL	MO 63447 2002	County LEWIS	DMH Licensed	No

Region 5

Medicare/Medicaid

**Facility Number** 

04212

MO 63447-2092

LA BELLE

Thursday, April 4, 2024 Page 72 of 142

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17528 STATE HIGHWAY 81 N		<b>Telephone</b> (573) 288-4454	Alzheimer's Unit	Yes
CANTON	MO 63435-3463	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 266		County LEWIS	DMH Licensed	No
CANTON	MO 63435-0266	Region 5 Medicare/Medicaid	Facility Number	04790
		LINCOLN		
		LINCOLN		
BRISTOL MANOR OF ELSBERR' 1402 RIVERVIEW DR	Y	<b>Telephone</b> (573) 898-5955	Alzheimer's Unit	No
ELSBERRY	MO 63343-1612	Level of Care RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-1612	Region 5	Facility Number	20015
ELSBERRY MISSOURI HEALTH 1827 HIGHWAY B	CARE CENTER	<b>Telephone</b> (573) 898-2880	Alzheimer's Unit	No
ELSBERRY	MO 63343-3126	Level of Care SNF	Bed Capacity	56
Mailing Address 1827 HWY B	WO 03343-3120	County LINCOLN	DMH Licensed	No.
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number	02336
ELSBERRY MISSOURI HEALTH	CARE CENTER	T-1 (572) 909 2990	A1-1-2	NO
1827 HIGHWAY B ELSBERRY	MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF**	Alzheimer's Unit Bed Capacity	NO 12
Mailing Address 1827 HIGHWAY B		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5	Facility Number	02336
		region 5	Tuesday Tuesday	02330
FOUR SEASONS ASSISTED LIVI	NG			
230 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	30
Mailing Address 230 RAILROAD S	Γ	County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
FOUR SEASONS RCF I				
220 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care RCF	Bed Capacity	23
Mailing Address 230 RAILROAD S	Γ	County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
I INCOLN COUNTY MIDEING .	DEHAD			
LINCOLN COUNTY NURSING & 1145 EAST CHERRY ST	KEHAD	<b>Telephone</b> (636) 528-5712	Alzheimer's Unit	No
TROY	MO 63379-1520	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 130	1/10 03317-1320	County LINCOLN	DMH Licensed	No
TROY	MO 63379-0130	Region 5 Medicare/Medicaid	Facility Number	15750
		region - medicaro/medicard		13,30
SILEX COMMUNITY CARE				
111 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5218	Alzheimer's Unit	No

LEWIS COUNTY NURSING HOME DISTRICT

SILEX

SILEX

Mailing Address 111 DUNCAN MANSION RD

**Level of Care** 

County

Region 5

SNF

Medicare/Medicaid

LINCOLN

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

60

No

06838

MO 63377-2229

MO 63377-2229

Thursday, April 4, 2024 Page 73 of 142

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

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SILEX RESIDENTIAL HOME, LLC				
145 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5213	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care RCF*	Bed Capacity	60
Mailing Address 145 DUNCAN MAN		County LINCOLN	DMH Licensed	Yes
SILEX	MO 63377-2229	Region 5	Facility Number	20982
SSTAR LLC				
125 ANNA AVE, #18		<b>Telephone</b> (636) 462-6979	Alzheimer's Unit	No
TROY	MO 63379-2402	Level of Care RCF	Bed Capacity	20
Mailing Address 125 ANNA AVE, #13		County LINCOLN	DMH Licensed	Yes
TROY	MO 63379-2402	Region 5	Facility Number	16992
SUGAR CREEK - ASSISTED LIVIN	IG BY AMERICARE	m		
161 PROFESSIONAL PARKWAY	1.50 (0.000)	<b>Telephone</b> (636) 528-3136	Alzheimer's Unit	Yes
TROY	MO 63379-2829	Level of Care ALF**	Bed Capacity	60
Mailing Address 161 PROFESSIONAL		County LINCOLN	DMH Licensed	No
TROY	MO 63379-2829	Region 5	Facility Number	26349
TROY MANOR				
200 THOMPSON DR		<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	No
TROY	MO 63379-2308	Level of Care ALF	<b>Bed Capacity</b>	20
Mailing Address 200 THOMPSON DE	R	County LINCOLN	DMH Licensed	No
TROY	MO 63379-2308	Region 5	Facility Number	05397
TROY MANOR				
200 THOMPSON DR		<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	Yes
TROY	MO 63379-2308	Level of Care SNF	Bed Capacity	130
Mailing Address 200 THOMPSON DE		County LINCOLN	DMH Licensed	No
TROY	MO 63379-2308	Region 5 Medicare/Medicaid	Facility Number	05397
TROY RH CNSL OPERATION LLC		T. I		
350 CAP AU GRIS	MO 63379-1761	Telephone (636) 462-4915 Level of Care RCF*	Alzheimer's Unit	No 22
TROY Mailing Address PO BOX 271	MO 03379-1701	Level of Care RCF*  County LINCOLN	Bed Capacity DMH Licensed	23 No
TROY	MO 63379-0271	Region 5	Facility Number	08129
IKOI	WIO 03377-0271	Region 5	racinty Number	08129
WINFIELD RESIDENTIAL CARE				
220 WEST WALNUT ST		<b>Telephone</b> (636) 668-8110	Alzheimer's Unit	No
WINFIELD	MO 63389-1122	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 220 WEST WALNUT	T ST	County LINCOLN	DMH Licensed	Yes
WINFIELD	MO 63389-1122	Region 5	Facility Number	08729
	LIN	NN		
BRISTOL MANOR OF BROOKFIE	LD			
338 THOMPSON		<b>Telephone</b> (660) 258-5065	Alzheimer's Unit	No
BROOKFIELD	MO 64628-2419	Level of Care RCF	Bed Capacity	12

MO 64628-2419

County

Region 5

LINN

**DMH Licensed** 

**Facility Number** 

No

18666

Mailing Address 338 THOMPSON

BROOKFIELD

Thursday, April 4, 2024 Page 74 of 142

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BRISTOL MANOR OF MARCELINE 102 EAST HAYDEN	E	<b>Telephone</b> (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
LIFE CARE CENTER OF BROOKFI	IELD		
315 HUNT ST		<b>Telephone</b> (660) 258-3367	Alzheimer's Unit Yes
BROOKFIELD	MO 64628-2412	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 315 HUNT ST	NO. (4(0) 0410	County LINN	DMH Licensed No
BROOKFIELD	MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number 00822
MCLARNEY MANOR			
215 EAST PRATT	150 (150) 100)	<b>Telephone</b> (660) 258-7402	Alzheimer's Unit No
BROOKFIELD	MO 64628-1300	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 129 BROOKFIELD	MO 64628-0129	County LINN  Region 5 Medicare/Medicaid	DMH Licensed No Facility Number 05220
BROOKFIELD	WO 04028-0129	Region 5 Medicare/Medicaid	Facility Number 05220
	LIVING	STON	
ASHBURY HEIGHTS OF CHILLICO	ОТНЕ		
603 ST LOUIS ST	NO (4(01.042)	<b>Telephone</b> (660) 707-1270	Alzheimer's Unit No
CHILLICOTHE  Mailing Address 602 ST LOUIS ST	MO 64601-2438	Level of Care RCF County LIVINGSTON	Bed Capacity 12 DMH Licensed Yes
Mailing Address 603 ST LOUIS ST CHILLICOTHE	MO 64601-2438	County LIVINGSTON Region 4	Facility Number 23909
CHEECOTTE	WO 04001 2430	Kegion +	racinty (varioti 23909
BAPTIST HOME, THE		T. I	
500 BAPTIST HOME LN	MO 64601-3973	Telephone (660) 646-6219 Level of Care ALF**	Alzheimer's Unit No Bed Capacity 20
CHILLICOTHE Mailing Address 500 BAPTIST HOME		County LIVINGSTON	Bed Capacity 20 DMH Licensed No
CHILLICOTHE	MO 64601-3973	Region 4	Facility Number 14084
	0.001 5975	Region	11001
CHILLICOTHE MANOR I LLC 1301 MONROE ST		<b>Telephone</b> (660) 646-5180	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1345	Telephone (660) 646-5180 Level of Care RCF*	Alzheimer's Unit No Bed Capacity 64
Mailing Address 1301 MONROE ST	1120 01001 1210	County LIVINGSTON	DMH Licensed Yes
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number 04632
GRAND RIVER HEALTH CARE			
118 TRENTON RD		<b>Telephone</b> (660) 646-0353	Alzheimer's Unit No
CHILLICOTHE	MO 64601-4002	Level of Care SNF	Bed Capacity 60
Mailing Address 118 TRENTON RD		County LIVINGSTON	<b>DMH Licensed</b> No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number 16939
LIVINGSTON MANOR CARE CENT	ΓER		
939 E BIRCH DR		<b>Telephone</b> (660) 646-5177	Alzheimer's Unit Yes
CHILLICOTHE	MO 64601-2189	Level of Care SNF	<b>Bed Capacity</b> 94
Mailing Address 939 E BIRCH DR		County LIVINGSTON	<b>DMH Licensed</b> No

Region 4

Medicare/Medicaid

**Facility Number** 

20099

MO 64601-2189

CHILLICOTHE

Thursday, April 4, 2024 Page 75 of 142

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MORNINGSIDE CENTER				
1700 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care SNF	Bed Capacity	60
Mailing Address 1700 MORNINGSI		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4 Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSIST	FED LIVING APARTMENTS			
1702 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care ALF	Bed Capacity	31
Mailing Address 1702 MORNINGSI	IDE DR	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number	05557
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care RCF*	Bed Capacity	40
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number	03833
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care SNF	Bed Capacity	75
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4 Medicare/Medicaid	Facility Number	03833
	1120 01001 0020	region i medicare/medicald	ruemey rumber	03033
		MACON		
		WIACON		
BRISTOL MANOR OF MACON		WIACON		
BRISTOL MANOR OF MACON 707 RANCHLAND DR		Telephone (660) 385-3020	Alzheimer's Unit	No
	MO 63552-1994			No 12
707 RANCHLAND DR MACON	MO 63552-1994	Telephone (660) 385-3020 Level of Care RCF	Alzheimer's Unit Bed Capacity DMH Licensed	
707 RANCHLAND DR MACON <b>Mailing Address</b> 707 RANCHLAND	MO 63552-1994 D DR	Telephone (660) 385-3020 Level of Care RCF County MACON	Bed Capacity DMH Licensed	12 No
707 RANCHLAND DR MACON	MO 63552-1994	Telephone (660) 385-3020 Level of Care RCF	<b>Bed Capacity</b>	12
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON LA PLATA NURSING HOME	MO 63552-1994 D DR	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5	Bed Capacity DMH Licensed Facility Number	12 No 17865
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD	MO 63552-1994 DDR MO 63552-1994	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 17865
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA	MO 63552-1994 D DR MO 63552-1994 MO 63549-1362	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 No 17865 No 52
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD	MO 63552-1994 D DR MO 63552-1994 MO 63552-1994  MO 63549-1362 COACH RD	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 17865
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA	MO 63552-1994 D DR MO 63552-1994 MO 63549-1362	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 No 17865 No 52
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC	MO 63552-1994 D DR MO 63552-1994 MO 63552-1994  MO 63549-1362 COACH RD	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 17865 No 52 No
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA	MO 63552-1994 D DR MO 63552-1994 MO 63552-1994  MO 63549-1362 COACH RD	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 17865 No 52 No
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA LOCH HAVEN	MO 63552-1994 D DR MO 63552-1994 MO 63552-1994  MO 63549-1362 COACH RD	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA LOCH HAVEN 701 SUNSET HILLS DR	MO 63552-1994 D DR MO 63552-1994  MO 63549-1362 COACH RD MO 63549-1362	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON	MO 63552-1994 D DR MO 63552-1994  MO 63549-1362 COACH RD MO 63549-1362	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 No 17865 No 52 No 04395
707 RANCHLAND DR MACON Mailing Address 707 RANCHLAND MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON	MO 63552-1994  D DR  MO 63552-1994  MO 63549-1362  COACH RD  MO 63549-1362  MO 63552-2165	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF County MACON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 17865 No 52 No 04395 Yes 100 No
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON LOCH HAVEN	MO 63552-1994  D DR  MO 63552-1994  MO 63549-1362  COACH RD  MO 63549-1362  MO 63552-2165	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395 Yes 100 No 04739
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON  LOCH HAVEN 701 SUNSET HILLS DR	MO 63552-1994 D DR MO 63552-1994  MO 63549-1362 COACH RD MO 63549-1362  MO 63552-2165 MO 63552-0187	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395 Yes 100 No 04739
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON  LOCH HAVEN 701 SUNSET HILLS DR MACON	MO 63552-1994  D DR  MO 63552-1994  MO 63549-1362  COACH RD  MO 63549-1362  MO 63552-2165	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395 Yes 100 No 04739
707 RANCHLAND DR MACON Mailing Address 707 RANCHLANE MACON  LA PLATA NURSING HOME 100 OLD STAGECOACH RD LA PLATA Mailing Address 100 OLD STAGEC LA PLATA  LOCH HAVEN 701 SUNSET HILLS DR MACON Mailing Address PO BOX 187 MACON  LOCH HAVEN 701 SUNSET HILLS DR	MO 63552-1994 D DR MO 63552-1994  MO 63549-1362 COACH RD MO 63549-1362  MO 63552-2165 MO 63552-0187	Telephone (660) 385-3020 Level of Care RCF County MACON Region 5  Telephone (660) 332-4315 Level of Care SNF County MACON Region 5 Medicare/Medicaid  Telephone (660) 385-3113 Level of Care SNF County MACON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 17865 No 52 No 04395 Yes 100 No 04739

Thursday, April 4, 2024 Page 76 of 142

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MACON HEALTH CARE CENTER		
29612 KELLOGG AVE	<b>Telephone</b> (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	<b>Telephone</b> (660) 395-2273	Alzheimer's Unit No
MACON MO 63552-1996	<b>Level of Care</b> RCF	Bed Capacity 18
Mailing Address 510 WELLER STREET	County MACON	DMH Licensed No
MACON MO 63552-1996	Region 5	Facility Number 30888
	MADISON	
CLARU DEVILLE NURSING CENTER		
105 SPRUCE ST	<b>Telephone</b> (573) 783-3993	Alzheimer's Unit Yes
FREDERICKTOWN MO 63645-1002	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 105 SPRUCE ST	County MADISON	DMH Licensed No
FREDERICKTOWN MO 63645-1002	Region 2 Medicare/Medicaid	Facility Number 17527
OZADY MANOR		
OZARK MANOR 1013 HIGHWAY Z	<b>Telephone</b> (573) 783-8338	Alzheimer's Unit No
FREDERICKTOWN MO 63645-8035	<b>Telephone</b> (573) 783-8338 <b>Level of Care</b> ALF**	Alzheimer's Unit No Bed Capacity 55
Mailing Address 1013 HIGHWAY Z	County MADISON	DMH Licensed No
FREDERICKTOWN MO 63645-8035	Region 2	Facility Number 22947
		•
WAGNER RESIDENTIAL CARE, INC		
320 N CHAMBER DR	<b>Telephone</b> (573) 783-4511	Alzheimer's Unit No
FREDERICKTOWN MO 63645-7947	<b>Level of Care</b> RCF	<b>Bed Capacity</b> 40
Mailing Address 320 N CHAMBER DR	County MADISON	DMH Licensed Yes
FREDERICKTOWN MO 63645-7947	Region 2	Facility Number 28451
	MARIES	
MARIES MANOR		
174 BALLPARK RD	<b>Telephone</b> (573) 422-3177	Alzheimer's Unit No
VIENNA MO 65582-8043	Level of Care SNF	<b>Bed Capacity</b> 98
Mailing Address 174 BALLPARK RD	County MARIES	<b>DMH Licensed</b> No
VIENNA MO 65582-8043	Region 6 Medicare/Medicaid	Facility Number 10491
VIENNA POINTE RESIDENTIAL CARE		
112 PARKWAY DR	<b>Telephone</b> (573) 422-3230	Alzheimer's Unit No
VIENNA MO 65582-8003	Level of Care RCF	<b>Bed Capacity</b> 48
Mailing Address 112 PARKWAY DR	County MARIES	DMH Licensed No
VIENNA MO 65582-8003	Region 6	Facility Number 23333
	MARION	
DELOVED HEAT IN AND NOWARD WAS COMMON		
BELOVED HEALTH AND REHABILITATION CENTE 328 MUNGER LANE		Alzheimer's Unit No
HANNIBAL MO 63401-2361	Telephone (573) 577-2100  Level of Care SNF	Bed Capacity 111
Mailing Address 328 MUNGER LANE	County MARION	DMH Licensed No
HANNIBAL MO 63401-2361	Region 5 Medicare/Medicaid	Facility Number 03340
	<u> </u>	

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Thursday, April 4, 2024 Page 77 of 142

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BETH HAVEN NURSING HOME		T. I. 1 (572) 221 (222)		
2500 PLEASANT ST	MO 62401 2600	<b>Telephone</b> (573) 221-6000	Alzheimer's Unit Yes	
HANNIBAL Mailing Address 2500 DLEASANT ST	MO 63401-2600	Level of Care SNF County MARION	Bed Capacity 105  DMH Licensed No	
Mailing Address 2500 PLEASANT ST HANNIBAL	MO 63401-2600	•	DMH Licensed No Facility Number 00469	
HAINNIDAL	MO 03401-2000	Region 5 Medicare/Medicaid	racinty Number 00469	,
BRISTOL MANOR OF PALMYRA				
1815 SOUTH MAIN		<b>Telephone</b> (573) 769-2127	Alzheimer's Unit No	)
PALMYRA	MO 63461-1961	Level of Care RCF	Bed Capacity 12	2
Mailing Address 1815 SOUTH MAIN		County MARION	DMH Licensed No	)
PALMYRA	MO 63461-1961	Region 5	Facility Number 20260	)
HAROLD AND LOUISE HEALTHCA	ARE CENTER	T. I. 1 (572) 221 1199	A11	
135 COMMUNICATION DR	MO 62401 2670	<b>Telephone</b> (573) 221-1189	Alzheimer's Unit No Bed Capacity 98	
HANNIBAL  Mailing Address 135 COMMUNICATI	MO 63401-3670	Level of Care RCF	Bed Capacity 98  DMH Licensed Yes	
HANNIBAL	MO 63401-3670	County MARION		
HANNIBAL	MO 03401-3070	Region 5	Facility Number 29639	'
LEVERING REGIONAL HEALTH C	ARE CENTER			
1734 MARKET ST		<b>Telephone</b> (573) 221-2930	Alzheimer's Unit No	)
HANNIBAL	MO 63401-4025	Level of Care SNF	Bed Capacity 179	)
Mailing Address 1734 MARKET ST		County MARION	DMH Licensed No	)
HANNIBAL	MO 63401-4025	Region 5 Medicare/Medicaid	Facility Number 15954	ļ
LEVERING REGIONAL HEALTH C	ARE CENTER			
1734 MARKET ST		<b>Telephone</b> (573) 221-2930	Alzheimer's Unit No	)
HANNIBAL	MO 63401-4025	Level of Care RCF*	Bed Capacity 35	
Mailing Address 1734 MARKET ST		County MARION	DMH Licensed Yes	s
HANNIBAL	MO 63401-4025	Region 5	Facility Number 15954	ļ
LUTHER MANOR RETIREMENT &	MUDCING CENTED			
3170 HIGHWAY 61 NORTH	NURSING CENTER	<b>Telephone</b> (573) 221-5533	Alzheimer's Unit No	`
HANNIBAL	MO 63401-6571	Level of Care SNF	Bed Capacity 64	
Mailing Address 3170 HIGHWAY 61 N		County MARION	DMH Licensed No	
HANNIBAL	MO 63401-6571	Region 5 Medicare/Medicaid	Facility Number 04673	
MAPLE LAWN NURSING HOME				
1410 WEST LINE ST		<b>Telephone</b> (573) 769-2213	Alzheimer's Unit Yes	
PALMYRA	MO 63461-1831	Level of Care SNF	Bed Capacity 110	
Mailing Address PO BOX 232	MO (24/21 0222	County MARION	DMH Licensed No	
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number 09961	
MONROE CITY MANOR CARE CEN	NTER			
1010 HIGHWAY 24 & 36 EAST		<b>Telephone</b> (573) 735-4850	Alzheimer's Unit No	)
MONROE CITY	MO 63456-1116	Level of Care SNF	Bed Capacity 60	)
Mailing Address 1010 HWY 24 & 36 E	EAST	County MARION	<b>DMH Licensed</b> No	)
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number 05473	í

Thursday, April 4, 2024 Page 78 of 142

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

PLEASANT VIEW			
641 EUCLID AVE		<b>Telephone</b> (573) 406-1090	Alzheimer's Unit
HANNIBAL	MO 63401-2959	Level of Care ALF**	Bed Capacity 4
Mailing Address 641 EUCLID AVE		County MARION	DMH Licensed N
HANNIBAL	MO 63401-2959	Region 5	Facility Number 2535
	M	CCDONALD	
MCDONALD COUNTY LIVING CE	NTED		
1000 PATTERSON ST	INIEK	<b>Telephone</b> (417) 845-3351	Alzheimer's Unit Ye
ANDERSON	MO 64831-7327	Level of Care SNF	Bed Capacity 9
Mailing Address 1000 PATTERSON		County MCDONALD	DMH Licensed
ANDERSON	MO 64831-7327	Region 1 Medicare/Medicaid	Facility Number 0518
THEELEST	140 01031 7327	Region 1 Medicare/Medicard	Tuellity Number 0310
		MERCER	
BRISTOL MANOR OF PRINCETO	N		
200 NORTH FULLERTON		<b>Telephone</b> (660) 748-4354	Alzheimer's Unit
PRINCETON	MO 64673-1176	Level of Care RCF	Bed Capacity 1
Mailing Address 200 N FULLERTON	1	County MERCER	DMH Licensed N
PRINCETON	MO 64673-1176	Region 4	Facility Number 1884
PEARL'S II EDEN FOR ELDERS 611 NORTH COLLEGE PRINCETON Mailing Address 611 NORTH COLLE PRINCETON	MO 64673-1051 EGE MO 64673-1051	Telephone (660) 748-4407 Level of Care SNF County MERCER Region 4 Medicare/Medicaid	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  0645
		MILLER	
BRISTOL MANOR OF ELDON			
1201 EAST NORTH ST		<b>Telephone</b> (573) 392-1200	Alzheimer's Unit
ELDON	MO 65026-2651	Level of Care RCF	Bed Capacity 1
Mailing Address 1201 EAST NORTH	ST	County MILLER	DMH Licensed N
ELDON	MO 65026-2651	Region 6	Facility Number 1770
ELDON NURSING & REHAB			
1001 E NORTH ST		<b>Telephone</b> (573) 392-3164	Alzheimer's Unit Ye
ELDON	MO 65026-2634	Level of Care SNF	Bed Capacity 9
Mailing Address 1001 E NORTH ST	110 00020 2004	County MILLER	DMH Licensed N
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number 0613
LEE HOUSE SENIOR LIVING LLC	,		
105 NORTH MILL ST	•	<b>Telephone</b> (573) 392-5558	Alzheimer's Unit
ELDON	MO 65026-1728	Level of Care RCF	Bed Capacity 5

**ELDON** 53 MO 65026-1728 Level of Care **RCF Bed Capacity** Mailing Address 105 NORTH MILL ST County **MILLER DMH Licensed** No **ELDON** MO 65026-1728 Region 6 **Facility Number** 13089

### MILLER COUNTY CARE AND REHABILITATION CENTER

1157 HIGHWAY 17 (573) 369-2318 Alzheimer's Unit Yes **Telephone** TUSCUMBIA MO 65082-2100 Level of Care SNF **Bed Capacity** 86 Mailing Address 1157 HWY 17 **MILLER DMH Licensed** No County TUSCUMBIA MO 65082-2100 Region 6 **Facility Number** 05422 Medicare/Medicaid

Thursday, April 4, 2024 Page 79 of 142

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ROCK ISLAND VILLAGE			
619 EAST 8TH STREET	<b>Telephone</b> (573) 557-9545	Alzheimer's Unit	Yes
ELDON MO 65026-4740	Level of Care ALF**	Bed Capacity	70
Mailing Address 619 EAST 8TH STREET	County MILLER	DMH Licensed	No
ELDON MO 65026-4740	Region 6	Facility Number	30865
ST ELIZABETH CARE CENTER			
649 SOUTH WALNUT ST	<b>Telephone</b> (573) 493-2215	Alzheimer's Unit	No
SAINT ELIZABETH MO 65075-2440	Level of Care SNF	<b>Bed Capacity</b>	63
Mailing Address 649 SOUTH WALNUT ST	County MILLER	DMH Licensed	No
SAINT ELIZABETH MO 65075-2440	Region 6 Medicare/Medicaid	Facility Number	07523
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD	<b>Telephone</b> (573) 302-0900	Alzheimer's Unit	No
OSAGE BEACH MO 65065-8408	Level of Care ALF**	<b>Bed Capacity</b>	40
Mailing Address 872 COLLEGE BLVD	County MILLER	DMH Licensed	No
OSAGE BEACH MO 65065-8408	Region 6	Facility Number	20926
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD	<b>Telephone</b> (573) 302-0900	Alzheimer's Unit	No
OSAGE BEACH MO 65065-8408	Level of Care SNF	<b>Bed Capacity</b>	66
Mailing Address 872 COLLEGE BLVD	County MILLER	DMH Licensed	No
OSAGE BEACH MO 65065-8408	Region 6 Medicare/Medicaid	Facility Number	20926
MIS	SSISSIPPI		
A CDIDE CENTOD I IVING EACT DDAIDIE			
ASPIRE SENIOR LIVING EAST PRAIRIE	Telephone (573) 649-3551	Alzheimer's Unit	No
186 MILLAR RD	Telephone (573) 649-3551 Level of Care SNF	Alzheimer's Unit Bed Capacity	No 70
	Telephone (573) 649-3551 Level of Care SNF County MISSISSIPPI	Alzheimer's Unit Bed Capacity DMH Licensed	No 70 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180	Level of Care SNF	Bed Capacity	70
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299	Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed	70 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299	Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed	70 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	70 No 12083
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	70 No 12083 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	70 No 12083
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	70 No 12083 No 60
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738 Mailing Address 603 WEST HIGHWAY 62	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180 Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738 Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	70 No 12083 No 60 No 00440
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440
EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299  EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62  BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62  BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No 00440 Yes 120 No
EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No 00440 Yes 120 No
EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No 00440 Yes 120 No
EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	70 No 12083 No 60 No 00440 Yes 120 No
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349  MO 63834-1349  MO 63834-1349  MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  DNITEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440 Yes 120 No 01251
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349  MAILING ADDRESS MO 63834-1349  MAILING ADDRESS MO 63834-1349  MO 63834-1349  MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  DNITEAU  Telephone (660) 433-6496 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440 Yes 120 No 01251
186 MILLAR RD EAST PRAIRIE MO 63845-1180  Mailing Address PO BOX 299 EAST PRAIRIE MO 63845-0299  BERTRAND NURSING AND REHAB CENTER 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  Mailing Address 603 WEST HIGHWAY 62 BERTRAND MO 63823-9738  CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON MO 63834-1349  Mailing Address 1220 EAST MARSHALL CHARLESTON MO 63834-1349  MO 63834-1349  MO 63834-1349  MO 63834-1349	Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-4290 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  Telephone (573) 683-3721 Level of Care SNF County MISSISSIPPI Region 2 Medicare/Medicaid  DNITEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	70 No 12083 No 60 No 00440 Yes 120 No 01251

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Thursday, April 4, 2024 Page 80 of 142

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BRISTOL MANOR OF CALIFORNI 605 PARKVIEW DR CALIFORNIA Mailing Address 605 PARKVIEW DR CALIFORNIA	MO 65018-2001	Telephone (573) 796-4342 Level of Care RCF County MONITEAU Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17401
CALIFORNIA CARE CENTER 1106 SOUTH OAK, ROUTE 3 CALIFORNIA Mailing Address 1106 SOUTH OAK, CALIFORNIA	MO 65018-1462 ROUTE 3 MO 65018-1462	Telephone (573) 796-3127 Level of Care SNF County MONITEAU Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 10437
TIPTON OAK MANOR 601 WEST MORGAN ST TIPTON Mailing Address 601 WEST MORGATIPTON	MO 65081-8214 N ST MO 65081-8214	Telephone (660) 433-5574 Level of Care SNF County MONITEAU Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 66 No 08036
VALLEY PARK WEST 678 WINDMILL RIDGE CALIFORNIA Mailing Address 678 WINDMILL RID CALIFORNIA	MO 65018-1964 DGE MO 65018-1964	Telephone (573) 796-2520 Level of Care RCF County MONITEAU Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 No 30595
	MON	ROE		
BRISTOL MANOR OF MONROE C 1017 EAST LAWN ST MONROE CITY Mailing Address 1017 EAST LAWN S MONROE CITY	MO 63456-1433	Telephone (573) 735-3068 Level of Care RCF County MONROE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 Yes 20045
JONES' WILDWOOD CARE CENT 12806 HWY 151 MADISON Mailing Address PO BOX 69 MADISON	MO 65263-3114 MO 65263-0069	Telephone (660) 291-8636 Level of Care RCF County MONROE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 32 Yes 08573
MILLER RESIDENT CARE, INC 210 ROCK RD PARIS Mailing Address 210 ROCK RD PARIS	MO 65275-1282 MO 65275-1282	Telephone (660) 327-5680 Level of Care RCF* County MONROE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 40 No 18026
MONROE MANOR 200 SOUTH ST PARIS	MO 65275-1165	Telephone (660) 327-4125 Level of Care SNF	Alzheimer's Unit Bed Capacity	Yes 119

Thursday, April 4, 2024 Page 81 of 142

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## **MONTGOMERY**

ANEW HEALTHCARE AND REHA	B-WELLSVILLE			
250 E LOCUST		<b>Telephone</b> (573) 684-2002	Alzheimer's Unit	No
WELLSVILLE	MO 63384-1422	Level of Care SNF	Bed Capacity	112
Mailing Address 250 E LOCUST		County MONTGOMERY	DMH Licensed	No
WELLSVILLE	MO 63384-1422	Region 6 Medicare/Medicaid	Facility Number	02740
ASHBURY HEIGHTS OF MONTGO	OMERY CITY			
625 WEST 2ND ST		<b>Telephone</b> (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
ASPIRE SENIOR LIVING JONESB	URG			
308 CEDAR AVE		<b>Telephone</b> (636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care SNF	<b>Bed Capacity</b>	90
Mailing Address PO BOX 218		County MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number	13265
ST ANDREW'S AT NEW FLORENCE 515 PICNIC ST	CE	<b>Telephone</b> (573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care SNF	Bed Capacity	87
Mailing Address 515 PICNIC ST	WO 03303-2223	County MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number	
NEW PEORENCE	W10 03303-2223	Region 6 Medicare/Medicard	racinty Number	05723
ST ANDREW'S AT NEW FLORENCE	CE			
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	33
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number	05723
		MORGAN		
ASHBURY HEIGHTS OF LAURIE				
299 HIGHWAY RA		<b>Telephone</b> (573) 374-0076	Alzheimer's Unit	No
LAURIE	MO 65038-6024	Level of Care RCF	Bed Capacity	12
Mailing Address 299 HIGHWAY RA		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-6024	Region 6	Facility Number	23915
BRISTOL MANOR OF STOVER				
607 WEST 4TH ST		<b>Telephone</b> (573) 377-4519	Alzheimer's Unit	No
STOVER	MO 65078-0807	Level of Care RCF	Bed Capacity	12
Mailing Address 607 WEST 4TH ST		County MORGAN	DMH Licensed	No
STOVER	MO 65078-0807	Region 6	Facility Number	18863
GOLDEN AGE LIVING CENTER				
404 E THIRD ST		<b>Telephone</b> (573) 377-4521	Alzheimer's Unit	Yes
STOVER	MO 65078-0947	Level of Care SNF	Bed Capacity	61
Mailing Address PO BOX 307		County MORGAN	DMH Licensed	No
STOVER	MO 65078-0307	Region 6 Medicare/Medicaid	Facility Number	

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Thursday, April 4, 2024 Page 82 of 142

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GOOD SHEPHERD CARE CENTER				
1101 WEST CLAY RD		<b>Telephone</b> (573) 378-5411	Alzheimer's Unit	No
VERSAILLES	MO 65084-1177	Level of Care SNF	Bed Capacity	120
Mailing Address 1101 WEST CLAY R	D	County MORGAN	DMH Licensed	No
VERSAILLES	MO 65084-1177	Region 6 Medicare/Medicaid	Facility Number	21631
			•	
KIDWELL HOME				
1000 KIDWELL DR		<b>Telephone</b> (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
LAURIE CARE CENTER				
610 HWY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	Yes
LAURIE	MO 65038-1068	Level of Care SNF	Bed Capacity	108
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6 Medicare/Medicaid	Facility Number	04449
LAURIE KNOLLS				
610 HIGHWAY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-1068	Level of Care RCF*	Bed Capacity	66
Mailing Address PO BOX 1068	1.00 (2.000 10.00	County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6	Facility Number	04449
	NEW MA	ADDID		
	1417 44 1414	ADRID		
COTTON POINT LIVING CENTER	INICAN INIC	ADKID		
COTTON POINT LIVING CENTER 609 SOUTH RAILROAD ST	INE W INI	<b>Telephone</b> (573) 471-7861	Alzheimer's Unit	Yes
609 SOUTH RAILROAD ST MATTHEWS	MO 63867-9751	Telephone (573) 471-7861 Level of Care SNF	<b>Bed Capacity</b>	Yes 98
609 SOUTH RAILROAD ST MATTHEWS <b>Mailing Address</b> 609 SOUTH RAILRO	MO 63867-9751 AD ST	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed	
609 SOUTH RAILROAD ST MATTHEWS	MO 63867-9751	Telephone (573) 471-7861 Level of Care SNF	<b>Bed Capacity</b>	98
609 SOUTH RAILROAD ST MATTHEWS <b>Mailing Address</b> 609 SOUTH RAILRO MATTHEWS	MO 63867-9751 AD ST MO 63867-9751	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed	98 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAI	MO 63867-9751 AD ST MO 63867-9751 BILITATION	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	98 No 07057
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAI 640 COLONEL GEORGE E DAY PARK	MO 63867-9751 AD ST MO 63867-9751 BILITATION KWAY	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	98 No 07057
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON	MO 63867-9751 AD ST MO 63867-9751 BILITATION KWAY MO 63801-0624	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	98 No 07057 NO 60
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	98 No 07057 NO 60 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON	MO 63867-9751 AD ST MO 63867-9751 BILITATION KWAY MO 63801-0624	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	98 No 07057 NO 60
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAI 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	98 No 07057 NO 60 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624  RGE E DAY PARKWAY MO 63801-0624	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAD 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	98 No 07057 NO 60 No 30584 Yes 72
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624  RGE E DAY PARKWAY MO 63801-0624	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARE SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON Mailing Address PO BOX 197	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY MO 63801-0624  MO 63848-9211	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	98 No 07057 NO 60 No 30584 Yes 72 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAL 640 COLONEL GEORGE E DAY PARE SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON Mailing Address PO BOX 197	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY MO 63801-0624  MO 63848-9211	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	98 No 07057 NO 60 No 30584 Yes 72 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAD 640 COLONEL GEORGE E DAY PARE SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON Mailing Address PO BOX 197 GIDEON	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY MO 63801-0624  MO 63848-9211	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584 Yes 72 No
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAD 640 COLONEL GEORGE E DAY PARK SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON Mailing Address PO BOX 197 GIDEON  NEW MADRID LIVING CENTER 1050 DAWSON RD NEW MADRID	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624 RGE E DAY PARKWAY MO 63801-0624  MO 63848-9211	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584 Yes 72 No 15538
609 SOUTH RAILROAD ST MATTHEWS Mailing Address 609 SOUTH RAILRO MATTHEWS  DELTA SOUTH NURSING & REHAD 640 COLONEL GEORGE E DAY PARE SIKESTON Mailing Address 640 COLONEL GEOR SIKESTON  GIDEON CARE CENTER 300 LUNBECK GIDEON Mailing Address PO BOX 197 GIDEON  NEW MADRID LIVING CENTER 1050 DAWSON RD	MO 63867-9751 AD ST MO 63867-9751  BILITATION  KWAY MO 63801-0624  RGE E DAY PARKWAY MO 63801-0624  MO 63848-9211  MO 63848-0197	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 471-3400 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid  Telephone (573) 448-3505 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	98 No 07057 NO 60 No 30584 Yes 72 No 15538

Thursday, April 4, 2024 Page 83 of 142

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PORTAGEVILLE HEALTH CARE	CENTER		
290 WEST STATE HWY 162		<b>Telephone</b> (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
	NEW'	ΓΟΝ	
GRAN VILLAS NEOSHO			
420 LYON DR		<b>Telephone</b> (417) 451-7071	Alzheimer's Unit No
NEOSHO	MO 64850-9194	Level of Care RCF	<b>Bed Capacity</b> 30
Mailing Address 420 LYON DR		County NEWTON	DMH Licensed No
NEOSHO	MO 64850-9194	Region 1	Facility Number 20156
GRANBY HOUSE			
301 SOUTH MAIN		<b>Telephone</b> (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
HENLEY PLACE OF NEOSHO, A S	ENIOR RESIDENCE BY AMERICARI	E	
1105 VILLAGE RD		<b>Telephone</b> (417) 451-1000	Alzheimer's Unit No
NEOSHO	MO 64850-9076	Level of Care RCF	Bed Capacity 50
Mailing Address 1105 VILLAGE RD		County NEWTON	DMH Licensed No
NEOSHO	MO 64850-9076	Region 1	Facility Number 20193
JOPLIN HEALTH AND REHABILIT	FATION CENTER		
2218 WEST 32ND ST		<b>Telephone</b> (417) 623-5264	Alzheimer's Unit Yes
JOPLIN	MO 64804-3514	Level of Care SNF	Bed Capacity 120
Mailing Address 2218 WEST 32ND ST	Γ	County NEWTON	DMH Licensed No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number 12583
MEDICALODGES NEOSHO			
400 LYON DR		<b>Telephone</b> (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
NHC HEALTHCARE, JOPLIN			
2700 EAST 34TH ST		<b>Telephone</b> (417) 781-1737	Alzheimer's Unit No
JOPLIN	MO 64804-4310	Level of Care SNF	Bed Capacity 126
Mailing Address 2700 EAST 34TH ST		County NEWTON	DMH Licensed No
JOPLIN	MO 64803-2877	Region 1 Medicare/Medicaid	Facility Number 04044
			31011

DODTACEVILLE HEALTH CADE CENTED

**OAK POINTE OF NEOSHO** 2601 OAK RIDGE EXTENSION

Mailing Address 2601 OAK RIDGE EXTENSION

NEOSHO

NEOSHO

MO 64850-7765

MO 64850-7765

Telephone

County

Region 1

Level of Care

(417) 451-8872

ALF\*\*

NEWTON

Yes

55

No

29972

Alzheimer's Unit

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

Thursday, April 4, 2024 Page 84 of 142

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OZARK OAKS RESIDENTIAL CARE	FACILITY II			
3405 S SCHIFFERDECKER	FACILITI	<b>Telephone</b> (417) 347-7760	Alzheimer's Unit	No
JOPLIN	MO 64804-1388	Level of Care RCF*		30
Mailing Address PO BOX 2526	WO 04604-1366	County NEWTON		es es
JOPLIN	MO 64803-2526	·		
JOPLIN	MO 04803-2320	Region 1	Facility Number 1363	36
SENECA HOME PLACE				
2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053	Alzheimer's Unit	No
SENECA	MO 64865-9323	Level of Care RCF*	Bed Capacity 3	30
Mailing Address 2400 SOUTH CHERO	KEE AVE	County NEWTON		No
SENECA	MO 64865-9323	Region 1	Facility Number 1757	
521.2511	110 01000 7020	region 1	ruemey (vaniser 1737	, 1
SENECA NURSING				
914 CHICKESAW ST		<b>Telephone</b> (417) 776-8041	Alzheimer's Unit	No
SENECA	MO 64865-9281	Level of Care SNF	Bed Capacity 8	80
Mailing Address 914 CHICKESAW ST		County NEWTON	DMH Licensed N	No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number 1709	90
CH VED ODERY 1 COVORDO 1	C DV AMERICA DE			
SILVER CREEK - ASSISTED LIVING	G BY AMERICARE	T. 1 (417) (26 0100		
3325 TEXAS AVE		<b>Telephone</b> (417) 626-8100		es
JOPLIN	MO 64804-4343	Level of Care ALF**		68
Mailing Address 3325 TEXAS AVE		County NEWTON		No
JOPLIN	MO 64804-4343	Region 1	Facility Number 2054	41
WEBWOOD ASSISTED LIVING, LLC	C			
1640 WALDO HATLER DRIVE		<b>Telephone</b> (417) 451-2997	Alzheimer's Unit N	10
NEOSHO	MO 64850-8059	Level of Care ALF	Bed Capacity 3	31
Mailing Address 1640 WALDO HATLE	ER DRIVE	County NEWTON		No
NEOSHO	MO 64850-8059	Region 1	Facility Number 3126	65
	NODA	WAY		
BRISTOL MANOR OF MARYVILLE				_
323 EAST SUMMIT DR		<b>Telephone</b> (660) 582-4131		No
MARYVILLE	MO 64468-3619	Level of Care RCF		12
Mailing Address 323 EAST SUMMIT D		County NODAWAY		No
MARYVILLE	MO 64468-3619	Region 4	Facility Number 1984	43
MARYVILLE CHATEAU				
1101 E 5TH STREET		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit	No
MARYVILLE	MO 64468-1955	Level of Care RCF		20
Mailing Address 1101 E 5TH STREET		County NODAWAY		No
MARYVILLE	MO 64468-1955	Region 4	Facility Number 0514	
MINITELE	OTTOO 1/33	Acgivii -	racing number 0314	マノ
MARYVILLE LIVING CENTER				
524 NORTH LAURA		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit Yo	es
MARYVILLE	MO 64468-1955	Level of Care SNF	Bed Capacity 10	05
Mailing Address 524 NORTH LAURA		County NODAWAY	DMH Licensed N	No
MARYVILLE	MO 64468-1955	Region 4 Medicare/Medicaid	Facility Number 0514	49

Thursday, April 4, 2024 Page 85 of 142

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NODAWAY HEALTHCARE	m. 1. 1.	(660) 560 0056	
22371 STATE HIGHWAY 46	Telephone	(660) 562-2876	Alzheimer's Unit No
MARYVILLE MO 6446			Bed Capacity 60
Mailing Address PO BOX 307	County	NODAWAY	DMH Licensed No
MARYVILLE MO 6446	468-0307 <b>Region</b> 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 6446	-	, ,	Bed Capacity 55
Mailing Address 817 SOUTH COUNTRY CLUB I		NODAWAY	DMH Licensed No
MARYVILLE MO 6446		1,02,11,111	Facility Number 29544
	11091/11		2,011
PARKDALE MANOR HEALTH & REHABILIT	TATION		
814 WEST SOUTH AVE	Telephone	(660) 582-8161	Alzheimer's Unit No
MARYVILLE MO 6446	468-2772 Level of Ca	re SNF	<b>Bed Capacity</b> 86
Mailing Address 814 WEST SOUTH AVE	County	NODAWAY	<b>DMH Licensed</b> No
MARYVILLE MO 6446	468-2772 <b>Region</b> 4	Medicare/Medicaid	Facility Number 06308
WHILAGE CADE CENTED INC			
VILLAGE CARE CENTER, INC	T. 1. 1.	(((()) 5(2) 2515	All to the NT-
810 EAST EDWARDS ST	Telephone	(660) 562-3515	Alzheimer's Unit No
MARYVILLE MO 6440			Bed Capacity 18  DMH Licensed No
Mailing Address 810 EAST EDWARDS ST  MARYVILLE MO 6444	County	NODAWAY	
MARTVILLE MIO 6446	468-2917 <b>Region</b> 4		Facility Number 20361
VILLAGE CARE CENTER, INC			
810 EAST EDWARDS ST	Telephone	(660) 562-3515	Alzheimer's Unit No
MARYVILLE MO 6446	468-2917 <b>Level of Ca</b>	re SNF	<b>Bed Capacity</b> 46
Mailing Address 810 EAST EDWARDS ST	County	NODAWAY	DMH Licensed No
MARYVILLE MO 6446	468-2917 <b>Region</b> 4	Medicare/Medicaid	Facility Number 20361
	OREGON		
CHADW OAKS HEALTHCADE GENTED	OREGOIV		
SHADY OAKS HEALTHCARE CENTER 335 BUSINESS ROUTE 63	Telephone	(417) 264-7256	Alzheimer's Unit No
THAYER MO 6579	Telephone 791-1415 Level of Ca	` '	
		OREGON	Bed Capacity 120 DMH Licensed No
Mailing Address 335 BUSINESS ROUTE 63 THAYER MO 6579	County		
THATEK WIO 037	791-1415 <b>Region</b> 2	Medicare/Medicaid	Facility Number 01364
SHEPHERD'S VIEW ASSISTED LIVING			
100 SHEPHERDS LN	Telephone	(417) 778-7959	Alzheimer's Unit No
ALTON MO 6560	606-0429 Level of Ca	re ALF**	<b>Bed Capacity</b> 39
Mailing Address PO BOX 429	County	OREGON	DMH Licensed No
ALTON MO 6560	606-0429 <b>Region</b> 2		Facility Number 23135
	OSAGE		
HADDOD DI ACE, LININ	OUNGE		
HARBOR PLACE - LINN	m-11	(572) 907 2100	Alghaiman's Unit
24 TRENSHAW TRAIL	Telephone	(573) 897-2100	Alzheimer's Unit NO Pad Capacity 24
LINN MO 650:  Moiling Address 24 TRENCHAW TRAIL			Bed Capacity 24
Mailing Address 24 TRENSHAW TRAIL	County	OSAGE	DMH Licensed No Facility Number 21116
LINN MO 650:	051-2874 <b>Region</b> 6		Facility Number 31116

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Thursday, April 4, 2024 Page 86 of 142

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STONEBRIDGE WESTPHALIA 1899 HIGHWAY 63 WESTPHALIA	MO 65085-2215	Telephone (573) 455-2280 Level of Care SNF	Alzheimer's Unit	No 64
Mailing Address 1899 HWY 63	WO 03083-2213	County OSAGE	Bed Capacity DMH Licensed	No
WESTPHALIA	MO 65085-2215	Region 6 Medicare/Medicaid	Facility Number	18653
STONEBRIDGE WESTPHALIA 1899 HIGHWAY 63		<b>Telephone</b> (573) 455-2280	Alzheimer's Unit	No
WESTPHALIA	MO 65085-2215	Level of Care RCF*	Bed Capacity	28 No
Mailing Address 1899 HWY 63 WESTPHALIA	MO 65085-2215	County OSAGE Region 6	DMH Licensed Facility Number	18653
	OZA	ARK		
GAINESVILLE NURSING				
77 MEDICAL DR		<b>Telephone</b> (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care SNF	Bed Capacity	99
Mailing Address PO BOX 628		County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicaid	Facility Number	12868
	PEMI	SCOT		
RIVER OAKS CARE CENTER				
1001 NORTH WALNUT		<b>Telephone</b> (573) 695-2121	Alzheimer's Unit	No
STEELE	MO 63877-1355	Level of Care SNF	Bed Capacity	90
Mailing Address 1001 N WALNUT		County PEMISCOT	DMH Licensed	No
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number	06672
SOUTHGATE LIVING CENTER				
500 TRUMAN BLVD		<b>Telephone</b> (573) 333-5150	Alzheimer's Unit	No
CARUTHERSVILLE	MO 63830-1261	Level of Care SNF	<b>Bed Capacity</b>	94
Mailing Address 500 TRUMAN BLVD		County PEMISCOT	DMH Licensed	No
CARUTHERSVILLE	MO 63830-1261	Region 2 Medicare/Medicaid	Facility Number	01081
	PER	RRY		
ESTATES OF PERRYVILLE, LLC, T	гне			
430 NORTH WEST ST		<b>Telephone</b> (573) 547-1011	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1359	Level of Care SNF	Bed Capacity	156
Mailing Address 430 NORTH WEST ST	T	County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1359	Region 2 Medicare/Medicaid	Facility Number	00137
HOLIDAY RESIDENTIAL CARE				
1019 OLD ST MARY'S RD		<b>Telephone</b> (573) 547-7398	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1298	Level of Care RCF*	<b>Bed Capacity</b>	20
Mailing Address 1019 OLD ST MARY		County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1298	Region 2	Facility Number	19872
INDEPENDENCE CARE CENTER O	F PERRY COUNTY			
800 SOUTH KINGSHIGHWAY	NO (2555 210)	<b>Telephone</b> (573) 547-6546	Alzheimer's Unit	Yes
PERRYVILLE Mailing Address 800 SOUTH KINGSH	MO 63775-2106	Level of Care SNF	Bed Capacity	133 No
Mailing Address 800 SOUTH KINGSH PERRYVILLE	MO 63775-2106	County PERRY  Pagion 2 Medicare/Medicaid	DMH Licensed Facility Number	No 06393
LEANT VILLE	1710 03773-2100	Region 2 Medicare/Medicaid	racinty Number	00393

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Thursday, April 4, 2024 Page 87 of 142

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INDEPENDENCE COURT			
121 INDEPENDENCE DR	<b>Telephone</b> (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
TERRI VIELE	Region 2	racinty rumber	00373
	PETTIS		
BRISTOL MANOR OF SEDALIA			
1208 EAST 24TH ST	<b>Telephone</b> (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
E W THOMPSON HEALTH & REHABILITATION CENTER			
975 MITCHELL ROAD	<b>Telephone</b> (660) 851-0668	Alzheimer's Unit	Yes
SEDALIA MO 65301-2133	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 975 MITCHELL ROAD	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number	30182
ESSEX BY BRISTOL, THE			
301 EAST 3RD	<b>Telephone</b> (660) 829-1758	Alzheimer's Unit	No
SEDALIA MO 65301-4335	Level of Care RCF	Bed Capacity	24
Mailing Address 301 EAST 3RD	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-4335	Region 6	<b>Facility Number</b>	23020
FAIR VIEW NURSING HOME			
1714 WEST 16TH ST	<b>Telephone</b> (660) 827-1594	Alzheimer's Unit	No
SEDALIA MO 65301-5273	Level of Care SNF	Bed Capacity	75
Mailing Address 1714 WEST 16TH ST	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number	02469
		·	
FOUR SEASONS LIVING CENTER			
2800 HIGHWAY TT	<b>Telephone</b> (660) 826-8803	Alzheimer's Unit	Yes
SEDALIA MO 65301-1410	Level of Care SNF	Bed Capacity	239
Mailing Address 2800 HIGHWAY TT	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number	00836
51D/11111 MO 05301-1410	Region 0 Medicare/Medicard	racinty number	00030
LOVING ARMS MEMORY CARE AND ASSISTED LIVING			
	Tolonhone (660) 951 2266	Alzhoimen's Unit	NOC
1300 EAST 24TH ST SEDALIA MO 65301-8233	<b>Telephone</b> (660) 851-2266 <b>Level of Care</b> ALF**	Alzheimer's Unit	yes 20
		Bed Capacity DMH Licensed	20 No
Mailing Address 1300 EAST 24TH STREET	County PETTIS	Diviti Licenseu	No

# PETTIS COUNTY ASSISTED LIVING, LLC

MO 65301-8233

**SEDALIA** 

3017 BROOKING PARK AVENUE No Telephone (660) 827-3222 Alzheimer's Unit **SEDALIA** MO 65301-9327 **Level of Care** ALF\*\* **Bed Capacity** 139 Mailing Address 3017 BROOKING PARK AVE County **PETTIS DMH Licensed** Yes **SEDALIA** MO 65301-9327 **Facility Number** Region 6 30112

Region 6

**Facility Number** 

15971

Thursday, April 4, 2024 Page 88 of 142

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PRIMROSE OF SEDALIA	T		
3761 WEST 10TH ST	<b>Telephone</b> (660) 527-7054	Alzheimer's Unit	No
SEDALIA MO 65301-2524	Level of Care ALF**	Bed Capacity	90
Mailing Address 3761 WEST 10TH ST	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-2524	Region 6	Facility Number	25967
REST HAVEN CONVALESCENT & RETIREMENT HOME			
1800 SOUTH INGRAM	<b>Telephone</b> (660) 827-0845	Alzheimer's Unit	No
SEDALIA MO 65301-7538	Level of Care SNF	Bed Capacity	86
Mailing Address 1800 S INGRAM	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number	06582
140 05501 7550	Region 6 Wedical e/Medicalu	Tacinty Ivanioei	00382
STONEY RIDGE VILLAGE			
25023 BOTHWELL PARK RD	<b>Telephone</b> (660) 827-3993	Alzheimer's Unit	No
SEDALIA MO 65301-0084	Level of Care RCF	<b>Bed Capacity</b>	81
Mailing Address 25023 BOTHWELL PARK RD	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-0084	Region 6	Facility Number	05035
SUNNY MEADOWS LIVING CENTER			
419 NORTH PROSPECT AVE	<b>Telephone</b> (660) 826-5353	Alzheimer's Unit	No
SEDALIA MO 65301-2729	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
Mailing Address 419 N PROSPECT AVE	County PETTIS	DMH Licensed	Yes
SEDALIA MO 65301-2729	Region 6	Facility Number	06527
SYLVIA G THOMPSON RESIDENCE CENTER, INC			
3333 WEST TENTH ST	<b>Telephone</b> (660) 826-2118	Alzheimer's Unit	Yes
SEDALIA MO 65301-2113	Level of Care SNF	Bed Capacity	120
Mailing Address 3333 WEST TENTH ST	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-2113	Region 6 Medicaid	Facility Number	17278
3.10 0.00 2.10	region o inculcata	Tuesday Transpor	17270
PI	HELPS		
ARBORS AT PARKSIDE - MEMORY CARE ASSISTED LIVING BY A	MERICARE		
1700 EAST 10TH ST	<b>Telephone</b> (573) 364-2602	Alzheimer's Unit	Yes
ROLLA MO 65401-4600	Level of Care ALF**	<b>Bed Capacity</b>	22
Mailing Address 1700 EAST 10TH ST	County PHELPS	DMH Licensed	No
ROLLA MO 65401-4600	Region 6	Facility Number	13589
AURORA HEALTH AND REHABILITATION			
1200 MCCUTCHEN RD	<b>Telephone</b> (573) 364-2311	Alzheimer's Unit	No
ROLLA MO 65401-2615	Level of Care SNF	Bed Capacity	116
Mailing Address 1200 MCCUTCHEN RD	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2615	Region 6 Medicare/Medicaid	Facility Number	08862
1710 03401-2013	region ∪ ivienicare/ivienicald	racinty runiber	00002
CEDAR KNOLL PARTNERSHIP			
13635 STATE ROUTE V	<b>Telephone</b> (573) 265-3658	Alzheimer's Unit	No
SAINT JAMES MO 65559-8331	Level of Care ALF	<b>Bed Capacity</b>	32
Mailing Address 13635 STATE ROUTE V	County PHELPS	DMH Licensed	Yes
SAINT JAMES MO 65559-8331	Region 6	<b>Facility Number</b>	01142

Thursday, April 4, 2024 Page 89 of 142

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CEDAR POINTE		
1800 WHITE COLUMNS DR	<b>Telephone</b> (573) 364-7766	Alzheimer's Unit Yes
ROLLA MO 65401-2044	Level of Care SNF	Bed Capacity 102
Mailing Address 1800 WHITE COLUMNS DR	County PHELPS	DMH Licensed No
ROLLA MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number 06801
COUNTRY VALLEY HOME		
15750 COUNTY RD 2430	<b>Telephone</b> (573) 265-8250	Alzheimer's Unit No
SAINT JAMES MO 65559-8211	Level of Care RCF*	Bed Capacity 23
Mailing Address 15750 COUNTY RD 2430	County PHELPS	DMH Licensed Yes
SAINT JAMES MO 65559-8211	Region 6	Facility Number 01852
EEDNIDALE INC		
FERNDALE, INC 15677 COUNTY RD 2430	<b>Telephone</b> (573) 265-3344	Alzheimer's Unit No
SAINT JAMES MO 65559-8210	Level of Care ALF	Bed Capacity 32
Mailing Address 15677 COUNTY RD 2430	County PHELPS	DMH Licensed Yes
SAINT JAMES MO 65559-8210	Region 6	Facility Number 02526
SAINT JAINES MO 05339-0210	kegion 0	Facility Number 02526
OAK POINTE OF ROLLA		
1000 EAST LIONS CLUB DRIVE	<b>Telephone</b> (573) 426-2186	Alzheimer's Unit Yes
ROLLA MO 65401-4356	Level of Care ALF**	<b>Bed Capacity</b> 65
Mailing Address 1000 EAST LIONS CLUB DRIVE	County PHELPS	DMH Licensed No
ROLLA MO 65401-4356	Region 6	Facility Number 31216
		•
PARKSIDE-ASSISTED LIVING BY AMERICARE		
2100 PARKSIDE AVE	<b>Telephone</b> (573) 308-0834	Alzheimer's Unit NO
ROLLA MO 65401-5472	Level of Care ALF**	<b>Bed Capacity</b> 28
Mailing Address 2100 PARKSIDE AVE	County PHELPS	<b>DMH Licensed</b> No
ROLLA MO 65401-5472	Region 6	Facility Number 31191
DOLLA BRECHWITEDIAN MANOR		
ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA	Talanhana (572) 264 7226	Alahaiman'a Imit Yas
	Telephone (573) 364-7336 Level of Care ALF**	Alzheimer's Unit Yes Bed Capacity 37
ROLLA MO 65401-2512  Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	Bed Capacity 37 DMH Licensed No
ROLLA MO 65401-2512		
KOLLA MO 03401-2312	Region 6	Facility Number 18727
ROLLA PRESBYTERIAN MANOR		
1200 HOMELIFE PLAZA	<b>Telephone</b> (573) 364-7336	Alzheimer's Unit No
ROLLA MO 65401-2512	Level of Care SNF	<b>Bed Capacity</b> 30
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed No
ROLLA MO 65401-2512	Region 6 Medicare/Medicaid	Facility Number 18727
- <del> </del>	-8 Manager of Manager	20121
ROSEWOOD RESIDENTIAL CARE		
13450 COUNTY RD 7040	<b>Telephone</b> (573) 341-8000	Alzheimer's Unit No
ROLLA MO 65401-8122	Level of Care RCF	<b>Bed Capacity</b> 9
Mailing Address 13450 COUNTY RD 7040	County PHELPS	<b>DMH Licensed</b> No
		Facility Number 21083

Thursday, April 4, 2024 Page 90 of 142

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SILVERSTONE PLACE			
2735 EAGLESON DR		<b>Telephone</b> (573) 426-6200	Alzheimer's Unit No
ROLLA	MO 65401-8384	Level of Care SNF	Bed Capacity 110
Mailing Address 2735 EAGLESON DR	R	County PHELPS	<b>DMH Licensed</b> No
ROLLA	MO 65401-8384	Region 6 Medicare/Medicaid	Facility Number 29351
ST JAMES LIVING CENTER			
415 SIDNEY ST		<b>Telephone</b> (573) 265-8921	Alzheimer's Unit Yes
SAINT JAMES	MO 65559-1070	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 69		County PHELPS	DMH Licensed No
SAINT JAMES	MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number 05238
	DV	77.	
	PI	KE	
BOWLING GREEN RESIDENTIAL	CARE		
119 WEST CENTENNIAL AVE		<b>Telephone</b> (573) 324-5560	Alzheimer's Unit No
BOWLING GREEN	MO 63334-1605	Level of Care RCF*	<b>Bed Capacity</b> 25
Mailing Address 119 WEST CENTEN	NIAL AVE	County PIKE	DMH Licensed Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number 07712
COUNTRY VIEW NURSING FACIL	ITY, INC		
2106 WEST MAIN ST		<b>Telephone</b> (573) 324-2216	Alzheimer's Unit No
BOWLING GREEN	MO 63334-1049	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 330		County PIKE	DMH Licensed No
BOWLING GREEN	MO 63334-0330	Region 5 Medicare/Medicaid	Facility Number 14926
LYNN'S HERITAGE HOUSE, INC			
800 KELLY LN		<b>Telephone</b> (573) 754-4020	Alzheimer's Unit Yes
LOUISIANA	MO 63353-2415	Level of Care ALF**	Bed Capacity 44
Mailing Address 800 KELLY LN	WIO 03333-2413	County PIKE	DMH Licensed No
LOUISIANA	MO 63353-2415	Region 5	Facility Number 21055
LOUISIANA	WO 03333-2413	Region 3	racinty Number 21033
MAPLE GROVE LODGE			
2407 KENTUCKY ST		<b>Telephone</b> (573) 754-5456	Alzheimer's Unit No
LOUISIANA	MO 63353-2503	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 2407 KENTUCKY ST		County PIKE	DMH Licensed No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number 05002
		in a second of the second	
PARKSIDE MANOR, LLC			
300 S SAINT CHARLES ST		<b>Telephone</b> (573) 324-9918	Alzheimer's Unit No
BOWLING GREEN	MO 63334-2221	Level of Care ALF**	Bed Capacity 44
Mailing Address 300 S SAINT CHARL		County PIKE	DMH Licensed No
BOWLING GREEN	MO 63334-2221	Region 5	Facility Number 05511
BOWEING OKLEIV	1410 03334-2221	Region 5	racinty Number 03311
	DT A	TTE	
	PLA	TIE	
ASPIRE SENIOR LIVING PLATTE	CITY		
220 O'ROURKE DRIVE		<b>Telephone</b> (816) 858-5222	Alzheimer's Unit No
PLATTE CITY	MO 64079-9360	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX 1310		County PLATTE	DMH Licensed No
PLATTE CITY	MO 64079-1310	Region 4 Medicare/Medicaid	Facility Number 12655

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Thursday, April 4, 2024 Page 91 of 142

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AUTUMN WOODS, INC			
5500 NW HOUSTON LAKE DR		<b>Telephone</b> (816) 587-2263	Alzheimer's Unit No
	MO 64151-3472	Level of Care RCF*	Bed Capacity 28
Mailing Address PO BOX 12008	MO (4152 0000	County PLATTE	DMH Licensed Yes
KANSAS CITY	MO 64152-0008	Region 4	Facility Number 10857
BENTON HOUSE OF TIFFANY SPRIN	NCS		
5901 NW 88TH ST	105	<b>Telephone</b> (816) 505-4555	Alzheimer's Unit Yes
	MO 64154-1607	Level of Care ALF**	Bed Capacity 80
Mailing Address 5901 NW 88TH ST		County PLATTE	DMH Licensed No
o contract of the contract of	MO 64154-1607	Region 4	Facility Number 29519
BRISTOL MANOR OF WESTON			
178 WALNUT		<b>Telephone</b> (816) 386-5507	Alzheimer's Unit No
	MO 64098-1328	Level of Care RCF	Bed Capacity 12
Mailing Address 178 WALNUT	NO 64000 1000	County PLATTE	DMH Licensed No
WESTON	MO 64098-1328	Region 4	Facility Number 16741
BURLINGTON CREEK SENIOR LIVI	NG,THE		
6311 NORTH COSBY AVENUE		<b>Telephone</b> (816) 527-8504	Alzheimer's Unit Yes
KANSAS CITY	MO 64151-2344	Level of Care ALF**	Bed Capacity 110
Mailing Address 448 NORTH LASALLE	DRIVE FLOOR 2	County PLATTE	DMH Licensed No
CHICAGO	MO 60654-4518	Region 4	Facility Number 30198
CARDENC AT DARRY BOAD THE			
GARDENS AT BARRY ROAD, THE 8300 NW BARRY RD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit Yes
	MO 64153-1634	Level of Care ALF**	Bed Capacity 40
Mailing Address 8300 NW BARRY RD	MO 04133 1034	County PLATTE	DMH Licensed No
-	MO 64153-1634	Region 4	Facility Number 23774
		Region .	23774
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY ROAD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit No
	MO 64153-1634	Level of Care ALF	Bed Capacity 100
Mailing Address 8300 NW BARRY RD		County PLATTE	DMH Licensed No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774
HERITAGE VILLAGE OF PLATTE C	ITY		
15 WALLINGFORD DR		<b>Telephone</b> (816) 858-2182	Alzheimer's Unit No
PLATTE CITY	MO 64079-9604	Level of Care RCF*	Bed Capacity 30
Mailing Address 15 WALLINGFORD DE	3	County PLATTE	<b>DMH Licensed</b> No
PLATTE CITY	MO 64079-9604	Region 4	Facility Number 13182
IGNITE MEDICAL RESORT KANSAS	SCITYLLC		
2100 NW BARRY ROAD		<b>Telephone</b> (816) 521-6610	Alzheimer's Unit No
	MO 64154-1000	Level of Care SNF	Bed Capacity 90
Mailing Address 2100 NW BARRY ROA		County PLATTE	DMH Licensed No
KANSAS CITY	MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number 31464

Thursday, April 4, 2024 Page 92 of 142

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A PONA MOVED			
LEONA HOUSE	T-lk (916) 594 1022	A 1-1	V
5000 NW OLD TRAIL ROAD	Telephone (816) 584-1033	Alzheimer's Unit	Yes
KANSAS CITY MO 64151-1946	Level of Care ALF**  County PLATTE	Bed Capacity DMH Licensed	7 No.
Mailing Address 5000 NW OLD TRAIL RD KANSAS CITY MO 64151-1946	v		No 24748
KANSAS CITT MO 04131-1940	Region 4	Facility Number	24748
PRIMROSE RETIREMENT COMMUNITY OF KANSAS CIT	ry		
8559 NORTH LINE CREEK PARKWAY	<b>Telephone</b> (816) 468-8282	Alzheimer's Unit	No
KANSAS CITY MO 64154-2100	Level of Care ALF**	Bed Capacity	44
Mailing Address 8559 NORTH LINE CREEK PARKWAY	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-2100	Region 4	Facility Number	29020
DIVIDENCE NUMBER OF REPUTATION OF WITH A TWO LOCAL PROPERTY AND A PROPERTY OF A PROPER	G.		
RIVERSIDE NURSING & REHABILITATION CENTER, LL 4700 NW CLIFFVIEW DR	<b>Telephone</b> (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
NIVERSIDE MIO 04130-1237	Region + Medical e/Medicald	racinty Number	01332
TIFFANY SPRINGS REHABILITATION & HEALTH CARE	CENTER		
9191 N AMBASSADOR DR	<b>Telephone</b> (816) 741-5570	Alzheimer's Unit	No
KANSAS CITY MO 64154-7247	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 9191 N AMBASSADOR DR	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number	30748
TIFFANY SPRINGS SENIOR CARE COMMUNITY			
9101 N AMBASSADOR DRIVE	<b>Telephone</b> 816-621-3810	Alzheimer's Unit	Yes
KANSAS CITY MO 64154-7295	Level of Care ALF**	<b>Bed Capacity</b>	89
Mailing Address 9101 N AMBASSADOR DRIVE	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-7295	Region 4	Facility Number	30748
WEXFORD PLACE ASSISTED LIVING AND MEMORY SUI	PPORT RV SENIOR STAR		
6460 NORTH COSBY AVE	Telephone (816) 743-4259	Alzheimer's Unit	Yes
KANSAS CITY MO 64151-2377	Level of Care ALF**	Bed Capacity	98
Mailing Address 6460 NORTH COSBY AVE	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64151-2377	Region 4	Facility Number	28861
WINDEMEDE HEAT THEADE CENTED IT C			
WINDEMERE HEALTHCARE CENTER LLC 3100 NORTH WEST VIVION RD	<b>Telephone</b> (816) 741-0753	Alzheimen's IInit	NO
RIVERSIDE MO 64150-9436	Telephone (816) 741-0753  Level of Care RCF	Alzheimer's Unit Bed Capacity	NO 65
Mailing Address 3100 NORTH WEST VIVION RD	County PLATTE	DMH Licensed	No
RIVERSIDE MO 64150-9436	Region 4	Facility Number	08668
MI 04130-2430	Acgon 7	racincy rannoci	00000
	POLK		
BIG SPRING CARE CENTER FOR REHAB AND HEALTHO			
202 EAST MILL ST	<b>Telephone</b> (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

50 Ю HUMANSVILLE MO 65674-8507 Region 1 **Facility Number** Medicare/Medicaid 18672

Thursday, April 4, 2024 Page 93 of 142

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BLUE CASTLE BOLIVAR LLC			
1830 E LAVERNE ST		<b>Telephone</b> (417) 777-2583	Alzheimer's Unit No
BOLIVAR	MO 65613-1488	Level of Care RCF*	Bed Capacity 30
Mailing Address 1830 E LAVERNE ST	Γ	County POLK	DMH Licensed Yes
BOLIVAR	MO 65613-1488	Region 1	Facility Number 24698
BOUND MANOR HOUSE			
BOLIVAR MANOR HOUSE		m 1 1 (417) 207 5700	A
404 EAST BROADWAY	MO 65613-2019	<b>Telephone</b> (417) 327-5790	Alzheimer's Unit No
BOLIVAR	MO 65613-2019	Level of Care RCF*	Bed Capacity 20
Mailing Address PO BOX 175	MO (5(12.0175	County POLK	DMH Licensed Yes
BOLIVAR	MO 65613-0175	Region 1	Facility Number 04529
BUTTERFIELD RESIDENTIAL CAI	RE CENTER		
1120 NORTH BUTTERFIELD RD		<b>Telephone</b> (417) 326-5200	Alzheimer's Unit No
BOLIVAR	MO 65613-1000	Level of Care RCF*	<b>Bed Capacity</b> 66
Mailing Address 1120 N BUTTERFIE		County POLK	<b>DMH Licensed</b> No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 14436
BUTTERFIELD RESIDENTIAL CAI	RE CENTER		
1120 NORTH BUTTERFIELD RD		<b>Telephone</b> (417) 326-5200	Alzheimer's Unit No
BOLIVAR	MO 65613-1000	Level of Care RCF	<b>Bed Capacity</b> 24
Mailing Address 1120 N BUTTERFIE	LD RD	County POLK	DMH Licensed No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 14436
CITIZENS MEMORIAL HEALTH C	CARE FACILITY		
1218 W LOCUST ST		<b>Telephone</b> (417) 326-7648	Alzheimer's Unit No
BOLIVAR	MO 65613-1312	Level of Care SNF	Bed Capacity 111
Mailing Address PO BOX 590		County POLK	DMH Licensed No
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid	Facility Number 00710
LAKESHORES RESIDENTIAL CAR	RE FACILITY		
102 SOUTH BOLIVAR RD		<b>Telephone</b> (417) 754-2272	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8553	Level of Care RCF*	<b>Bed Capacity</b> 30
Mailing Address PO BOX 221		County POLK	DMH Licensed Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number 15309
NORTHWOOD HILLS CARE CENT	ER		
800 NORTH ARTHUR ST		<b>Telephone</b> (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	<b>DMH Licensed</b> No
HUMANSVILLE	MO 65674-0187	Region 1 Medicare/Medicaid	Facility Number 10607
PARKVIEW HEALTH CARE FACII	LITY		
119 WEST FOREST		<b>Telephone</b> (417) 326-3000	Alzheimer's Unit Yes
BOLIVAR	MO 65613-1316	Level of Care SNF	Bed Capacity 78
Mailing Address 119 WEST FOREST		County POLK	<b>DMH Licensed</b> No

Region 1

Medicare/Medicaid

**Facility Number** 

17638

MO 65613-1316

BOLIVAR

Thursday, April 4, 2024 Page 94 of 142

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		PULASKI		
DIXON NURSING & REHAB				
403 EAST 10TH ST		<b>Telephone</b> (573) 759-2135	Alzheimer's Unit	No
DIXON	MO 65459-6049	Level of Care SNF	Bed Capacity	60
Mailing Address 403 EAST 10TH ST		County PULASKI	DMH Licensed	No
DIXON	MO 65459-6049	Region 6 Medicare/Medicaid	Facility Number	15510
LIFE CARE CENTER OF WAYNES	VILLE			
700 BIRCH LN		<b>Telephone</b> (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
RICHLAND CARE CENTER, INC				
400 TRI-COUNTY LANE		<b>Telephone</b> (573) 765-3243	Alzheimer's Unit	No
RICHLAND	MO 65556-8582	Level of Care SNF	Bed Capacity	86
Mailing Address PO BOX 756		County PULASKI	DMH Licensed	No
RICHLAND	MO 65556-0756	Region 6 Medicare/Medicaid	Facility Number	08100
		S	·	
		PUTNAM		
BRISTOL MANOR OF UNIONVILL	Æ			
715 NORTH 22ND ST, HWY 5 NORTH		<b>Telephone</b> (660) 947-2151	Alzheimer's Unit	No
UNIONVILLE	MO 63565-1142	Level of Care RCF	Bed Capacity	12
Mailing Address 715 NORTH 22ND S	T, HWY 5 NORTH	County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1142	Region 5	Facility Number	19153
PUTNAM COUNTY CARE CENTER	<b>)</b>			
1814 OAK ST	`	<b>Telephone</b> (660) 947-2492	Alzheimer's Unit	NO
UNIONVILLE	MO 63565-1275	Level of Care SNF	Bed Capacity	60
Mailing Address 1814 OAK ST	110 00000 1270	County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaid	Facility Number	06516
			·	
		RALLS		
COUNTRY AIRE ESTATES, LLC				
49303 RENSSELAER LN		<b>Telephone</b> (573) 221-5400	Alzheimer's Unit	No
HANNIBAL	MO 63401-7356	Level of Care RCF*	<b>Bed Capacity</b>	16
Mailing Address 49303 RENSSELAER	R LN	County RALLS	DMH Licensed	Yes
HANNIBAL	MO 63401-7356	Region 5	Facility Number	14270
WESTVIEW MIDSING HOME				
WESTVIEW NURSING HOME 301 WEST DUNLOP ST		<b>Telephone</b> (573) 267-3920	Alzheimer's Unit	No
CENTER	MO 63436-2267	Telephone (573) 267-3920 Level of Care SNF	Bed Capacity	60
Mailing Address 301 WEST DUNLOP		County RALLS	DMH Licensed	No
waining Addites 301 WEST DUNLOF	D1	County KALLS	Divili Licenseu	110

Region 5

Medicare/Medicaid

**Facility Number** 

15634

MO 63436-2267

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Thursday, April 4, 2024 Page 95 of 142

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## **RANDOLPH**

		~ <del></del>		
ASPIRE SENIOR LIVING MOBERL	Y			
700 EAST URBANDALE DR		<b>Telephone</b> (660) 263-9060	Alzheimer's Unit	Yes
MOBERLY	MO 65270-1966	Level of Care SNF	Bed Capacity	120
Mailing Address 700 EAST URBAND.		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number	12523
WODERLI	WO 03270-1900	kegion 3 Medicare/Medicaid	racinty Number	12525
BROOK CHERITH ASSISTED LIVI	NG			
104 EAST ELM ST		<b>Telephone</b> (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
COATES STREET COMFORT HOU	SE			
612 WEST COATES ST		<b>Telephone</b> (660) 263-6759	Alzheimer's Unit	No
MOBERLY	MO 65270-1319	Level of Care RCF	Bed Capacity	20
Mailing Address PO BOX 781	110 03270 1317	County RANDOLPH	DMH Licensed	Yes
MOBERLY	MO 65270 0791	·		
MOBERLY	MO 65270-0781	Region 5	Facility Number	08220
MARK TWAIN ASSISTED LIVING,	INC			
901 UNION AVE		<b>Telephone</b> (660) 263-6515	Alzheimer's Unit	No
MOBERLY	MO 65270-2456	Level of Care ALF**	<b>Bed Capacity</b>	42
Mailing Address 901 UNION AVE		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-2456	Region 5	Facility Number	16369
MEADOW RIDGE SENIOR LIVING				
521 MEADOW RIDGE LANE		<b>Telephone</b> (660) 263-0550	Alzheimer's Unit	No
MOBERLY	MO 65270-4550	Level of Care ALF**		57
			Bed Capacity	
Mailing Address 521 MEADOW RIDO		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-4550	Region 5	Facility Number	28019
NORTH VILLAGE PARK				
2041 SILVA LN		<b>Telephone</b> (660) 269-7300	Alzheimer's Unit	No
MOBERLY	MO 65270-3658	Level of Care SNF	<b>Bed Capacity</b>	184
Mailing Address 2041 SILVA LN		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3658	Region 5 Medicare/Medicaid	Facility Number	06481
RAVENWOOD TERRACE - ASSIST	ED LIVING BY AMERICARE			
1830 RAVENWOOD		<b>Telephone</b> (660) 263-8004	Alzheimer's Unit	Yes
MOBERLY	MO 65270-3002	Level of Care ALF**	Bed Capacity	55
Mailing Address 1830 RAVENWOOD		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3002	Region 5	Facility Number	16411
MODERET	110 03270-3002	region 2	Pacincy Number	10411
VALLEY VIEW HEALTH & REHAI	BILITATION			
1600 EAST ROLLINS ST		<b>Telephone</b> (660) 263-6887	Alzheimer's Unit	No
MOBERLY	MO 65270-2478	Level of Care SNF	Bed Capacity	96
Mailing Address 1600 E ROLLINS ST		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-2478	Region 5 Medicare/Medicaid	Facility Number	13167

Thursday, April 4, 2024 Page 96 of 142

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LAWSON MANOR & REHAB				
210 WEST 8TH TERRACE		<b>Telephone</b> (816) 580-3269	Alzheimer's Unit	Yes
LAWSON	MO 64062-9357	Level of Care SNF	Bed Capacity	60
Mailing Address 210 WEST 8TH TEI	RRACE	County RAY	DMH Licensed	No
LAWSON	MO 64062-9357	Region 4 Medicare/Medicaid	Facility Number	07395
OAK RIDGE ASSISTED LIVING				
403 CRISPIN ST		<b>Telephone</b> (816) 776-3435	Alzheimer's Unit	Yes
RICHMOND	MO 64085-1212	Level of Care ALF**	Bed Capacity	55
Mailing Address 403 CRISPIN ST	110 0.000 1212	County RAY	DMH Licensed	No
RICHMOND	MO 64085-1212	Region 4	Facility Number	29711
		Region		2,711
SHIRKEY NURSING & REHABILI	TATION CENTER			
804 WOLLARD BLVD		<b>Telephone</b> (816) 776-5403	Alzheimer's Unit	Yes
RICHMOND	MO 64085-2227	Level of Care SNF	Bed Capacity	197
Mailing Address 804 WOLLARD BL	VD	County RAY	DMH Licensed	No
RICHMOND	MO 64085-2227	Region 4 Medicare/Medicaid	Facility Number	07289
	ī	REYNOLDS		
	_			
BRENT B TINNIN MANOR		T-l-nb (572) 662 2545	A 1-1	No
220 EUEL POLK DR	MO 62629 7067	<b>Telephone</b> (573) 663-2545	Alzheimer's Unit	No
ELLINGTON  Mailing Address 220 EUEL BOLK DI	MO 63638-7967	Level of Care SNF	Bed Capacity	60 No.
Mailing Address 220 EUEL POLK DI		County REYNOLDS	DMH Licensed	No
ELLINGTON	MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number	08027
BUNKER RESIDENTIAL HOME				
500 CULLER AVE		<b>Telephone</b> (573) 689-1392	Alzheimer's Unit	No
BUNKER	MO 63629-	Level of Care RCF	Bed Capacity	12
Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed	Yes
BUNKER	MO 63629-0276	Region 2	Facility Number	16882
		RIPLEY		
COLONIAL HOME THE				
COLONIAL HOME, THE		Telephone (572) 006 4292	Alahaiman'a Unit	No
102 SUMMIT ST DONIPHAN	MO (2025 1220	Telephone (573) 996-4283 Level of Care ALF**	Alzheimer's Unit	No 31
	MO 63935-1328		Bed Capacity DMH Licensed	
Mailing Address 102 SUMMIT ST	MO 62025 1229	County RIPLEY		No
DONIPHAN	MO 63935-1328	Region 2	Facility Number	01610
CURRENT RIVER NURSING CEN	TER, INC			
1015 NORTH GRAND AVE		<b>Telephone</b> (573) 996-4239	Alzheimer's Unit	Yes
DONIPHAN	MO 63935-1779	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 1015 NORTH GRAI	ND AVE	County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
WALNUT STREET ASSISTED LIV	TNG			
404 WALNUT ST	2.10	<b>Telephone</b> (573) 996-4283	Alzheimer's Unit	No
DONIPHAN	MO 63935-1420	Level of Care ALF	Bed Capacity	35
Mailing Address 404 WALNUT ST		County RIPLEY	DMH Licensed	Yes
DONIPHAN	MO 63935-1420	Region 2	Facility Number	08354
		region -		00554

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Thursday, April 4, 2024 Page 97 of 142

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## **SAINT CHARLES**

	D7 <b>11</b> 1	VI CIMINELD		
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit	NO
O'FALLON	MO 63366-	Level of Care ALF**	Bed Capacity	10
Mailing Address 206 NORTH M		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5	Facility Number	27367
OTALLON	WIO 03300-2299	Region 5	racinty Number	2/30/
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit	No
O'FALLON	MO 63366-2299	Level of Care SNF	Bed Capacity	55
Mailing Address 206 NORTH M	AIN ST	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number	27367
ARBORS AT MOUNT CARME	THE			
723 FIRST CAPITOL DR	L, THE	<b>Telephone</b> (636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care ALF**	Bed Capacity	30
Mailing Address 723 FIRST CAR		County SAINT CHARLES	DMH Licensed	No.
SAINT CHARLES	MO 63301-2729	•		
SAINT CHARLES	MO 03301-2729	Region 5	Facility Number	29396
ASPEN POINT HEALTH AND	REHABILITATION			
2840 WEST CLAY ST		<b>Telephone</b> (636) 946-6100	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2536	Level of Care SNF	Bed Capacity	180
Mailing Address 2840 WEST CL	AY ST	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2536	Region 5 Medicare/Medicaid	Facility Number	01521
		nogon - nousement of nousement	•	01021
ASSISTED LIVING AT THE M	ŒADOWLANDS			
135 MEADOWLANDS ESTATES	3 LN	<b>Telephone</b> (636) 978-3600	Alzheimer's Unit	Yes
O'FALLON	MO 63366-4591	Level of Care ALF**	<b>Bed Capacity</b>	86
Mailing Address 135 MEADOW	LANDS ESTATES LN	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-4591	Region 5	Facility Number	26475
BARATHAVEN ALZHEIMER'	S SPECIAL CARE CENTER			
1030 BARATHAVEN DR		<b>Telephone</b> (636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care ALF**	Bed Capacity	66
Mailing Address 1030 BARATH		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number	26902
DARDENNE I KAIRIE	WO 03308-0000	Region 5	racinty Number	20902
BOULEVARD SENIOR LIVING	G OF ST CHARLES,THE			
3340 EHLMANN ROAD		<b>Telephone</b> (636) 757-5077	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63301-4087	Level of Care ALF**	<b>Bed Capacity</b>	128
Mailing Address 3340 EHLMAN	IN ROAD	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-4087	Region 5	Facility Number	31029
BOULEVARD SENIOR LIVING	G OF WENTZVILLE, THE			
120 PERRY CATE BOULEVARI		<b>Telephone</b> (636) 698-9458	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-4719	Level of Care ALF**	Bed Capacity	62
Mailing Address 120 PERRY CA		County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-4719	•		
WENTAVILLE	MO 03303-4/19	Region 5	Facility Number	31404

Thursday, April 4, 2024 Page 98 of 142

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BRISTOL MANOR OF WENTZVILLE			
840 WEST NORTHVIEW	<b>Telephone</b> (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
CAREGIVERS INN			
1297 FEISE RD	<b>Telephone</b> (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	<b>Facility Number</b>	15342
CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF	CADE		
1800 FIRST CAPITOL DRIVE	Telephone (636) 255-8094	Alzheimer's Unit	Yes
SAINT CHARLES MO 63301-1646	Level of Care ALF**	Bed Capacity	155
Mailing Address 1800 FIRST CAPITOL DRIVE	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63301-1646	Region 5	Facility Number	30676
SAINT CHARLES MIO 05301-1040	Region 3	racinty rumber	30070
CHESTNUT GLENN - ASSISTED LIVING BY AMERICARE			
121 KLONDIKE CROSSING	<b>Telephone</b> (636) 928-4200	Alzheimer's Unit	Yes
SAINT PETERS MO 63376-5394	Level of Care ALF**	Bed Capacity	74
Mailing Address 121 KLONDIKE CROSSING	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-5394	Region 5	Facility Number	25446
CLARENDALE OF ST PETERS			
10 DUBRAY DRIVE	<b>Telephone</b> (636)706-5100	Alzheimer's Unit	yes
SAINT PETERS MO 63376-3558	Level of Care ALF**	Bed Capacity	110
Mailing Address 10 DUBRAY DRIVE	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-3558	Region 5	Facility Number	32095
COTTAGES OF LAKE ST LOUIS			
2885 TECHNOLOGY DRIVE	<b>Telephone</b> (636) 614-3510	Alzheimer's Unit	No
LAKE SAINT LOUIS MO 63367-4123	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 2885 TECHNOLOGY DRIVE	County SAINT CHARLES	DMH Licensed	No
LAKE SAINT LOUIS MO 63367-4123	Region 5 Medicare	Facility Number	30318
DELMAR GARDENS OF O'FALLON			
7068 SOUTH OUTER 364	<b>Telephone</b> (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
	<u> </u>	-	
GARDEN VIEW CARE CENTER			
700 GARDEN PATH	<b>Telephone</b> (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
01122011	Region 5 Medical Civicultatu	2 demis 1 dimber	13703

Thursday, April 4, 2024 Page 99 of 142

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GARDEN VILLAS OF O'FALLON			
7092 SOUTH OUTER 364 ROAD		<b>Telephone</b> (636) 240-5560	Alzheimer's Unit No
O'FALLON	MO 63368-7757	Level of Care ALF	Bed Capacity 95
Mailing Address 7092 SOUTH OUTER		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63368-7757	Region 5	Facility Number 27793
GLENFIELD MEMORY CARE			
118 OHMES ROAD		<b>Telephone</b> (636) 447-4440	Alzheimer's Unit Yes
COTTLEVILLE	MO 63376-7649	Level of Care ALF**	Bed Capacity 12
Mailing Address 118 OHMES RD		County SAINT CHARLES	<b>DMH Licensed</b> No
COTTLEVILLE	MO 63376-7649	Region 5	Facility Number 30372
HAMPTON MANOR OF WENTZVII	LLE	T. 1. 1. (62.6) 520, 6700	All the state of t
21 MIDLAND PARK DR	NO (2205 0100	<b>Telephone</b> (636) 538-6700	Alzheimer's Unit YES
WENTZVILLE	MO 63385-8100	Level of Care ALF**	Bed Capacity 85
Mailing Address 21 MIDLAND PARK		County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-8100	Region 5	Facility Number 33289
HARVESTER RESIDENTIAL CARE	•		
35 LILLIAN DR	•	<b>Telephone</b> (636) 939-3833	Alzheimer's Unit No
SAINT CHARLES	MO 63304-7032	Level of Care RCF*	Bed Capacity 38
Mailing Address 35 LILLIAN DR	WIO 03304-7032	County SAINT CHARLES	DMH Licensed Yes
SAINT CHARLES	MO 63304-7032	Region 5	Facility Number 03411
SAINT CHARLES	WO 03304-7032	Region 5	Facility Number 03411
LAKE ST CHARLES ASSISTED LIV	ING APARTMENTS		
45 HONEY LOCUST LN		<b>Telephone</b> (636) 947-1100	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5711	Level of Care ALF	Bed Capacity 50
Mailing Address 45 HONEY LOCUST	LN	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5711	Region 5	Facility Number 18030
LANDING OF O'FALLON, THE			
1000 LANDING CIRCLE		<b>Telephone</b> (636) 669-0780	Alzheimer's Unit Yes
SAINT CHARLES	MO 63304-7647	Level of Care ALF**	<b>Bed Capacity</b> 142
Mailing Address 1000 LANDING CIRC		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES	MO 63304-7647	Region 5	Facility Number 31181
LEWIS & CLARK GARDENS			
1221 BOONES LICK RD		Tolonhono (636) 046 6140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2328	Telephone (636) 946-6140 Level of Care SNF	Bed Capacity 142
			DMH Licensed No
Mailing Address 1221 BOONES LICK SAINT CHARLES	MO 63301-2328		
DAINI CHARLES	WIO USSUI-2520	Region 5 Medicare/Medicaid	Facility Number 01266
LUTHERAN SENIOR SERVICES AT	Γ BREEZE PARK		
600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit Yes
SAINT CHARLES	MO 63304-9139	Level of Care ALF**	<b>Bed Capacity</b> 23
Mailing Address 600 BREEZE PARK		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES	MO 63304-9139	Region 5	Facility Number 20704
		<u>-</u>	•

Thursday, April 4, 2024 Page 100 of 142

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LUTHERAN SENIOR SERVICES AT BREEZE PARK			
600 BREEZE PARK DR	<b>Telephone</b> (636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES MO 63304-9139	Level of Care ALF	Bed Capacity	56
Mailing Address 600 BREEZE PARK DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63304-9139	Region 5	Facility Number	20704
LUTHERAN SENIOR SERVICES AT BREEZE PARK			
600 BREEZE PARK DR	<b>Telephone</b> (636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES MO 63304-9139	Level of Care SNF	Bed Capacity	81
Mailing Address 600 BREEZE PARK DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63304-9139	Region 5 Medicare/Medicaid	Facility Number	20704
		•	
MCCLAY CENIOD CADE			
MCCLAY SENIOR CARE 3801 MCCLAY ROAD	<b>Telephone</b> (636) 244-3323	Alzheimer's Unit	No
SAINT PETERS MO 63376-7327	Level of Care SNF		60
	County SAINT CHARLES	Bed Capacity DMH Licensed	
Mailing Address 3801 MCCLAY ROAD SAINT PETERS MO 63376-7327	•		No
SAINT PETERS MO 033/0-/32/	Region 5 Medicare/Medicaid	Facility Number	29933
MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC			
723 FIRST CAPITOL DR	<b>Telephone</b> (636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES MO 63301-2729	Level of Care SNF	Bed Capacity	110
Mailing Address 723 FIRST CAPITOL DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number	07560
NHC HEALTHCARE, ST CHARLES			
35 SUGAR MAPLE LN	<b>Telephone</b> (636) 946-8887	Alzheimer's Unit	No
SAINT CHARLES MO 63303-5740	Level of Care SNF	Bed Capacity	120
Mailing Address 35 SUGAR MAPLE LN	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63303-5740	Region 5 Medicare/Medicaid	Facility Number	07503
PARK PLACE II			
2000 BOARDWALK PLACE DR	<b>Telephone</b> (636) 625-2900	Alzheimer's Unit	No
O'FALLON MO 63368-3901	Level of Care ALF**	<b>Bed Capacity</b>	124
Mailing Address 2000 BOARDWALK PLACE DR	County SAINT CHARLES	DMH Licensed	No
O'FALLON MO 63368-3901	Region 5	Facility Number	29016
SPENCER PLACE - ASSISTED LIVING BY AMERICARE			
265 SPENCER RD	<b>Telephone</b> (636) 441-6662	Alzheimer's Unit	No
SAINT PETERS MO 63376-2430	Level of Care ALF**	<b>Bed Capacity</b>	74
Mailing Address 265 SPENCER RD	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-2430	Region 5	Facility Number	13294
ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY	<b>Telephone</b> (636) 922-7600	Alzheimer's Unit	No
SAINT PETERS MO 63376-2594	Level of Care ALF**	<b>Bed Capacity</b>	62
Mailing Address 5400 EXECUTIVE CENTRE PKWY	County SAINT CHARLES	<b>DMH Licensed</b>	No
SAINT PETERS MO 63376-2594	Region 5	<b>Facility Number</b>	26014

Thursday, April 4, 2024 Page 101 of 142

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ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY		<b>Telephone</b> (636) 922-7600	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-2594	Level of Care SNF	<b>Bed Capacity</b> 130
Mailing Address 5400 EXECUTIVE C	ENTRE PKWY	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT PETERS	MO 63376-2594	Region 5 Medicare/Medicaid	Facility Number 26014
ST PETERS REHAB AND HEALTH	CARE CENTER		
230 SPENCER RD	CINE CENTER	<b>Telephone</b> (636) 441-2750	Alzheimer's Unit No
SAINT PETERS	MO 63376-2425	Level of Care SNF	Bed Capacity 96
Mailing Address 230 SPENCER RD	WO 03370 2423	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-2425	Region 5 Medicare/Medicaid	Facility Number 07613
SAINTILILAS	WIO 03370-2423	Region 5 Medicare/Medicaid	racinty Number 0/013
SUNTERRA SPRINGS DARDENNE	PRAIRIE	F. I. I. (625) 055 0200	
7275 STATE HIGHWAY N	1.0	<b>Telephone</b> (636) 865-0200	Alzheimer's Unit No
DARDENNE PRAIRIE	MO 63368-7128	Level of Care SNF	Bed Capacity 38
Mailing Address 7275 STATE HIGHW		County SAINT CHARLES	DMH Licensed No
DARDENNE PRAIRIE	MO 63368-7128	Region 5 Medicare	Facility Number 32331
TWIN OAKS AT HERITAGE POINT	ГЕ		
228 SAVANNAH TERRACE		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit Yes
WENTZVILLE	MO 63385-3741	Level of Care ALF**	Bed Capacity 70
Mailing Address 228 SAVANNAH TE	RRACE	County SAINT CHARLES	<b>DMH Licensed</b> No
WENTZVILLE	MO 63385-3741	Region 5	Facility Number 26877
TWIN OAKS ESTATE, INC			
707 EMGE RD		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit No
O'FALLON	MO 63366-2118	Level of Care RCF*	<b>Bed Capacity</b> 149
Mailing Address 707 EMGE RD		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-2118	Region 5	Facility Number 08209
VILLAGE CENTER CARE OF WEN	TZVILLE		
909 E PITMAN AVE		<b>Telephone</b> (636) 327-1907	Alzheimer's Unit No
WENTZVILLE	MO 63385-1818	Level of Care ALF**	<b>Bed Capacity</b> 22
Mailing Address 909 E PITMAN AVE		County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-1818	Region 5	Facility Number 28026
VILLAGES OF ST PETERS MEMO	RY CARE		
5300 EXECUTIVE CENTER PARKWA	AY	<b>Telephone</b> (636) 477-6955	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-3182	Level of Care ALF**	Bed Capacity 60
Mailing Address 5300 EXECUTIVE C	ENTER PARKWAY	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-3182	Region 5	Facility Number 29889
WINDSOR ESTATES OF ST CHARI	LES		
2150 WEST RANDOLPH ST		<b>Telephone</b> (636) 946-4966	Alzheimer's Unit No
SAINT CHARLES	MO 63301-0894	Level of Care SNF	<b>Bed Capacity</b> 66
Mailing Address 2150 WEST RANDO		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES	MO 63301-0894	Region 5 Medicare/Medicaid	Facility Number 06316

Thursday, April 4, 2024 Page 102 of 142

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		MINI CLIIIN		
APPLETON CITY MANOR				
600 NORTH OHIO ST		<b>Telephone</b> (660) 476-2128	Alzheimer's Unit	No
APPLETON CITY	MO 64724-1609	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 98		County SAINT CLAIR	DMH Licensed	No
APPLETON CITY	MO 64724-0098	Region 1 Medicare/Medicaid	Facility Number	01637
			·	
COUNTRYSIDE ESTATES				
500 NORTH OHIO		<b>Telephone</b> (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
TRUMAN LAKE MANOR, INC				
600 EAST 7TH ST		<b>Telephone</b> (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
	SA	INT FRANCOIS		
ANNA DODSON HOME		(770) 776 7700		
4616 HIGHWAY D	140 (2640 7244	<b>Telephone</b> (573) 756-5530	Alzheimer's Unit	No
FARMINGTON  A 11 A	MO 63640-7241	Level of Care RCF	Bed Capacity	17
Mailing Address 4616 HWY D	MO 62640 7241	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number	02160
ANNA DODSON HOME				
4616 HIGHWAY D		<b>Telephone</b> (573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care RCF*	<b>Bed Capacity</b>	20
Mailing Address 4616 HWY D		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number	02160
ASHBROOK - ASSISTED LIVING I	BY AMERICARE			
500 ASHBROOK DR		<b>Telephone</b> (573) 756-5544	Alzheimer's Unit	No
FARMINGTON	MO 63640-9235	Level of Care ALF**	<b>Bed Capacity</b>	72
Mailing Address 500 ASHBROOK DI	R	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-9235	Region 2	Facility Number	18138
BAILEY HOUSE				
102 BAILEY ST		<b>Telephone</b> (573) 756-6374	Alzheimer's Unit	No
FARMINGTON	MO 63640-1819	Level of Care RCF	Bed Capacity	12
Mailing Address 102 BAILEY ST		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number	00256
BAYLESS BOARDING HOME				
3719 SAND CREEK ROAD		<b>Telephone</b> (573) 747-0889	Alzheimer's Unit	No
FARMINGTON	MO 63640-7349	Level of Care RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number	17300
		-		

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Thursday, April 4, 2024 Page 103 of 142

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BROOKSIDE MANOR RESIDENTIA	AL CARE, LLC			
2434 HIGHWAY H		<b>Telephone</b> (573) 756-6434	Alzheimer's Unit	No
FARMINGTON	MO 63640-7033	Level of Care RCF*	Bed Capacity	20
Mailing Address 2434 HIGHWAY H		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7033	Region 2	Facility Number	20034
CAMELOT NURSING AND REHAB	ILITATION CENTER			
705 GRAND CANYON DRIVE		<b>Telephone</b> (573) 756-8911	Alzheimer's Unit	NO
FARMINGTON	MO 63640-2161	Level of Care SNF	Bed Capacity	97
Mailing Address 705 GRAND CANYO	ON DRIVE	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number	00978
CARRIAGE RESIDENTIAL CARE O	CENTER LLC	T. 1. 1 (572) 756 0140	A1 1	N
508 NORTH WASHINGTON ST	NO 62640 1756	<b>Telephone</b> (573) 756-8140	Alzheimer's Unit	No
FARMINGTON	MO 63640-1756	Level of Care RCF*	Bed Capacity	20
Mailing Address PO BOX 272	3.50 (2.510.0.55)	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	07824
CEDARHURST OF FARMINGTON				
200 MAPLE VALLEY DRIVE		<b>Telephone</b> (573) 713-9150	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-7331	Level of Care ALF**	Bed Capacity	84
Mailing Address 200 MAPLE VALLE		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-7331	Region 2	Facility Number	32159
			,	0210)
COLONIAL RESIDENTIAL CARE I	FACILITY II			
1162 CEDAR ST		<b>Telephone</b> (573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care RCF*	<b>Bed Capacity</b>	48
Mailing Address PO BOX 134		County SAINT FRANCOIS	DMH Licensed	Yes
MOUNTAIN GROVE	MO 65711-0134	Region 2	Facility Number	01693
COLUMBIA STREET RESIDENTIA	L CARE CENTER LLC	T. 1. 1. (572) 756 7491	A1 1	N
208 WEST COLUMBIA ST	MO 62640 1705	<b>Telephone</b> (573) 756-7481	Alzheimer's Unit	No
FARMINGTON	MO 63640-1705	Level of Care RCF	Bed Capacity	16
Mailing Address PO BOX 272	NO. 62640.0675	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	01729
COMMUNITY MANOR				
783 WEBER ROAD		<b>Telephone</b> (573) 756-8998	Alzheimer's Unit	No
FARMINGTON	MO 63640-3318	Level of Care SNF	Bed Capacity	99
Mailing Address 783 WEBER RD		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number	13887
		- Same of Management		
COUNTRY MEADOWS				
1301 N ST JOE DR		<b>Telephone</b> (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

Thursday, April 4, 2024 Page 104 of 142

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COUNTRY MEADOWS			
1301 N ST JOE DR		<b>Telephone</b> (573) 431-2889	Alzheimer's Unit No
	63601-1965	Level of Care SNF	<b>Bed Capacity</b> 72
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	<b>DMH Licensed</b> No
PARK HILLS MO	63601-1965	Region 2 Medicare/Medicaid	Facility Number 14443
CRAWFORD RANCH BOARDING HOME,	LLC		
2200 VARVERA RD		<b>Telephone</b> (573) 756-4656	Alzheimer's Unit No
	63637-3121	Level of Care RCF*	Bed Capacity 32
Mailing Address 2200 VARVERA RD	03037 3121	County SAINT FRANCOIS	DMH Licensed Yes
9	63637-3121	Region 2	Facility Number 13193
FARMINGTON MANOR			
2879 US HIGHWAY 67		<b>Telephone</b> (573) 756-7566	Alzheimer's Unit No
	63640-9168	Level of Care ALF	Bed Capacity 70
Mailing Address 2879 US HWY 67	03040-7100	County SAINT FRANCOIS	DMH Licensed Yes
•	63640-9168	Region 2	Facility Number 15140
THE ME CO	05040 7100	Region 2	Tacinty Number 13140
FARMINGTON PRESBYTERIAN MANOR			
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit Yes
FARMINGTON MO 6	63640-2910	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	<b>DMH Licensed</b> No
FARMINGTON MO	63640-2910	Region 2 Medicare/Medicaid	Facility Number 06181
FARMINGTON PRESBYTERIAN MANOR			
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit No
	63640-2910	Level of Care ALF	Bed Capacity 60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed No
•	63640-2910	Region 2	Facility Number 06181
FARMINGTON PRESBYTERIAN MANOR		<b>T.</b> 1 (770) 774 7750	
500 CAYCE ST	<2<10,2010	<b>Telephone</b> (573) 756-6768	Alzheimer's Unit No
	63640-2910	Level of Care RCF	Bed Capacity 60
Mailing Address 500 CAYCE ST	<2<40,2010	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON MO	63640-2910	Region 2	Facility Number 06181
GREEN ACRES RESIDENTIAL CARE FAC	CILITY, LLC		
3688 SAND CREEK ROAD		<b>Telephone</b> (573) 756-2917	Alzheimer's Unit No
FARMINGTON MO	63640-7350	Level of Care RCF	Bed Capacity 12
Mailing Address 3688 SAND CREEK RD		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON MO	63640-7350	Region 2	Facility Number 17289
HARRIS RESIDENTIAL CARE CENTER LI	LC		
401 SOUTH HENRY	-	<b>Telephone</b> (573) 756-5376	Alzheimer's Unit No
	63640-1823	Level of Care RCF*	Bed Capacity 37
Mailing Address PO BOX 671		County SAINT FRANCOIS	DMH Licensed Yes
•	63640-0675	Region 2	Facility Number 02256
		<b>G</b> .	

Thursday, April 4, 2024 Page 105 of 142

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MAPLE RIDGE RESIDENTIAL CARE	E CENTER LLC		
1034 DORIS DR		<b>Telephone</b> (573) 760-0155	Alzheimer's Unit No
FARMINGTON	MO 63640-1954	Level of Care RCF*	Bed Capacity 20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number 19808
		S	·
MAPLEBROOK-ASSISTED LIVING E	OV AMEDICADE		
520 MAPLE VALLEY DR	OT AMERICARE	<b>Telephone</b> (573) 756-2777	Alzheimer's Unit Yes
	MO 63640-1981	Level of Care ALF**	Bed Capacity 61
Mailing Address 520 MAPLE VALLEY		County SAINT FRANCOIS	DMH Licensed No
	MO 63640-1981	•	
FARMINGTON	WIO 03040-1981	Region 2	Facility Number 28635
NEW HODIZONG DOE H			
NEW HORIZONS RCF II 5858 BUSIEK ROAD		Tolonhono (572) 754 0424	Alzheimer's Unit No
	MO 62640 7225	<b>Telephone</b> (573) 756-2426	
	MO 63640-7325	Level of Care ALF	Bed Capacity 15
Mailing Address PO BOX 510		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0510	Region 2	Facility Number 14868
NIIO HEAL ENGLED PROLOGE			
NHC HEALTHCARE, DESLOGE		m (570) 401 0000	
801 BRIM ST		<b>Telephone</b> (573) 431-0223	Alzheimer's Unit Yes
	MO 63601-3441	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX AA		County SAINT FRANCOIS	<b>DMH Licensed</b> No
DESLOGE	MO 63601-0568	Region 2 Medicare/Medicaid	Facility Number 02143
PINE VALLEY RCF			
3381 1st STREET		Tolonhone (572) 760 9601	Alzheimer's Unit No
	MO (2/27 2155	<b>Telephone</b> (573) 760-8601	
	MO 63637-3155	Level of Care RCF	Bed Capacity 12
Mailing Address 3381 1st STREET	NO. 62627.2155	County SAINT FRANCOIS	DMH Licensed Yes
DOE RUN	MO 63637-3155	Region 2	Facility Number 08379
SECRET GARDENS			
351 KEITH ST		<b>Telephone</b> (573) 518-0444	Alzheimer's Unit No
	MO 63601-2049	Level of Care RCF	Bed Capacity 10
Mailing Address PO BOX 481	WIO 03001-2049	County SAINT FRANCOIS	DMH Licensed Yes
-	MO 63601-0481	•	Facility Number 17813
PARK HILLS	WIO 03001-0481	Region 2	racinty Number 1/813
SOUTHBROOK NURSING CENTER			
1101 HAZEL LANE		<b>Telephone</b> (573) 756-6658	Alzheimer's Unit No
FARMINGTON	MO 63640-1920	Level of Care SNF	Bed Capacity 104
Mailing Address 1101 HAZEL LANE		County SAINT FRANCOIS	DMH Licensed No
-	MO 63640-1920	Region 2 Medicare/Medicaid	
LUMINOTON	171O UJUHU-172U	region 2 wiedicare/Medicald	Facility Number 02577
ST FRANCOIS MANOR			
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit No
	MO 63640-3428	Level of Care RCF	Bed Capacity 11
Mailing Address 1180 OLD JACKSON F		County SAINT FRANCOIS	DMH Licensed Yes
-	MO 63640-3428	Region 2	Facility Number 21512
			21312

Thursday, April 4, 2024 Page 106 of 142

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am pp i vacora vei vop						
ST FRANCOIS MANOR		T. I. I. (572) 7 (0.1700				
1180 OLD JACKSON RD	MO (2640 2420	<b>Telephone</b> (573) 760-1700		No		
FARMINGTON	MO 63640-3428	Level of Care RCF*	Bed Capacity	29		
Mailing Address 1180 OLD JACKSON		County SAINT FRANCOIS		Yes		
FARMINGTON	MO 63640-3428	Region 2	Facility Number 215	12		
ST FRANCOIS MANOR						
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No		
FARMINGTON	MO 63640-3428	Level of Care SNF	Bed Capacity 1	118		
Mailing Address 1180 OLD JACKSON	N RD	County SAINT FRANCOIS	DMH Licensed	No		
FARMINGTON	MO 63640-3428	Region 2 Medicare/Medicaid	Facility Number 215	512		
CT TOE MANOD						
ST JOE MANOR 10 LAKE DR		Talanhana (572) 259 2900	Alzheimer's Unit	Νο		
BONNE TERRE	MO 62629 1920	Telephone (573) 358-2800 Level of Care ALF**		No		
	MO 63628-1820		Bed Capacity	36 N-		
Mailing Address 10 LAKE DR	MO (2/20 1020	County SAINT FRANCOIS		No		
BONNE TERRE	MO 63628-1820	Region 2	Facility Number 226	64		
ST JOE MANOR						
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	Yes		
BONNE TERRE	MO 63628-1820	Level of Care SNF	Bed Capacity 1	145		
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No		
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	Facility Number 226	564		
ST JOE MANOR		T. I. 1 (572) 250 2000	411.	N.T.		
10 LAKE DR	MO (2/20 1020	<b>Telephone</b> (573) 358-2800		No		
BONNE TERRE	MO 63628-1820	Level of Care ALF	Bed Capacity	10		
Mailing Address 10 LAKE DR	NO (2/20 1020	County SAINT FRANCOIS		No		
BONNE TERRE	MO 63628-1820	Region 2	Facility Number 226	i64		
WATTS STREET MANOR						
301 WATTS ST		<b>Telephone</b> (573) 431-4874	Alzheimer's Unit	No		
PARK HILLS	MO 63601-1839	Level of Care RCF*	Bed Capacity	16		
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed	Yes		
PARK HILLS	MO 63601-0481	Region 2	Facility Number 065	579		
SAINT LOUIS CITY						
AKINS HEALTH CARE, INC						
4432 WEST BELLE PL		<b>Telephone</b> (314) 652-8908	Alzheimer's Unit	No		
SAINT LOUIS	MO 63108-2617	Level of Care RCF	Bed Capacity	20		
Mailing Address 4432 WEST BELLE I		County SAINT LOUIS CITY		Yes		
SAINT LOUIS	MO 63108-2617	Region 7	Facility Number 000	)78		
AVALON GARDEN						
4359 TAFT AVE		Talanhana (314) 752 2022	Alzheimer's Unit	No		
SAINT LOUIS	MO 63116-1533	Telephone (314) 752-2022 Level of Care SNF		77		
	WIO 03110-1333		· · · · · · · · · · · · · · · · · · ·			
Mailing Address 4359 TAFT AVE SAINT LOUIS	MO 63116-1533	County SAINT LOUIS CITY		No		
SAINT LOUIS	MO 03110-1333	Region 7 Medicare/Medicaid	Facility Number 002	.44		

Thursday, April 4, 2024 Page 107 of 142

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BEAUVAIS REHAB AND HEALTHO	ARE CENTER					
3625 MAGNOLIA AVE		<b>Telephone</b> (314) 771-2990	Alzheimer's Unit Yes			
SAINT LOUIS	MO 63110-4048	Level of Care SNF	Bed Capacity 184			
Mailing Address 3625 MAGNOLIA AV	Æ	County SAINT LOUIS CITY	<b>DMH Licensed</b> No			
SAINT LOUIS	MO 63110-4048	Region 7 Medicare/Medicaid	Facility Number 09528			
BENEDICT JOSEPH LABRE CENTE	ER					
3863 CLEVELAND		<b>Telephone</b> (314) 664-3927	Alzheimer's Unit No			
SAINT LOUIS	MO 63110-4009	Level of Care RCF	Bed Capacity 15			
Mailing Address 3863 CLEVELAND		County SAINT LOUIS CITY	DMH Licensed Yes			
SAINT LOUIS	MO 63110-4009	Region 7	Facility Number 21163			
BERNARD CARE CENTER						
4335 WEST PINE BLVD		<b>Telephone</b> (314) 371-0200	Alzheimer's Unit No			
SAINT LOUIS	MO 63108-2205	Level of Care SNF	Bed Capacity 141			
Mailing Address 4335 WEST PINE BL		County SAINT LOUIS CITY	DMH Licensed No			
SAINT LOUIS	MO 63108-2205	Region 7 Medicare/Medicaid	Facility Number 00436			
	110 00100 2200	Region / Medicare/Medicard	2 demoj 1 danse2 00430			
BLUE CIRCLE REHAB AND NURSI	NG					
2939 MAGAZINE STREET		<b>Telephone</b> (314) 531-0500	Alzheimer's Unit No			
SAINT LOUIS	MO 63106-1245	Level of Care SNF	<b>Bed Capacity</b> 90			
Mailing Address 2939 MAGAZINE ST	REET	County SAINT LOUIS CITY	DMH Licensed No			
SAINT LOUIS	MO 63106-1245	Region 7 Medicare/Medicaid	Facility Number 15258			
CADONDELET DETIDEMENT MAN	IOD					
CARONDELET RETIREMENT MAN	NOR	Telephone (214) 252 0552	Alzheimer's Unit No			
6811 MICHIGAN SAINT LOUIS	MO 63111-2834	Telephone (314) 353-9552 Level of Care RCF*				
Mailing Address PO BOX 37073	MO 03111-2834	County SAINT LOUIS CITY	Bed Capacity 34  DMH Licensed Yes			
SAINT LOUIS	MO 63141-1573	•				
SAINI LOUIS	MO 03141-1373	Region 7	Facility Number 01058			
CARRIE ELLIGSON GIETNER HOME						
5000 SOUTH BROADWAY		<b>Telephone</b> (314) 752-0000	Alzheimer's Unit No			
SAINT LOUIS	MO 63111-2015	Level of Care SNF	Bed Capacity 130			
Mailing Address 5000 S BROADWAY		County SAINT LOUIS CITY	DMH Licensed No			
SAINT LOUIS	MO 63111-2015	Region 7 Medicare/Medicaid	Facility Number 02877			
CENTED AT DECEMBER OF CASE	NATIONAL C					
CENTRAL RESIDENCE CNSL OPER	KATIUN LLU	m 1 - 1 - (214) 267 5699	A11.4			
5143 WATERMAN BLVD		<b>Telephone</b> (314) 367-5620	Alzheimer's Unit No			
SAINT LOUIS	MO 63108-1103	Level of Care RCF*	Bed Capacity 41			
Mailing Address 5143 WATERMAN B		County SAINT LOUIS CITY	DMH Licensed Yes			
SAINT LOUIS	MO 63108-1103	Region 7	Facility Number 02785			
CHATEAU ANN MARIE						
7700 MINNESOTA AVE		<b>Telephone</b> (314) 449-1497	Alzheimer's Unit No			
SAINT LOUIS	MO 63111-3336	Level of Care ALF	Bed Capacity 22			
Mailing Address 7700 MINNESOTA A	VE	County SAINT LOUIS CITY	<b>DMH Licensed</b> Yes			
SAINT LOUIS	MO 63111-3336	Region 7	Facility Number 14711			
		-				

Thursday, April 4, 2024 Page 108 of 142

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CHEROKEE RESIDENTIAL CARE	E ACQUISITION, LLC			
3409 MISSOURI AVE		<b>Telephone</b> (314) 771-8360	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-3236	Level of Care RCF*	Bed Capacity	34
Mailing Address 3409 MISSOURI AV	VE.	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63118-3236	Region 7	Facility Number	14047
COOPER HOUSE				
4385 MARYLAND AVE		<b>Telephone</b> (314) 535-1919	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2703	Level of Care RCF*	Bed Capacity	36
Mailing Address 4385 MARYLAND		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2703	Region 7	Facility Number	21439
SAINT LOUIS	WIO 03106-2703	Region /	Facility Number	21439
DELHAVEN MANOR				
5460 DELMAR BLVD		<b>Telephone</b> (314) 361-2902	Alzheimer's Unit	No
SAINT LOUIS	MO 63112-3104	Level of Care SNF	Bed Capacity	156
Mailing Address 5460 DELMAR BLV	VD	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63112-3104	Region 7 Medicare/Medicaid	Facility Number	02089
DUTCHTOWN CARE CENTER				
3421 GASCONADE ST		<b>Telephone</b> (314) 832-4700	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-4201	Level of Care SNF	Bed Capacity	120
Mailing Address 3421 GASCONADE	EST	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number	21455
			•	
GRAND MANOR NURSING & REF	HABILITATION CENTER			
3645 COOK AVE		<b>Telephone</b> (314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324
HILLSIDE REHAB AND HEALTH	CARE CENTER			
1265 MCLARAN AVE		<b>Telephone</b> (314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63147-1606	Level of Care SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN A	VE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63147-1606	Region 7 Medicare/Medicaid	Facility Number	04687
HOLLY HILL C DECIDE MENTE HO	A.C.			
HOLLY HILLS RETIREMENT HO	OME	m 1 1 (214) 251 0767		N
6421 MINNESOTA	MO (2111 2000	<b>Telephone</b> (314) 351-0767	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2808	Level of Care RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63111-2808	Region 7	Facility Number	03678
KASEY PAIGE HEALTH CARE CH	ENTER			
3715 JAMIESON AVE		<b>Telephone</b> (314) 781-0222	Alzheimer's Unit	No
SAINT LOUIS	MO 63109-1109	<b>Level of Care</b> RCF	Bed Capacity	111
Mailing Address 3715 JAMIESON A	VE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63109-1109	Region 7	Facility Number	04650

Thursday, April 4, 2024 Page 109 of 142

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LANSDOWNE VILLAGE			
4624 LANSDOWNE AVE		<b>Telephone</b> (314) 351-6888	Alzheimer's Unit No
SAINT LOUIS	MO 63116-1523	Level of Care SNF	<b>Bed Capacity</b> 145
Mailing Address 4624 LANSDOWNE	AVE	County SAINT LOUIS CITY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63116-1523	Region 7 Medicare/Medicaid	Facility Number 14557
LIFE CARE CENTER OF ST LOUIS			
3520 CHOUTEAU AVE		<b>Telephone</b> (314) 771-2100	Alzheimer's Unit No
SAINT LOUIS	MO 63103-2916	Level of Care SNF	Bed Capacity 100
Mailing Address 3520 CHOUTEAU A		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number 19823
LINDEN MANOR CNSL OPERATIO	NIIC		
4336 LINDELL BLVD	NEEC	<b>Telephone</b> (314) 652-4828	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2702	Level of Care RCF*	Bed Capacity 20
Mailing Address PO BOX 525	WIO 03106-2702	County SAINT LOUIS CITY	DMH Licensed Yes
CUBA	MO 65453-	•	
CUBA	MO 03433-	Region 7	Facility Number 10470
LIVING LIFE LONG RESIDENTIAL	. CARE, LLC		
5076 WATERMAN		<b>Telephone</b> (314) 495-5498	Alzheimer's Unit No
SAINT LOUIS	MO 63108-1102	Level of Care RCF	Bed Capacity 20
Mailing Address 303 UNION BLVD		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-4400	Region 7	Facility Number 05212
NEWSTEAD PLACE			
19 NORTH NEWSTEAD		<b>Telephone</b> (314) 286-4510	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2260	Level of Care RCF*	Bed Capacity 20
Mailing Address 19 N NEWSTEAD		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2260	Region 7	Facility Number 19169
OAK BARK GARE GENTER			
OAK PARK CARE CENTER		T-I (214) 791 2444	Al-h-i
6637 BERTHOLD AVE	MO (2120 2210	<b>Telephone</b> (314) 781-3444	Alzheimer's Unit No
SAINT LOUIS	MO 63139-3318	Level of Care SNF	Bed Capacity 120
Mailing Address 6637 BERTHOLD AV		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63139-3318	Region 7 Medicare/Medicaid	Facility Number 05914
OASIS RESIDENTIAL CARE FACIL	ITY		
3508 PRAIRIE AVE		<b>Telephone</b> (314) 534-3355	Alzheimer's Unit No
SAINT LOUIS	MO 63107-2214	Level of Care RCF*	Bed Capacity 20
Mailing Address 3508 PRAIRIE AVE		County SAINT LOUIS CITY	<b>DMH Licensed</b> Yes
SAINT LOUIS	MO 63107-2214	Region 7	Facility Number 15415
DDOWICION OF DDOMES			
PROVISION OF PROMISE		Tolophono (214) 525 5500	Algheimen's Unit
4528 NORTH MARKET ST	MO 62112 2112	Telephone (314) 535-5509	Alzheimer's Unit No
SAINT LOUIS  Moiling Address 4529 NORTH MARK	MO 63113-2113	Level of Care RCF	Bed Capacity 20
Mailing Address 4528 NORTH MARK		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63113-2113	Region 7	Facility Number 17937

Thursday, April 4, 2024 Page 110 of 142

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SILVER SPUR 3300 TEXAS AVE SAINT LOUIS Mailing Address 3300 TEXAS AVE SAINT LOUIS	MO 63118-3111 MO 63118-3111	Telephone (314) 773-3408 Level of Care ALF County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 37 Yes 00185
SMILEY MANOR LLC 5415 THEKLA AVE SAINT LOUIS Mailing Address 5415 THEKLA AVE SAINT LOUIS	MO 63120-2513 MO 63120-2513	Telephone (314) 932-1360 Level of Care RCF County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 04078
SMILEY MANOR WEST, LLC 1119 GOODFELLOW BLVD SAINT LOUIS Mailing Address 1119 GOODFELLOW SAINT LOUIS	MO 63112-2513 BLVD MO 63112-2513	Telephone (314) 833-3238 Level of Care RCF County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 27 No 31147
SPRING MANOR 3610 PALM ST SAINT LOUIS Mailing Address 3610 PALM ST SAINT LOUIS	MO 63107-2505 MO 63107-2505	Telephone (314) 533-3111 Level of Care ALF** County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 94 Yes 28552
ST ELIZABETH HALL 325 NORTH NEWSTEAD AVE SAINT LOUIS Mailing Address 325 N NEWSTEAD A SAINT LOUIS	MO 63108-2707 AVE MO 63108-2707	Telephone (314) 652-9525 Level of Care ALF** County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 50 Yes 07516
ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS	MO 63111-2023 DWAY MO 63111-2023	Telephone (314) 353-7225 Level of Care ALF** County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 23 No 07585
ST LOUIS ALTENHEIM 5408 SOUTH BROADWAY SAINT LOUIS Mailing Address 5408 SOUTH BROAD SAINT LOUIS	MO 63111-2023 DWAY MO 63111-2023	Telephone (314) 353-7225 Level of Care SNF County SAINT LOUIS CITY Region 7 Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 48 No 07585
ST LOUIS HILLS ASSISTED LIVING 6543 CHIPPEWA ST SAINT LOUIS Mailing Address 6543 CHIPPEWA ST SAINT LOUIS	MO 63109-4100  MO 63109-4100	Telephone (314) 647-6600 Level of Care ALF** County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 181 No 07594

Thursday, April 4, 2024 Page 111 of 142

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SUPERIOR MANOR OF DOWNTON	VN, LLC			
1501 CLINTON STREET	,	<b>Telephone</b> (314) 921-2625	Alzheimer's Unit	No
SAINT LOUIS	MO 63106-4100	Level of Care RCF	Bed Capacity	40
Mailing Address 1501 CLINTON STRI		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63106-4100	Region 7	Facility Number	30136
SAINI LOUIS	WO 03100-4100	Region /	Facility Number	30130
UNION MANOR, LLC				
2711 NORTH UNION BLVD		<b>Telephone</b> (314) 383-7310	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1003	Level of Care RCF*	Bed Capacity	50
Mailing Address 2711 NORTH UNION	N BLVD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-1003	Region 7	Facility Number	11002
		region .	Tuessey Transpor	11002
WEST PINE GROUP HOME				
4232 WEST PINE BLVD		<b>Telephone</b> (314) 531-9450	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2840	Level of Care RCF	Bed Capacity	9
Mailing Address 4232 WEST PINE BL	VD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2840	Region 7	Facility Number	05948
	SAINT LOUI	S COUNTY		
	Simil Edel	S COUNT		
ABERDEEN HEIGHTS				
505 COUCH AVE		<b>Telephone</b> (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
KIKKWOOD	WO 03122-3330	Region /	racinty Number	21310
ABERDEEN HEIGHTS				
505 COUCH AVE		<b>Telephone</b> (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
Mark 1100D	1.20 03122 3330	Region /	Tuessey I tuniber	21310
ABERDEEN HEIGHTS				
505 COUCH AVE		<b>Telephone</b> (314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care SNF	Bed Capacity	38
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region 7 Medicare/Medicaid	Facility Number	27570
ACKERT PARK SKILLED NURSING	C & DEHARII ITATION CENTED			
894 LELAND AVE	G & REHADILITATION CENTER	Tolophone (214) 734 4747	Alzheimer's Unit	NI.
	MO 62120 2220	<b>Telephone</b> (314) 726-4767		No
UNIVERSITY CITY	MO 63130-3239	Level of Care SNF	Bed Capacity	130
Mailing Address 894 LELAND AVE	MO	County SAINT LOUIS COUNTY	DMH Licensed	No
UNIVERSITY CITY	MO 63130-3239	Region 7 Medicare/Medicaid	Facility Number	02100
AEGIS HEALTH AND REHABILITA	ATION			
1441 CHARIC DR		<b>Telephone</b> (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
				1,307

Thursday, April 4, 2024 Page 112 of 142

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ALLEGRO	T. 1	
1055 BELLEVUE AVENUE	Telephone (314) 332-8372 Alzheimer's Unit	Yes
RICHMOND HEIGHTS MO 63117-1827	Level of Care ALF** Bed Capacity	88
Mailing Address 1055 BELLEVUE AVENUE	County SAINT LOUIS COUNTY DMH Licensed	No
RICHMOND HEIGHTS MO 63117-1827	Region 7 Facility Number	31437
AMBERWOOD ESTATES NURSING AND REHABILIT	CATION	
5303 BERMUDA DR	Telephone (314) 385-0910 Alzheimer's Unit	NO
NORMANDY MO 63121-1407	Level of Care SNF Bed Capacity	115
Mailing Address 5303 BERMUDA DR	County SAINT LOUIS COUNTY DMH Licensed	No
NORMANDY MO 63121-1407	Region 7 Medicare/Medicaid Facility Number	01238
APPLEGATE RH CNSL OPERATION LLC		
1204 TELEGRAPH RD	Telephone (314) 631-2003 Alzheimer's Unit	No
SAINT LOUIS MO 63125-2528	Level of Care RCF* Bed Capacity	38
Mailing Address 1204 TELEGRAPH RD	County SAINT LOUIS COUNTY DMH Licensed	Yes
SAINT LOUIS MO 63125-2528	Region 7 Facility Number	14409
ARBOR HILLS NURSING AND REHABILITATION CE	NITED	
800 CHAMBERS RD	Telephone (314) 524-1111 Alzheimer's Unit	No
FERGUSON MO 63135-2133	Level of Care SNF Bed Capacity	150
Mailing Address 800 CHAMBERS RD	County SAINT LOUIS COUNTY DMH Licensed	No
FERGUSON MO 63135-2133	Region 7 Medicare/Medicaid Facility Number	01435
PLAGESON MO 03133 2133	Region / Medicale/Medicald Facility Number	01433
ARBOR HILLS NURSING AND REHABILITATION CE	ENTER	
ARBOR HILLS NURSING AND REHABILITATION CE 800 CHAMBERS RD	ENTER  Telephone (314) 524-1111 Alzheimer's Unit	No
		No 28
800 CHAMBERS RD	Telephone (314) 524-1111 Alzheimer's Unit	
800 CHAMBERS RD FERGUSON MO 63135-2133	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity	28
800 CHAMBERS RD  FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD  FERGUSON MO 63135-2133	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	28 No
800 CHAMBERS RD FERGUSON MO 63135-2133 Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number	28 No 01435
800 CHAMBERS RD FERGUSON MO 63135-2133 Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit	28 No 01435 Yes
800 CHAMBERS RD  FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD  FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE  4005 RIPA AVE  SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity	28 No 01435 Yes 149
800 CHAMBERS RD FERGUSON MO 63135-2133 Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378 Mailing Address 4005 RIPA AVE	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	28 No 01435 Yes 149 No
800 CHAMBERS RD  FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD  FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE  4005 RIPA AVE  SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity	28 No 01435 Yes 149
800 CHAMBERS RD FERGUSON MO 63135-2133 Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378 Mailing Address 4005 RIPA AVE	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	28 No 01435 Yes 149 No
800 CHAMBERS RD FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	28 No 01435 Yes 149 No
800 CHAMBERS RD FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE  ASCENSION LIVING SHERBROOKE VILLAGE	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Medicare/Medicaid Facility Number	28 No 01435 Yes 149 No 15436
800 CHAMBERS RD FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit	28 No 01435 Yes 149 No 15436
FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD  FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity	28 No 01435 Yes 149 No 15436
800 CHAMBERS RD FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	28 No 01435 Yes 149 No 15436 YES 88 No
800 CHAMBERS RD FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  MAINT LOUIS MO 63125-2378	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Region 7 Medicare/Medicaid Facility Number	28 No 01435 Yes 149 No 15436 YES 88 No 15436
FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASSISTED LIVING AT CHARLESS VILLAGE 5943 TELEGRAPH RD	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY County SAINT LOUIS COUNTY Region 7 Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Telephone (314) 846-2002 Alzheimer's Unit	28 No 01435 Yes 149 No 15436 YES 88 No 15436
FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASSISTED LIVING AT CHARLESS VILLAGE 5943 TELEGRAPH RD SAINT LOUIS MO 63129-4715	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY DMH Licensed Facility Number	28 No 01435 Yes 149 No 15436 YES 88 No 15436
FERGUSON MO 63135-2133  Mailing Address 800 CHAMBERS RD FERGUSON MO 63135-2133  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASCENSION LIVING SHERBROOKE VILLAGE 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378  ASSISTED LIVING AT CHARLESS VILLAGE 5943 TELEGRAPH RD	Telephone (314) 524-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Facility Number  Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY County SAINT LOUIS COUNTY Region 7 Telephone (314) 544-1111 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS COUNTY Region 7 Telephone (314) 846-2002 Alzheimer's Unit	28 No 01435 Yes 149 No 15436 YES 88 No 15436

Thursday, April 4, 2024 Page 113 of 142

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A TAYLEN TO A MARKET AND DELLA DAY AT	TYON				
ATHENE NURSING AND REHABILITA	TION	T. 1	(626) 227 5070	A1 1	37
13995 CLAYTON RD	0	Telephone	(636) 227-5070	Alzheimer's Unit	Yes
	O 63017-8400	Level of Car		Bed Capacity	282
Mailing Address 13995 CLAYTON RD		County	SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO	O 63017-8400	Region 7	Medicare/Medicaid	Facility Number	01508
ATRIUM PLACE HEALTH AND REHAE	BILITATION				
2600 REDMAN RD		Telephone	(314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS MO	O 63136-5863	Level of Car	re SNF	Bed Capacity	120
Mailing Address 2600 REDMAN RD		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	O 63136-5863	Region 7	Medicare/Medicaid	Facility Number	18697
AND					
AUTUMN VIEW GARDENS 16219 AUTUMN VIEW TERRACE DR		Telephone	(636) 458-5225	Alzheimer's Unit	Yes
	0 (2011 4742	Level of Car	* *		
	O 63011-4743			Bed Capacity	150
Mailing Address 16219 AUTUMN VIEW T		•	SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE MO	O 63011-4743	Region 7		Facility Number	20751
AUTUMN VIEW GARDENS AT SCHUET	TZ ROAD				
11210 SCHUETZ RD		Telephone	(314) 993-9888	Alzheimer's Unit	Yes
	O 63146-4933	Level of Car	` /	Bed Capacity	110
Mailing Address 11210 SCHUETZ RD	0 03140-4733		SAINT LOUIS COUNTY	DMH Licensed	No
o .	O 63146-4933		SAINT LOUIS COUNTT		
SAINI LOUIS WI	0 03140-4933	Region 7		Facility Number	22909
AVALON MEMORY CARE					
5342 BUTLER HILL ROAD		Telephone	(314) 849-2985	Alzheimer's Unit	Yes
SAINT LOUIS MO	O 63128-4152	Level of Car	re ALF**	Bed Capacity	30
Mailing Address 5342 BUTLER HILL ROA	AD	County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	O 63128-4152	Region 7		Facility Number	30425
BARNES-JEWISH EXTENDED CARE					
401 CORPORATE PARK DR		Telephone	(314) 725-7447	Alzheimer's Unit	No
	O 63105-4201	Level of Car	re SNF	Bed Capacity	120
Mailing Address 401 CORPORATE PARK	DR	County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	O 63105-4201	Region 7	Medicare/Medicaid	Facility Number	15878
BELLEFONTAINE GARDENS NURSING	G & REHAB		TEMPORARY CLOS	SURE - STAFFING	
9500 BELLEFONTAINE RD		Telephone	(314) 388-0796	Alzheimer's Unit	No
	O 63137-1336	Level of Car		Bed Capacity	96
Mailing Address 9500 BELLEFONTAINE I			SAINT LOUIS COUNTY	DMH Licensed	No
_	O 63137-1336	Region 7		Facility Number	
SAINI LOUIS MO	O 03137-1330	Kegion /	Medicare/Medicaid	racinty Number	02598
BENTLEYS EXTENDED CARE					
3060 ASHBY ROAD		Telephone	(314) 426-0433	Alzheimer's Unit	No
OVERLAND MO	O 63114-1342	Level of Car	re SNF	<b>Bed Capacity</b>	72
Mailing Address 3060 ASHBY RD		County	SAINT LOUIS COUNTY	DMH Licensed	No
OVERLAND MO	O 63114-1342	Region 7	Medicare/Medicaid	<b>Facility Number</b>	22613

Thursday, April 4, 2024 Page 114 of 142

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BENTWOOD NURSING & REHAB					
1501 CHARBONIER RD		Telephone	(314) 921-2700	Alzheimer's Unit	No
FLORISSANT MO	63031-5308	Level of Car	e SNF	Bed Capacity	116
Mailing Address 1501 CHARBONIER RD		County	SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO	63031-5308	Region 7	Medicare/Medicaid	Facility Number	14817
BETHESDA DILWORTH					
9645 BIG BEND BLVD		Telephone	(314) 968-5460	Alzheimer's Unit	Yes
	63122-6521	Level of Car	` '	Bed Capacity	400
Mailing Address 9645 BIG BEND BLVD	03122 0321		SAINT LOUIS COUNTY	DMH Licensed	No
	63122-6521	Region 7		Facility Number	00508
SAINT LOUIS MO	03122-0321	Region /	Medicare/Medicaid	racinty Number	00308
DETENDED A MANUFACTURE DE A CE					
BETHESDA HAWTHORNE PLACE		Tolo	(214) 042 5750	Alaboia!- TT '	37
1111 SOUTH BERRY ROAD	ca122 czno	Telephone	(314) 942-5750	Alzheimer's Unit	Yes
	63122-6598	Level of Car		Bed Capacity	66
Mailing Address 1111 SOUTH BERRY ROAL		•	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63122-6598	Region 7		Facility Number	30509
DETENEDA MEADOW					
BETHESDA MEADOW		m 1 1	(626) 227 2424		**
322 OLD STATE ROAD		Telephone	(636) 227-3431	Alzheimer's Unit	Yes
	63021-5917	Level of Car		Bed Capacity	210
Mailing Address 322 OLD STATE ROAD		County	SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE MO	63021-5917	Region 7	Medicare/Medicaid	Facility Number	15226
BETHESDA SOUTHGATE			(24.1) 0.45.2000		
5943 TELEGRAPH RD		Telephone	(314) 846-2000	Alzheimer's Unit	Yes
	63129-4715	Level of Car		Bed Capacity	192
Mailing Address 5943 TELEGRAPH RD		•	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63129-4715	Region 7	Medicare/Medicaid	Facility Number	05586
DIC DEND WOODS HEAT THOADS CENT	ED				
BIG BEND WOODS HEALTHCARE CENT 110 HIGHLAND AVE	LA	Telephone	(636) 529-8300	Alzheimer's Unit	No
	63088-1422	•	* *		
	63088-1422	Level of Car		Bed Capacity	135
Mailing Address 110 HIGHLAND AVE	canno 1 122	•	SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK MO	63088-1422	Region 7	Medicare/Medicaid	Facility Number	01170
ROARDING INN THE					
BOARDING INN, THE		Tolonhono	(314) 426 0001	Alzhaiman'a Unit	No
9444 MIDLAND BLVD	62114 2229	Telephone	(314) 426-0091	Alzheimer's Unit	No
9444 MIDLAND BLVD OVERLAND MO	63114-3328	Level of Car	e RCF	<b>Bed Capacity</b>	40
9444 MIDLAND BLVD OVERLAND MO Mailing Address 9444 MIDLAND BLVD		Level of Car County		Bed Capacity DMH Licensed	40 Yes
9444 MIDLAND BLVD OVERLAND MO Mailing Address 9444 MIDLAND BLVD	63114-3328 63114-3328	Level of Car	e RCF	<b>Bed Capacity</b>	40
9444 MIDLAND BLVD OVERLAND MO Mailing Address 9444 MIDLAND BLVD OVERLAND MO	63114-3328	Level of Car County	e RCF	Bed Capacity DMH Licensed	40 Yes
9444 MIDLAND BLVD  OVERLAND MO  Mailing Address 9444 MIDLAND BLVD  OVERLAND MO  BRENTMOOR RETIREMENT COMMUNIT	63114-3328	Level of Car County S Region 7	e RCF SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number	40 Yes 00709
9444 MIDLAND BLVD OVERLAND MO Mailing Address 9444 MIDLAND BLVD OVERLAND MO  BRENTMOOR RETIREMENT COMMUNIT 8600 DELMAR BLVD	63114-3328 TY	Level of Car County S Region 7	e RCF SAINT LOUIS COUNTY (314) 995-3811	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	40 Yes 00709
9444 MIDLAND BLVD OVERLAND MO Mailing Address 9444 MIDLAND BLVD OVERLAND MO  BRENTMOOR RETIREMENT COMMUNIT 8600 DELMAR BLVD SAINT LOUIS MO	63114-3328	Level of Car County S Region 7	e RCF SAINT LOUIS COUNTY (314) 995-3811 e ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	40 Yes 00709 No 36
9444 MIDLAND BLVD OVERLAND MO  Mailing Address 9444 MIDLAND BLVD OVERLAND MO  BRENTMOOR RETIREMENT COMMUNIT 8600 DELMAR BLVD SAINT LOUIS MO  Mailing Address 8600 DELMAR BLVD	63114-3328 TY	Level of Car County S Region 7	e RCF SAINT LOUIS COUNTY (314) 995-3811	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	40 Yes 00709

Thursday, April 4, 2024 Page 115 of 142

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BROOKDALE CREVE COEUR				
ONE NEW BALLAS PLACE		<b>Telephone</b> (314) 432-5200		No
	IO 63146-8700	Level of Care ALF**		46
Mailing Address ONE NEW BALLAS PLA		County SAINT LOUIS COUNTY		No
CREVE COEUR M	IO 63146-8700	Region 7	Facility Number 261	178
BROOKDALE WEST COUNTY		T. 1 (62.6) 527 5700		7
785 HENRY AVE	50 (2011 202)	<b>Telephone</b> (636) 527-5700		Yes
	IO 63011-2736	Level of Care ALF**		98
Mailing Address 785 HENRY AVE	10. (2011.272)	County SAINT LOUIS COUNTY		No
BALLWIN M	IO 63011-2736	Region 7	Facility Number 281	149
BROOKING PARK				
307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	Alzheimer's Unit	Yes
	IO 63017-3418	Level of Care ALF**		93
Mailing Address 307 SOUTH WOODS MI		County SAINT LOUIS COUNTY	• •	No
9	IO 63017-3418	Region 7	Facility Number 146	
CHESTERI ILLD	10 03017-3410	Region	racinty Number 140	)01
BROOKING PARK				
307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD M.	IO 63017-3418	Level of Care SNF	Bed Capacity	97
Mailing Address 307 SOUTH WOODS MI	ILL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD M	IO 63017-3418	Region 7 Medicare/Medicaid	Facility Number 146	661
			•	
CAPE ALBEON				
3300 LAKE BEND DR		<b>Telephone</b> (636) 861-3200	Alzheimer's Unit	Yes
VALLEY PARK M	IO 63088-2524	Level of Care ALF**	Bed Capacity 1	100
Mailing Address 3300 LAKE BEND DR		County SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK M	IO 63088-2524	Region 7	Facility Number 228	338
CEDARHURST OF DES PERES		T-l-nh (214) 016 6614	A1-1	7
12826 DAYLIGHT CIRCLE	IO (2121 1000	<b>Telephone</b> (314) 916-6614		Yes
	IO 63131-1890	Level of Care ALF**	Bed Capacity	76
Mailing Address 12826 DAYLIGHT CIRC	T.E.	C4 CAINT LOUIS COUNTY	DMITT!	TAT -
CAINTELOUIC		County SAINT LOUIS COUNTY		No
SAINT LOUIS M	ILE IO 63131-1890	County SAINT LOUIS COUNTY Region 7	DMH Licensed Facility Number 303	
SAINT LOUIS M CEDARHURST OF TESSON HEIGHTS		·		
		Region 7	Facility Number 303	
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR		Region 7	Facility Number 303  Alzheimer's Unit	351
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR	IO 63131-1890	Region 7  Telephone (314) 849-1366	Facility Number 303  Alzheimer's Unit Bed Capacity	351 No
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR	IO 63131-1890	Region 7  Telephone (314) 849-1366 Level of Care ALF**	Facility Number 303  Alzheimer's Unit Bed Capacity	No 79 No
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR	1O 63131-1890 1O 63128-2160	Region 7  Telephone (314) 849-1366  Level of Care ALF**  County SAINT LOUIS COUNTY	Facility Number 303  Alzheimer's Unit Bed Capacity DMH Licensed	No 79 No
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR SAINT LOUIS M CHESTERFIELD VILLAS	1O 63131-1890 1O 63128-2160	Region 7  Telephone (314) 849-1366  Level of Care ALF**  County SAINT LOUIS COUNTY  Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 136	No 79 No 663
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR SAINT LOUIS M  CHESTERFIELD VILLAS 14901 N OUTER 40 RD	1O 63131-1890 1O 63128-2160 1O 63128-2160	Region 7  Telephone (314) 849-1366 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (636) 532-9296	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 136	No 79 No 663
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR SAINT LOUIS M  CHESTERFIELD VILLAS 14901 N OUTER 40 RD CHESTERFIELD M	1O 63131-1890 1O 63128-2160	Region 7  Telephone (314) 849-1366 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (636) 532-9296 Level of Care ALF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 136  Alzheimer's Unit Bed Capacity	No 79 No 663
CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS M Mailing Address 12335 WEST BEND DR SAINT LOUIS M  CHESTERFIELD VILLAS 14901 N OUTER 40 RD CHESTERFIELD M Mailing Address 14901 N OUTER 40 RD	1O 63131-1890 1O 63128-2160 1O 63128-2160	Region 7  Telephone (314) 849-1366 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (636) 532-9296	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number 136  Alzheimer's Unit Bed Capacity	No 79 No 663 No 54

Thursday, April 4, 2024 Page 116 of 142

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CHESTNUT REHAB AND NURSING	G.		
10954 KENNERLY RD		<b>Telephone</b> (314) 843-4242	Alzheimer's Unit No
SAINT LOUIS	MO 63128-2018	Level of Care SNF	Bed Capacity 167
Mailing Address 10954 KENNERLY I	RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number 03182
CHRISTIAN EXTENDED CARE & I	DEHARII ITATION		
11160 VILLAGE NORTH DR	REHABILITATION	<b>Telephone</b> (314) 355-8010	Alzheimer's Unit No
SAINT LOUIS	MO 63136-6159	Level of Care SNF	Bed Capacity 60
Mailing Address 11160 VILLAGE NO		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63136-6159		
SAINT LOUIS	WO 03130-0139	Region 7 Medicare/Medicaid	Facility Number 08300
CLARENDALE CLAYTON		Talanhana (214) 200 0200	Alabaimanta IInit
7651 CLAYTON ROAD	NO 62117 1410	<b>Telephone</b> (314) 390-9399	Alzheimer's Unit Yes
CLAYTON	MO 63117-1419	Level of Care ALF**	Bed Capacity 98
Mailing Address 7651 CLAYTON RO		County SAINT LOUIS COUNTY	DMH Licensed No
CLAYTON	MO 63117-1419	Region 7	Facility Number 32528
COMMUNITY CARE CENTER OF	LEMAY, INC		
9353 SOUTH BROADWAY		<b>Telephone</b> (314) 631-0540	Alzheimer's Unit No
SAINT LOUIS	MO 63125-1600	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 9353 SOUTH BROA	DWAY	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63125-1600	Region 7 Medicare/Medicaid	Facility Number 01732
CONVERSE HOME			
17025 OLD JAMESTOWN RD		<b>Telephone</b> (314) 355-8041	Alzheimer's Unit No
FLORISSANT	MO 63034-1414	Level of Care RCF	Bed Capacity 12
Mailing Address 17025 OLD JAMEST		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> Yes
FLORISSANT	MO 63034-1414	Region 7	Facility Number 01777
CDECTWOOD WEAT THE CARE CEN	WIED III		
CRESTWOOD HEALTH CARE CEN	NIER, LLC	T-lh (214) 741 2525	Allahadan anta Tirada Ni
	MO (2022 7004	<b>Telephone</b> (314) 741-3525	Alzheimer's Unit No
FLORISSANT	MO 63033-7204	Level of Care SNF	Bed Capacity 150
Mailing Address 11400 MEHL AVE	1.0 .0000 7001	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63033-7204	Region 7 Medicare/Medicaid	Facility Number 14296
CDEME CUELID Y delement intro-	SAND MEMODY CADE		
CREVE COEUR ASSISTED LIVING	AND MEMORY CARE	(214) 007 4520	
693 DECKER LN	MO (2141 7127	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	<b>DMH Licensed</b> No
CREVE COEUR	MO 63141-7127	Region 7	Facility Number 29440
ODEVE COEUD MANOD			
CREVE COEUR MANOR 1127 TIMBER RUN DR		<b>Telephone</b> (314) 434-8361	Alzheimer's Unit No
SAINT LOUIS	MO 63146-4482	Level of Care SNF	Bed Capacity 149
Mailing Address 1127 TIMBER RUN		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number 02417

Thursday, April 4, 2024 Page 117 of 142

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CRYSTAL CREEK HEALTH AND R	EHABILITATION CENTER		
250 NEW FLORISSANT RD SOUTH		<b>Telephone</b> (314) 838-2211	Alzheimer's Unit No
FLORISSANT	MO 63031-6716	Level of Care SNF	Bed Capacity 158
Mailing Address 250 NEW FLORISSA	NT RD SOUTH	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
FLORISSANT	MO 63031-6716	Region 7 Medicare/Medicaid	Facility Number 05782
DELMAR GARDENS NORTH			
4401 PARKER ROAD		<b>Telephone</b> (314) 355-1516	Alzheimer's Unit Yes
BLACK JACK	MO 63033-4266	Level of Care SNF	<b>Bed Capacity</b> 240
Mailing Address 4401 PARKER ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
BLACK JACK	MO 63033-4266	Region 7 Medicare/Medicaid	Facility Number 14093
DELMAR GARDENS OF CHESTERI	FIFLD		
14855 NORTH OUTER 40 RD		<b>Telephone</b> (636) 532-0150	Alzheimer's Unit Yes
CHESTERFIELD	MO 63017-2026	Level of Care SNF	Bed Capacity 237
Mailing Address 14855 NORTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2026	Region 7 Medicare/Medicaid	Facility Number 02111
CHESTERIEED	WO 03017-2020	Region / Medical e/Medicald	Facility Number 02111
DELMAR GARDENS OF CREVE CO	DEUR		
850 COUNTRY MANOR LN		<b>Telephone</b> (314) 434-5900	Alzheimer's Unit No
CREVE COEUR	MO 63141-6651	Level of Care SNF	Bed Capacity 148
Mailing Address 850 COUNTRY MAN	IOR LN	County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63141-6651	Region 7 Medicare/Medicaid	Facility Number 01830
DELMAR GARDENS OF MERAMEO	CVALLEY		
1 ARBOR TERRACE		<b>Telephone</b> (636) 343-0016	Alzheimer's Unit Yes
FENTON	MO 63026-3900	Level of Care SNF	Bed Capacity 190
Mailing Address 1 ARBOR TERRACE		County SAINT LOUIS COUNTY	DMH Licensed No
FENTON	MO 63026-3900	Region 7 Medicare/Medicaid	Facility Number 13468
DELMAR GARDENS ON THE GREE	ē <b>n</b>		
15197 CLAYTON RD	1	<b>Telephone</b> (636) 394-7515	Alzheimer's Unit No
CHESTERFIELD	MO 63017-7048	Level of Care SNF	Bed Capacity 180
Mailing Address 15197 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-7048	Region 7 Medicare/Medicaid	Facility Number 01515
DELMAR GARDENS SOUTH			
5300 BUTLER HILL ROAD		<b>Telephone</b> (314) 842-0588	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-4152	Level of Care SNF	Bed Capacity 250
Mailing Address 5300 BUTLER HILL I	RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4152	Region 7 Medicare/Medicaid	Facility Number 12909
DELMAR GARDENS WEST			
13550 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 878-1330	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-5812	Level of Care SNF	Bed Capacity 321
Mailing Address 13550 SOUTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-5812	•	Facility Number 02120
TOWN AND COUNTRI	WIO 03017-3012	Region 7 Medicare/Medicaid	Facility Number 02120

Thursday, April 4, 2024 Page 118 of 142

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DOLAN MEMORY CARE AT CALA	IS		
1225 TENNANT RD		<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-5523	Level of Care ALF**	<b>Bed Capacity</b> 44
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63146-	Region 7	<b>Facility Number</b> 27755
DOLAN MEMORY CARE AT CONW	VAY		
12550 CONWAY RD	·	<b>Telephone</b> (314) 576-3998	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-8613	Level of Care ALF**	Bed Capacity 9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63146-	Region 7	Facility Number 22648
			220.10
DOLAN MEMORY CARE AT FROM	TIER	T	
11566 FRONTIER DR	1.00	<b>Telephone</b> (314) 995-5331	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4873	Level of Care ALF**	Bed Capacity 20
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63146-	Region 7	Facility Number 25162
DOLAN MEMORY CARE AT MASO	N MANOR		
12740 MASON MANOR		<b>Telephone</b> (314) 576-6200	Alzheimer's Unit Yes
SAINT LOUIS	MO 63141-7350	Level of Care ALF**	<b>Bed Capacity</b> 8
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 19861
DOLAN MEMORY CARE AT SCHU	ETZ.		
1706 SCHUETZ RD		<b>Telephone</b> (314) 989-1782	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4931	Level of Care ALF**	Bed Capacity 10
Mailing Address 11300 DOLAN WAY	1110 00110 1901	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 23805
Sinvi Locis	110 03110	Region /	23003
DOLAN MEMORY CARE AT WATE	CRFORD CROSSING	T. I. I. (214) 002 0500	
11350 DOLAN WAY	NO (2146 5522	<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-5533	Level of Care ALF**	Bed Capacity 88
Mailing Address 11300 DOLAN WAY	110 (200)	County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63006-	Region 7	Facility Number 31366
DOUGHERTY FERRY ASSISTED LI	IVING & MEMORY CARE		
2929 DOUGHERTY FERRY RD		<b>Telephone</b> (636) 825-6665	Alzheimer's Unit Yes
SAINT LOUIS	MO 63122-3368	Level of Care ALF**	Bed Capacity 110
Mailing Address 2929 DOUGHERTY F	FERRY RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63122-3368	Region 7	Facility Number 30034
DUNN-DUNN HOUSE LLC			
2133 JANNETTE DR		<b>Telephone</b> (314) 869-2431	Alzheimer's Unit No
SAINT LOUIS	MO 63136-4020	Level of Care RCF	Bed Capacity 10
Mailing Address 2133 JANNETTE DR		County SAINT LOUIS COUNTY	DMH Licensed Yes
SAINT LOUIS	MO 63136-4020	Region 7	Facility Number 14694

Thursday, April 4, 2024 Page 119 of 142

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12284 DE PAUL DR	ELIZABETH HOUSE							
BRIDGETON			<b>Telephone</b> (314) 209-8814	Alzheimer's Unit	No			
Mailing Address   12284 DR PAUL DR   MO 63044-2508   Region   SAINT LOUIS COUNTY   Facility Number   23316		MO 63044-2508	=					
BRIDGETON   MO 63044-2508   Region   T   Facility Number   23/16		3.20 050 1.7 2500						
ESTATES OF HIDDEN LAKE THE  11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757		MO 63044-2508	•					
IJ728 HIDDEN LAKE DR		333 33011 2300	Region	Tuesday Transpor	22310			
SAINT LOUIS   MO   63138-1757   Level of Carry   ALF**   Red Capacity   3.8	ESTATES OF HIDDEN LAKE THE							
SAINT LOUIS   MO   63138-1757   Level of Carry   ALF**   Red Capacity   3.8	11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit	No			
SAINT LOUIS	SAINT LOUIS	MO 63138-1757		Bed Capacity	38			
ESTATES OF HIDDEN LAKE THE  11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Level of Care SNF Bed Capacity 67  Mailing Address 11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Region 7 Medicare/Medicaid Facility Number 18442  ESTATES OF HIDDEN LAKE THE  11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Level of Care ALP  ESTATES OF HIDDEN LAKE THE  11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Level of Care ALP  SAINT LOUIS MO 63138-1757 Level of Care ALP  ESTATES OF HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Level of Care ALP  Bed Capacity 38  Mailing Address 11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757 Region 7 Facility Number 18442  ESTATES OF SPANISH LAKE, THIE  610 PRIGGE ROAD Telephone (314) 741-9993 Alzheimer's Unit No  SAINT LOUIS MO 63138-3543 Level of Care SNF Bed Capacity 150  Mailing Address 610 PRIGGE ROAD Region 7 Medicare/Medicaid Facility Number 15265  ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR  SAINT LOUIS MO 63136-4115 Level of Care SNF Bed Capacity 94  Mailing Address 2115 KAPPEL DR  SAINT LOUIS MO 63136-4115 Level of Care SNF Bed Capacity 94  Mailing Address 2115 KAPPEL DR  SAINT LOUIS MO 63136-4115 Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON  720 CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT ON CLAYTON ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT DN ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT DN ROAD Region 7 Medicare/Medicaid Facility Number 05340  FAIRMONT DN ROAD REGION RE	Mailing Address 11728 HIDDEN LAK	E DR	County SAINT LOUIS COUNTY	DMH Licensed	No			
11728 HIDDEN LAKE DR	SAINT LOUIS	MO 63138-1757	Region 7	<b>Facility Number</b>	18442			
11728 HIDDEN LAKE DR	ESTATES OF HIDDEN LAKE THE							
SAINT LOUIS			<b>Telephone</b> (314) 355-8833	Alzheimer's Unit	No			
Mailing Address 11728 HIDDEN LAKE DR   Region 7   Medicare/Medicaid   Facility Number   18442		MO 63138-1757	• '		67			
SAINT LOUIS					No			
ESTATES OF HIDDEN LAKE THE  11728 HIDDEN LAKE DR  SAINT LOUIS  MO 63138-1757  Level of Care   ALF   Bed Capacity   38 Mailing Address 2115 KAPPEL DR  SAINT LOUIS  MO 63138-1757  Region 7   Facility Number   18442  ESTATES OF SPANISH LAKE, THE  610 PRIGGE ROAD  SAINT LOUIS  MO 63138-3543  Region 7   Medicare/Medicaid   Facility Number   15265  ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR  SAINT LOUIS  MO 63136-4115  Region 7   Medicare/Medicaid   Facility Number   15265  ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR  SAINT LOUIS  MO 63136-4115  Region 7   Medicare/Medicaid   Facility Number   05340  Faliming Address 2115 KAPPEL DR  SAINT LOUIS  MO 63136-4115  Region 7   Medicare/Medicaid   Facility Number   05340  FAIRMONT ON CLAYTON  7920 CLAYTON ROAD  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Medicare/Medicaid   Facility Number   05340  REGION TO NECLAYTON ROAD  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Redicare/Medicaid   Facility Number   05340  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Redicare/Medicaid   Facility Number   05340  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Redicare/Medicaid   Facility Number   05340  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Redicare/Medicaid   Facility Number   05340  RICHMOND HEIGHTS  MO 63117-1327  Region 7   Region 7   Facility Number   05340  RICHMOND HEIGHTS  MO 63021-5509  Level of Care   Richmon   Rale Region	•		•	Facility Number				
11728 HIDDEN LAKE DR			Tregrout of Treurenza	•	102			
SAINT LOUIS	ESTATES OF HIDDEN LAKE THE							
Mailing Address 11728 HIDDEN LAKE DR SAINT LOUIS  MO 63138-1757  Region 7  Region 8  Region 8  Region 8  Region 8  Region 8  Region 8  Region 9	11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit	No			
ESTATES OF SPANISH LAKE, THE	SAINT LOUIS	MO 63138-1757	Level of Care ALF	<b>Bed Capacity</b>	38			
ESTATES OF SPANISH LAKE, THE  610 PRIGGE ROAD  MO 63138-3543  Mo	Mailing Address 11728 HIDDEN LAK	E DR	County SAINT LOUIS COUNTY	DMH Licensed	No			
Telephone   (314) 741-9393   Alzheimer's Unit   No	SAINT LOUIS	MO 63138-1757	Region 7	Facility Number	18442			
Telephone   (314) 741-9393   Alzheimer's Unit   No	EGEL TEC OF CEANIGH A AVE.							
SAINT LOUIS         MO         63138-3543         Level of Care         SNF         Bed Capacity         150           Mailing Address 610 PRIGGE ROAD         County         SAINT LOUIS COUNTY         DMH Licensed         No           SAINT LOUIS         MO         63138-3543         Region         7         Medicare/Medicaid         Facility Number         15265           ESTATES OF ST LOUIS, LLC, THE         Telephone         (314) 867-7474         Alzheimer's Unit         No           SAINT LOUIS         MO         63136-4115         Level of Care         SNF         Bed Capacity         94           Mailing Address 2115 KAPPEL DR         County         SAINT LOUIS COUNTY         DMH Licensed         No           SAINT LOUIS         MO         63136-4115         Region         7         Medicare/Medicaid         Facility Number         05340           FAIRMONT ON CLAYTON           7920 CLAYTON ROAD         Telephone         (314) 646-7600         Alzheimer's Unit         Yes           MICHMOND HEIGHTS         MO         63117-1327         Level of Care         ICP         Bed Capacity         90           Mailing Address 7920 CLAYTON ROAD         Region         7         Facility Number         24149 <td <="" colspan="3" td=""><td></td><td></td><td>T-l (214) 741 0202</td><td>A 1-1</td><td>NI-</td></td>	<td></td> <td></td> <td>T-l (214) 741 0202</td> <td>A 1-1</td> <td>NI-</td>					T-l (214) 741 0202	A 1-1	NI-
Mailing Address 610 PRIGGE ROAD  MO 63138-3543  Region 7  Medicare/Medicaid  Facility Number  15265  ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR  SAINT LOUIS  MO 63136-4115  Level of Care SNF  Bed Capacity 94  Mailing Address 2115 KAPPEL DR  County SAINT LOUIS COUNTY Mo 63136-4115  Mo 631		MO (2120 2542	• '					
SAINT LOUIS MO 63138-3543  Region 7 Medicare/Medicaid Facility Number 15265  ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR		MO 63138-3543						
ESTATES OF ST LOUIS, LLC, THE  2115 KAPPEL DR	<u> </u>	MO (2129 2542						
Telephone   G149 867-7474   Alzheimer's Unit   No	SAINI LOUIS	MO 03138-3543	Region / Medicare/Medicaid	racinty Number	15265			
SAINT LOUIS MO 63136-4115  Mailing Address 2115 KAPPEL DR  SAINT LOUIS  MO 63136-4115  County SAINT LOUIS COUNTY Medicare/Medicaid Facility Number  Telephone RICHMOND HEIGHTS MO 63117-1327  Mailing Address 7920 CLAYTON ROAD RICHMOND HEIGHTS MO 63117-1327  Region 7  Region 8  Region 7  Region 8  Region 8  Region 9	ESTATES OF ST LOUIS, LLC, THE							
Mailing Address 2115 KAPPEL DR       County       SAINT LOUIS COUNTY       DMH Licensed       No         SAINT LOUIS       DMH Licensed       No         FAIRMONT ON CLAYTON         7920 CLAYTON ROAD       Telephone       (314) 646-7600       Alzheimer's Unit       Yes         RICHMOND HEIGHTS       MO 63117-1327       Level of Care       ICF       Bed Capacity       90         Mailing Address 7920 CLAYTON ROAD       County       SAINT LOUIS COUNTY       DMH Licensed       No         FAMILY PARTNERS MANCHESTER, LLC         351 FOREST SUMMIT COURT       Telephone       (314) 686-4468       Alzheimer's Unit       Yes         MANCHESTER       MO 63021-5509       Level of Care       ALF**       Bed Capacity       42         Mailing Address 351 FOREST SUMMIT COURT       County       SAINT LOUIS COUNTY       DMH Licensed       No	2115 KAPPEL DR		<b>Telephone</b> (314) 867-7474	Alzheimer's Unit	No			
SAINT LOUIS         MO 63136-4115         Region 7         Medicare/Medicaid         Facility Number         05340           FAIRMONT ON CLAYTON           7920 CLAYTON ROAD         Telephore (314) 646-7600         Alzheimer's Unit Yes           RICHMOND HEIGHTS         MO 63117-1327         Level of Care         ICF         Bed Capacity         90           Mailing Address 7920 CLAYTON ROAD         County         SAINT LOUIS COUNTY         DMH Licensed         No           RICHMOND HEIGHTS         MO 63117-1327         Region 7         Facility Number         24149           FAMILY PARTNERS MANCHESTER, LLC           351 FOREST SUMMIT COURT         Telephore         (314) 686-4468         Alzheimer's Unit         Yes           MANCHESTER         MO 63021-5509         Level of Care         ALF**         Bed Capacity         42           Mailing Address 351 FOREST SUMMIT COURT         County         SAINT LOUIS COUNTY         DMH Licensed         No	SAINT LOUIS	MO 63136-4115	Level of Care SNF	<b>Bed Capacity</b>	94			
FAIRMONT ON CLAYTON  7920 CLAYTON ROAD  RICHMOND HEIGHTS  MO 63117-1327  Mailing Address 7920 CLAYTON ROAD  RICHMOND HEIGHTS  MO 63117-1327  County  SAINT LOUIS COUNTY  MAILY PARTNERS MANCHESTER, LLC  351 FOREST SUMMIT COURT  MO 63021-5509  Mailing Address 351 FOREST SUMMIT COURT  County  SAINT LOUIS COUNTY  Alzheimer's Unit  Yes  (314) 686-4468  Alzheimer's Unit  Yes  ALF**  Bed Capacity  42  Mo 63021-5509  Level of Care  ALF**  Bed Capacity  42  Mo 63021-5509  Mo	Mailing Address 2115 KAPPEL DR		County SAINT LOUIS COUNTY	DMH Licensed	No			
Telephore         (314) 646-7600         Alzheimer's Unit         Yes           RICHMOND HEIGHTS         MO 63117-1327         Level of Care         ICF         Bed Capacity         90           Mailing Address 7920 CLAYTON ROAD         County         SAINT LOUIS COUNTY         DMH Licensed         No           FAMILY PARTNERS MANCHESTER, LLC           351 FOREST SUMMIT COURT         Telephore         (314) 686-4468         Alzheimer's Unit         Yes           MANCHESTER         MO 63021-5509         Level of Care         ALF**         Bed Capacity         42           Mailing Address 351 FOREST SUMMIT COURT         County         SAINT LOUIS COUNTY         DMH Licensed         No	SAINT LOUIS	MO 63136-4115	<b>Region</b> 7 Medicare/Medicaid	Facility Number	05340			
Telephore         (314) 646-7600         Alzheimer's Unit         Yes           RICHMOND HEIGHTS         MO 63117-1327         Level of Care         ICF         Bed Capacity         90           Mailing Address 7920 CLAYTON ROAD         County         SAINT LOUIS COUNTY         DMH Licensed         No           FAMILY PARTNERS MANCHESTER, LLC           351 FOREST SUMMIT COURT         Telephore         (314) 686-4468         Alzheimer's Unit         Yes           MANCHESTER         MO 63021-5509         Level of Care         ALF**         Bed Capacity         42           Mailing Address 351 FOREST SUMMIT COURT         County         SAINT LOUIS COUNTY         DMH Licensed         No	FAIDMONT ON CLAVTON							
RICHMOND HEIGHTS MO 63117-1327  Mailing Address 7920 CLAYTON ROAD  RICHMOND HEIGHTS MO 63117-1327  Region 7  Telephore (314) 686-4468  MANCHESTER MO 63021-5509  MANCHESTER MANGEST SUMMIT COURT  Mailing Address 351 FOREST SUMMIT COURT  County SAINT LOUIS COUNTY  ICF  Bed Capacity  90  MH Licensed  No  24149  Telephore (314) 686-4468  Alzheimer's Unit  Yes  MANCHESTER MO 63021-5509  Level of Care ALF**  Bed Capacity  42  Mailing Address 351 FOREST SUMMIT COURT  County SAINT LOUIS COUNTY  DMH Licensed  No			Tolophono (314) 646 7600	Alzheimen's Unit	Vac			
Mailing Address 7920 CLAYTON ROAD       County       SAINT LOUIS COUNTY       DMH Licensed       No         RICHMOND HEIGHTS       MO 63117-1327       Region 7       Facility Number       24149         FAMILY PARTNERS MANCHESTER, LLC         351 FOREST SUMMIT COURT       Telephone       (314) 686-4468       Alzheimer's Unit       Yes         MANCHESTER       MO 63021-5509       Level of Care       ALF**       Bed Capacity       42         Mailing Address 351 FOREST SUMMIT COURT       County       SAINT LOUIS COUNTY       DMH Licensed       No		MO 63117-1327						
FAMILY PARTNERS MANCHESTER, LLC         Telephone         (314) 686-4468         Alzheimer's Unit         Yes           MANCHESTER         MO 63021-5509         Level of Care         ALF**         Bed Capacity         42           Mailing Address 351 FOREST SUMMIT COURT         County         SAINT LOUIS COUNTY         DMH Licensed         No								
FAMILY PARTNERS MANCHESTER, LLC  351 FOREST SUMMIT COURT  MANCHESTER  MO 63021-5509  Level of Care ALF**  Bed Capacity  42  Mailing Address 351 FOREST SUMMIT COURT  County SAINT LOUIS COUNTY DMH Licensed No	•		•					
351 FOREST SUMMIT COURTTelephone(314) 686-4468Alzheimer's UnitYesMANCHESTERMO 63021-5509Level of CareALF**Bed Capacity42Mailing Address 351 FOREST SUMMIT COURTCountySAINT LOUIS COUNTYDMH LicensedNo	KICHWOND HEIGHIS	IVIO USI11-1321	region /	racinty Number	24149			
MANCHESTER MO 63021-5509 Level of Care ALF** Bed Capacity 42  Mailing Address 351 FOREST SUMMIT COURT County SAINT LOUIS COUNTY DMH Licensed No	FAMILY PARTNERS MANCHESTE	R, LLC						
Mailing Address         351 FOREST SUMMIT COURT         County         SAINT LOUIS COUNTY         DMH Licensed         No	351 FOREST SUMMIT COURT		<b>Telephone</b> (314) 686-4468	Alzheimer's Unit	Yes			
·	MANCHESTER	MO 63021-5509	Level of Care ALF**	<b>Bed Capacity</b>	42			
MANCHESTER MO 63021-5509 Region 7 Facility Number 32473	Mailing Address 351 FOREST SUMM	IT COURT	County SAINT LOUIS COUNTY	DMH Licensed	No			
	MANCHESTER	MO 63021-5509	Region 7	Facility Number	32473			

Thursday, April 4, 2024 Page 120 of 142

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FIESER NURSING CENTER				
404 MAIN ST		<b>Telephone</b> (636) 343-4344	Alzheimer's Unit	No
FENTON	MO 63026-4107	Level of Care SNF	Bed Capacity	60
Mailing Address 404 MAIN ST		County SAINT LOUIS COUNTY	DMH Licensed	No
FENTON	MO 63026-4107	Region 7 Medicaid	Facility Number	02569
FLORISSANT VALLEY HEALTH &	REHABILITATION CENTER	m. 1 (214) 929 (555		NT.
1200 GRAHAM RD	MO (2021 0015	<b>Telephone</b> (314) 838-6555	Alzheimer's Unit	No
FLORISSANT	MO 63031-8015	Level of Care SNF	Bed Capacity	98
Mailing Address 1200 GRAHAM RD	MO (2021 0015	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
FOUNTAINS OF WEST COUNTY AI	L, LLC THE			
15822 CLAYTON RD		<b>Telephone</b> (636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care ALF**	Bed Capacity	80
Mailing Address 15822 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63011-2240	Region 7	Facility Number	29435
	110 00011 22 10	region ,	1 4021149 1 (4211.002	27433
FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE			
15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-1982	Level of Care ALF**	Bed Capacity	66
Mailing Address 15250 VILLAGE VIE	W DRIVE	County SAINT LOUIS COUNTY	DMH Licensed	Yes
CHESTERFIELD	MO 63017-1982	Region 7	Facility Number	02715
FRIENDSHIP VILLAGE ASSISTED	I IVING & MEMORY CARE			
12777 POINTE DR	ETVING & MEMORT CIRE	<b>Telephone</b> (314) 270-7111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63127-1757	Level of Care ALF**	Bed Capacity	84
Mailing Address 12777 POINTE DR	110 03127 1737	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1757	Region 7	Facility Number	02703
	1120 00127 1707	region ,	1 4021149 1 (4211.002	02703
FRIENDSHIP VILLAGE CHESTERE	FIELD			
15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-1982	Level of Care SNF	Bed Capacity	90
Mailing Address 15250 VILLAGE VIE	W DRIVE	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1982	Region 7 Medicare/Medicaid	Facility Number	02715
FRIENDSHIP VILLAGE SUNSET HI	ILLS			
12651 VILLAGE CIRCLE DR		<b>Telephone</b> (314) 270-7777	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1778	Level of Care SNF	Bed Capacity	144
Mailing Address 12651 VILLAGE CIR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1778	Region 7 Medicare/Medicaid	Facility Number	02703
		g-va . Maculcui o Miculcuiu		02,03
GABLES AT BRADY CIRCLE, LLC	THE			
11 BRADY CIRCLE		<b>Telephone</b> (314) 890-2230	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-1110	Level of Care ALF**	Bed Capacity	32
Mailing Address 11 BRADY CIRCLE		County SAINT LOUIS COUNTY	DMH Licensed	No
G A TO TIME T COLUMN	3.50 - 504.4.4.4.4.0		T1 1114 N7 1	20010

**Facility Number** 

30048

MO 63114-1110

SAINT LOUIS

Thursday, April 4, 2024 Page 121 of 142

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GARDEN PLAZA OF FLORISSANT				
1101 GARDEN PLAZA DR		<b>Telephone</b> (314) 831-0988	Alzheimer's Unit	Yes
FLORISSANT	MO 63033-2269	Level of Care ALF**	<b>Bed Capacity</b>	102
Mailing Address 1101 GARDEN PLAZ	ZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-2269	Region 7	<b>Facility Number</b>	27826
GARDEN VIEW CARE CENTER AT	DOUGHERTY FERRY			
13612 BIG BEND RD	2 DOCUMENT I EART	<b>Telephone</b> (636) 861-0500	Alzheimer's Unit	Yes
VALLEY PARK	MO 63088-1447	Level of Care SNF	Bed Capacity	120
Mailing Address 13612 BIG BEND RI		County SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK	MO 63088-1447	Region 7 Medicare/Medicaid	Facility Number	23101
, , <u>, , , , , , , , , , , , , , , , , </u>	110 00000 1117	Region / Wedicare/Medicard	Tuelley Tulliser	23101
	CHIESTERNELL D			
GARDEN VIEW CARE CENTER OF		Tolonhono (626) 527 2222	Alzheimer's Unit	Vac
1025 CHESTERFIELD POINTE PRKW		Telephone (636) 537-3333 Level of Care SNF		Yes
CHESTERFIELD	MO 63017-1957		Bed Capacity DMH Licensed	130
Mailing Address 1025 CHESTERFIEL CHESTERFIELD	MO 63017-1957	County SAINT LOUIS COUNTY		No
CHESTERFIELD	MO 63017-1937	Region 7 Medicare/Medicaid	Facility Number	16409
CARDEN VILLAG				
GARDEN VILLAS		(214) 424 2520		N
13590 SOUTH OUTER 40 RD	MO 62017 5022	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 OUTE		County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-5823	Region 7	Facility Number	28978
CARDEN VII I AC NODTII				
GARDEN VILLAS NORTH 4505 PARKER ROAD		Telephone (214) 255 6100	Alzheimer's Unit	No
BLACK JACK	MO 63033-4268	Telephone (314) 355-6100 Level of Care ALF**		No 90
Mailing Address 4505 PARKER RD	MO 03033-4208	County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	No
BLACK JACK	MO 63033-4268	Region 7	Facility Number	
BLACK JACK	MO 03033-4208	Region /	racinty Number	28930
GARDEN VILLAS SOUTH				
13457 TESSON FERRY RD		<b>Telephone</b> (314) 843-7788	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-4010	Level of Care ALF	Bed Capacity	83
Mailing Address 13457 TESSON FER		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number	28964
SAINI LOUIS	WIO 03128-4010	Region /	racinty Number	20904
GRANDE AT CHESTERFIELD,THE	7			
16300 JUSTUS POST ROAD	2	<b>Telephone</b> (636) 778-4800	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-4608	Level of Care ALF**	Bed Capacity	95
Mailing Address 16300 JUSTUS POST		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4608			
CHEOTERITELD	1710 UJU1/-4UU0	Region 7	Facility Number	30848
GRANDE AT CREVE COEUR THE				
450 NORTH LINDBERGH BLVD		<b>Telephone</b> (314) 628-0004	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7814	Level of Care ALF**	Bed Capacity	58
Mailing Address 450 NORTH LINDBI		County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-7814	Region 7	Facility Number	30479

Thursday, April 4, 2024 Page 122 of 142

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GRANDE AT LAUMEIER PARK TH				
	Œ			
12470 ROTT ROAD		<b>Telephone</b> (314) 462-0222	Alzheimer's Unit	Yes
SUNSET HILLS	MO 63127-1247	Level of Care ALF**	Bed Capacity	98
Mailing Address 12470 ROTT ROAD		County SAINT LOUIS COUNTY	DMH Licensed	No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number	30466
GREEN PARK SENIOR LIVING CO	MMUNITY			
9350 GREEN PARK ROAD		<b>Telephone</b> (314) 845-0900	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63123-7211	Level of Care SNF	Bed Capacity	188
Mailing Address 9350 GREEN PARK		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63123-7211	Region 7 Medicare/Medicaid	Facility Number	17565
HEDITACE CADE CENTED				
HERITAGE CARE CENTER 4401 NORTH HANLEY RD		<b>Telephone</b> (314) 521-7471	Alzheimer's Unit	No
SAINT LOUIS	MO 63134-2710	Level of Care SNF	Bed Capacity	120
Mailing Address 4401 NORTH HANLI		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number	00411
SAINI LOUIS	WO 03134-2710	Region / Medicare/Medicaid	racinty Number	00411
JANE HOWELL STUPP APARTME	NTS			
2443 PROUHET AVE		<b>Telephone</b> (314) 890-7100	Alzheimer's Unit	No
OVERLAND	MO 63114-1946	Level of Care RCF*	Bed Capacity	30
Mailing Address 2443 PROUHET AVI	Ξ	County SAINT LOUIS COUNTY	DMH Licensed	Yes
OVERLAND	MO 63114-1946	Region 7	Facility Number	18369
			•	
KINGSLAND WALK SENIOR LIVIN	NG			
868 KINGSLAND AVENUE		<b>Telephone</b> (314) 955-6884	Alzheimer's Unit	Yes
UNIVERSITY CITY	MO 63130-3181	Level of Care ALF**	Bed Capacity	70
Mailing Address 868 KINGSLAND AV	/ENUE	County SAINT LOUIS COUNTY	DMH Licensed	No
UNIVERSITY CITY	MO 63130-3181	Region 7	Facility Number	
	WIO 03130-3101	Region /		32203
	MO 03130-3101	Kigion /	- 110-110	32203
LACLEDE COMMONS	MO 03130-3161	·	·	
727 S LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit	Yes
727 S LACLEDE STATION RD SAINT LOUIS	MO 63119-4911	Telephone (314) 968-5570 Level of Care ALF**	Alzheimer's Unit Bed Capacity	Yes 242
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA	MO 63119-4911 ATION RD	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 242 No
727 S LACLEDE STATION RD SAINT LOUIS	MO 63119-4911	Telephone (314) 968-5570 Level of Care ALF**	Alzheimer's Unit Bed Capacity	Yes 242
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA	MO 63119-4911 ATION RD	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 242 No
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS	MO 63119-4911 ATION RD	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 242 No
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE	MO 63119-4911 ATION RD	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 242 No 17713
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR	MO 63119-4911 ATION RD MO 63119-4911 MO 63033-2230	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 242 No 17713
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT	MO 63119-4911 ATION RD MO 63119-4911 MO 63033-2230	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 242 No 17713
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT Mailing Address 1201 GARDEN PLAZA	MO 63119-4911 ATION RD MO 63119-4911 MO 63033-2230 ZA DR	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 242 No 17713 No 120 No
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT Mailing Address 1201 GARDEN PLAZ FLORISSANT LIFE CARE CENTER OF BRIDGET	MO 63119-4911 ATION RD MO 63119-4911  MO 63033-2230 ZA DR MO 63033-2230	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 242 No 17713 No 120 No
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT Mailing Address 1201 GARDEN PLAZ FLORISSANT  LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR	MO 63119-4911 ATION RD MO 63119-4911  MO 63033-2230 ZA DR MO 63033-2230 ON	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 298-7444	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 242 No 17713 No 120 No 27146
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT Mailing Address 1201 GARDEN PLAZ FLORISSANT  LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR BRIDGETON	MO 63119-4911 ATION RD MO 63119-4911  MO 63033-2230 ZA DR MO 63033-2230  ON MO 63044-2616	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 298-7444 Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 242 No 17713 No 120 No 27146
727 S LACLEDE STATION RD SAINT LOUIS Mailing Address 727 S LACLEDE STA SAINT LOUIS  LAKEVIEW POST ACUTE 1201 GARDEN PLAZA DR FLORISSANT Mailing Address 1201 GARDEN PLAZ FLORISSANT  LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR	MO 63119-4911 ATION RD MO 63119-4911  MO 63033-2230 ZA DR MO 63033-2230  ON MO 63044-2616	Telephone (314) 968-5570 Level of Care ALF** County SAINT LOUIS COUNTY Region 7  Telephone (314) 831-3752 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 298-7444	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 242 No 17713 No 120 No 27146

Thursday, April 4, 2024 Page 123 of 142

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LUTHERAN CONVALESCENT HO	ME		
723 SOUTH LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit No
WEBSTER GROVES	MO 63119-4911	Level of Care SNF	<b>Bed Capacity</b> 286
Mailing Address 723 SOUTH LACLEI	DE STATION RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
WEBSTER GROVES	MO 63119-4911	Region 7 Medicare/Medicaid	Facility Number 04695
LUTHERAN SENIOR SERVICES AT	Γ MERAMEC BLUFFS		
50 MERAMEC TRAIL DR	WERRING BEETIS	<b>Telephone</b> (636) 861-0600	Alzheimer's Unit Yes
BALLWIN	MO 63021-3303	Level of Care ALF**	Bed Capacity 100
Mailing Address 50 MERAMEC TRAI		County SAINT LOUIS COUNTY	DMH Licensed No
BALLWIN	MO 63021-3303	Region 7	Facility Number 23643
BILLWIN	110 03021 3303	Region /	racinty Number 23043
LUTHERAN SENIOR SERVICES AT	I MERAMEC BLUFFS	m 1 1 (525) 254 2502	
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit Yes
BALLWIN	MO 63021-3303	Level of Care SNF	<b>Bed Capacity</b> 128
Mailing Address 50 MERAMEC TRAI		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number 23643
MANCHESTER REHAB AND HEAL	THCARE CENTER		
312 SOLLEY DR		<b>Telephone</b> (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	<b>DMH Licensed</b> No
BALLWIN	MO 63021-5248	Region 7 Medicare/Medicaid	Facility Number 04970
MANOR GROVE, INCORPORATED	)		
711 SOUTH KIRKWOOD RD		<b>Telephone</b> (314) 965-0864	Alzheimer's Unit No
KIRKWOOD	MO 63122-5928	Level of Care SNF	Bed Capacity 117
Mailing Address 711 SOUTH KIRKW	OOD RD	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5928	Region 7 Medicare/Medicaid	Facility Number 06038
		area of a second	00000
MARI DE VILLA RETIREMENT CI	ENTED INC		
13900 CLAYTON RD	2.1229 110	<b>Telephone</b> (636) 227-5347	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-8406	Level of Care SNF	Bed Capacity 224
Mailing Address 13900 CLAYTON RI		County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-8406	Region 7	Facility Number 05047
TOWN AND COUNTRY	WIO 03017-0400	Region /	racinty Number 03047
MADIZ TWAIN MANOD			
MARK TWAIN MANOR		T-l-nh (214) 201 9240	All-batharanta Tinit
11988 MARK TWAIN LN	NO. 62044 2025	<b>Telephone</b> (314) 291-8240	Alzheimer's Unit No
BRIDGETON	MO 63044-2825	Level of Care SNF	Bed Capacity 120
Mailing Address 11988 MARK TWAII		County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2825	Region 7 Medicare/Medicaid	Facility Number 08188
MARK CHI VER WAS TO THE			
MARY CULVER HOME, THE		T-l	All-batharing Times
221 WEST WASHINGTON AVE	MO (2122 2017	<b>Telephone</b> (314) 966-6034	Alzheimer's Unit No
KIRKWOOD	MO 63122-3916	Level of Care ICF	Bed Capacity 28
Mailing Address 221 W WASHINGTO		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-3916	Region 7	Facility Number 00592

Thursday, April 4, 2024 Page 124 of 142

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MARY, QUEEN AND MOTHER CEN	TER		
7601 WATSON RD		<b>Telephone</b> (314) 961-8000	Alzheimer's Unit NO
SHREWSBURY	MO 63119-5001	Level of Care SNF	Bed Capacity 230
Mailing Address 7601 WATSON RD		County SAINT LOUIS COUNTY	DMH Licensed No
SHREWSBURY	MO 63119-5001	Region 7 Medicare/Medicaid	Facility Number 05103
MARYMOUNT MANOR			
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit Yes
EUREKA	MO 63025-1935	Level of Care SNF	Bed Capacity 174
Mailing Address PO BOX 600		County SAINT LOUIS COUNTY	DMH Licensed No
EUREKA	MO 63025-0600	Region 7 Medicare/Medicaid	Facility Number 05117
MADYMOUNT MANOD			
MARYMOUNT MANOR 313 AUGUSTINE RD		Tolonhono (626) 029 6770	Alzheimen's Unit
	MO (2025 1025	Telephone (636) 938-6770	Alzheimer's Unit No
EUREKA	MO 63025-1935	Level of Care RCF*	Bed Capacity 100
Mailing Address PO BOX 600	MO (2025 0(00	County SAINT LOUIS COUNTY	DMH Licensed Yes
EUREKA	MO 63025-0600	Region 7	Facility Number 05117
MASON POINTE CARE CENTER			
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5917	Level of Care ALF**	Bed Capacity 62
Mailing Address 13190 SOUTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number 03957
CHESTER EED	110 03017 3717	Region /	racinty (tamber 03)37
MASON POINTE CARE CENTER			
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit NO
CHESTERFIELD	MO 63017-5917	Level of Care SNF	Bed Capacity 200
Mailing Address 13190 SOUTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number 03957
		region interior recured	
MATTIS POINTE - ASSISTED LIVIN	IG BY AMERICARE		
4962 MATTIS ROAD		<b>Telephone</b> (314) 328-4084	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-2795	Level of Care ALF**	<b>Bed Capacity</b> 120
Mailing Address 4962 MATTIS ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2795	Region 7	Facility Number 30805
NOVEMBER DE LOS LOS COMPENSOR DE LOS	NG AND AND AND GAR		
MCKNIGHT PLACE ASSISTED LIV	ING AND MEMORY CARE	m 1 1 2 (214) 002 2222	A1 1. * 1. TT .**
THREE MCKNIGHT PLACE	MO (2124 1000	Telephone (314) 993-3333	Alzheimer's Unit Yes
SAINT LOUIS	MO 63124-1900	Level of Care SNF	Bed Capacity 55
Mailing Address THREE MCKNIGHT		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63124-1900	Region 7	Facility Number 23542
MCKNIGHT PLACE ASSISTED LIV	ING AND MEMORY CARE		
THREE MCKNIGHT PL		<b>Telephone</b> (314) 997-5333	Alzheimer's Unit No
SAINT LOUIS	MO 63124-1900	Level of Care ALF**	Bed Capacity 120
Mailing Address THREE MCKNIGHT		County SAINT LOUIS COUNTY	DMH Licensed No

**Facility Number** 

23542

MO 63124-1900

SAINT LOUIS

Thursday, April 4, 2024 Page 125 of 142

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MCKNIGHT PLACE EXTENDED C	ARE		
TWO MCKNIGHT PL		<b>Telephone</b> (314) 993-2221	Alzheimer's Unit No
SAINT LOUIS	MO 63124-1900	Level of Care SNF	<b>Bed Capacity</b> 70
Mailing Address TWO MCKNIGHT Pl	L	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63124-1900	<b>Region</b> 7 <b>Medicare</b>	Facility Number 18914
MOTHER OF GOOD COUNSEL HO	OME .		
6825 NATURAL BRIDGE RD		<b>Telephone</b> (314) 383-4765	Alzheimer's Unit No
SAINT LOUIS	MO 63121-5314	Level of Care SNF	Bed Capacity 114
Mailing Address 6825 NATURAL BRI	IDGE RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63121-5314	Region 7	Facility Number 05568
5111111 20015		Region /	Tuesday Ivanises 05500
MOTHER OF PERPETUAL HELP F	RESIDENCE, INC		
7609 WATSON ROAD		<b>Telephone</b> (314) 918-2260	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-5001	Level of Care ALF**	<b>Bed Capacity</b> 160
Mailing Address 7609 WATSON ROA		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63119-5001	Region 7	Facility Number 21111
NAZARETH LIVING CENTER			
2 NAZARETH LN		<b>Telephone</b> (314) 487-3950	Alzheimer's Unit No
SAINT LOUIS	MO 63129-7600	Level of Care SNF	Bed Capacity 121
Mailing Address 2 NAZARETH LN		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63129-7600	Region 7 Medicare/Medicaid	Facility Number 17458
S.M.(I Book)	110 00125 7000	Negron / Neureare/Medicard	Tuenty Number 17430
NAZARETH LIVING CENTER		m	
2 NAZARETH LN		<b>Telephone</b> (314) 487-3950	Alzheimer's Unit Yes
SAINT LOUIS	MO 63129-7600	Level of Care ALF**	Bed Capacity 114
Mailing Address 2 NAZARETH LN		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63129-7600	Region 7	Facility Number 17458
NHC HEALTHCARE, MARYLAND	HEIGHTS		
2920 FEE FEE RD		<b>Telephone</b> (314) 291-0121	Alzheimer's Unit Yes
MARYLAND HEIGHTS	MO 63043-1915	Level of Care SNF	<b>Bed Capacity</b> 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
NODMANDV NUDSING CENTED			
NORMANDY NURSING CENTER 7301 SAINT CHARLES ROCK RD		Tolophone (214) 962 0555	Alzheimer's Unit No
	MO (2122 1727	Telephone (314) 862-0555	
SAINT LOUIS	MO 63133-1737	Level of Care SNF	Bed Capacity 116
Mailing Address 7301 SAINT CHARL		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63133-1737	Region 7 Medicare/Medicaid	Facility Number 01118
OAK KNOLL SKILLED NURSING &	& REHABILITATION CENTER		
37 N CLARK AVE		<b>Telephone</b> (314) 521-7419	Alzheimer's Unit No
FERGUSON	MO 63135-2323	Level of Care SNF	<b>Bed Capacity</b> 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

Thursday, April 4, 2024 Page 126 of 142

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PARC PROVENCE	
605 COEUR DE VILLE DR	<b>Telephone</b> (314) 542-2500 <b>Alzheimer's Unit</b> Yes
SAINT LOUIS MO 63141-6603	Level of Care SNF Bed Capacity 140
Mailing Address 605 COEUR DE VILLE DR	County SAINT LOUIS COUNTY DMH Licensed No
SAINT LOUIS MO 63141-6603	<b>Region</b> 7 <b>Facility Number</b> 24122
PARKWOOD SKILLED NURSING AND REHABILITA	TION 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	•
MARTLAND REIGHTS MIO 03043-1334	<b>Region</b> 7 <b>Medicare/Medicaid Facility Number</b> 02471
PEACE HAVEN ASSOCIATION	
12630 ROTT RD	Telephone (314) 965-3833 Alzheimer's Unit No
SAINT LOUIS MO 63127-1214	Level of Care ICF Bed Capacity 42
Mailing Address 12630 ROTT RD	County SAINT LOUIS COUNTY DMH Licensed No
SAINT LOUIS MO 63127-1214	<b>Region</b> 7 <b>Facility Number</b> 06369
PILLARS OF NORTH COUNTY HEALTH & REHABII	JITATION CENTER, THE
13700 OLD HALLS FERRY RD	Telephone (314) 355-0760 Alzheimer's Unit No
FLORISSANT MO 63033-4109	Level of Care SNF Bed Capacity 120
Mailing Address 13700 OLD HALLS FERRY RD	County SAINT LOUIS COUNTY DMH Licensed No
FLORISSANT MO 63033-4109	·
PLONISSANT NIO 03033-4109	Region 7 Medicare/Medicaid Facility Number 07440
PLAZA AT WILDWOOD SENIOR LIVING,THE	
251 PLAZA DRIVE	Telephone (636) 273-3900 Alzheimer's Unit Yes
WILDWOOD MO 63040-1203	Level of Care ALF** Bed Capacity 94
Mailing Address 251 PLAZA DRIVE	County SAINT LOUIS COUNTY DMH Licensed No
WILDWOOD MO 63040-1203	<b>Region</b> 7 <b>Facility Number</b> 31049
PROMENADE SENIOR LIVING	
8825 EAGER ROAD	<b>Telephone</b> (314) 325-7699 <b>Alzheimer's Unit</b> Yes
SAINT LOUIS MO 63144-1205	Level of Care ALF** Bed Capacity 90
Mailing Address 8825 EAGER ROAD	County SAINT LOUIS COUNTY DMH Licensed No
SAINT LOUIS MO 63144-1205	<b>Region</b> 7 <b>Facility Number</b> 30363
QUARTERS AT DES PERES, THE	
13230 MANCHESTER RD	Telephone (314) 821-2886 Alzheimer's Unit No
	• • • • • • • • • • • • • • • • • • • •
DES PERES MO 63131-1706	Level of Care SNF Bed Capacity 147
Mailing Address 13230 MANCHESTER RD	County SAINT LOUIS COUNTY DMH Licensed No
DES PERES MO 63131-1706	<b>Region</b> 7 <b>Medicare/Medicaid Facility Number</b> 26726
RANCHO REHAB AND HEALTHCARE CENTER	
615 RANCHO LN	Telephone (314) 839-2150 Alzheimer's Unit No
FLORISSANT MO 63031-1717	Level of Care SNF Bed Capacity 120
Mailing Address 615 RANCHO LN	County SAINT LOUIS COUNTY DMH Licensed No
FLORISSANT MO 63031-1717	<b>Region</b> 7 <b>Medicare/Medicaid Facility Number</b> 02585

Thursday, April 4, 2024 Page 127 of 142

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RICHMOND TERRACE ASSISTED	LIVING		
1633 LACLEDE STATION RD		<b>Telephone</b> (314) 646-8000	Alzheimer's Unit No
SAINT LOUIS	MO 63117-2038	Level of Care ALF**	<b>Bed Capacity</b> 99
Mailing Address 1633 LACLEDE STA	ATION RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63117-2038	Region 7	Facility Number 22269
RIVER CROSSING REHAB AND HE	EALTHCARE CENTER		
11278 SCHUETZ RD		<b>Telephone</b> (314) 991-4066	Alzheimer's Unit No
SAINT LOUIS	MO 63146-4957	Level of Care SNF	Bed Capacity 120
Mailing Address 11278 SCHUETZ RD	)	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4957	Region 7 Medicare/Medicaid	Facility Number 16378
SOUTHVIEW ASSISTED LIVING			
9916 REAVIS ROAD		<b>Telephone</b> (314) 544-4440	Alzheimer's Unit Yes
AFFTON	MO 63123-5314	Level of Care ALF**	Bed Capacity 116
Mailing Address 9916 REAVIS RD	WO 03123 3314	County SAINT LOUIS COUNTY	DMH Licensed No
AFFTON	MO 63123-5314	•	
AFFION	WIO 03123-3314	Region 7	Facility Number 28446
ST AGNES HOME			
		m 1 1 (214) 065 7616	
10341 MANCHESTER RD	NO (2122 1520	<b>Telephone</b> (314) 965-7616	Alzheimer's Unit No
KIRKWOOD	MO 63122-1520	Level of Care ICF	Bed Capacity 150
Mailing Address 10341 MANCHESTE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
KIRKWOOD	MO 63122-1520	Region 7	Facility Number 07481
ST ANDREW'S ASSISTED LIVING	OF BRIDGETON		
11325 ST CHARLES ROCK RD		<b>Telephone</b> (314) 209-1177	Alzheimer's Unit No
BRIDGETON	MO 63044-2722	Level of Care ALF**	<b>Bed Capacity</b> 35
Mailing Address 11325 ST CHARLES	ROCK RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BRIDGETON	MO 63044-2722	Region 7	Facility Number 22810
ST ANDREW'S AT FRANCIS PLACE	E		
400 SUMMERVILLE BLVD		<b>Telephone</b> (636) 938-5151	Alzheimer's Unit No
EUREKA	MO 63025-2316	Level of Care SNF	<b>Bed Capacity</b> 106
Mailing Address 400 SUMMERVILLE	E BLVD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
EUREKA	MO 63025-2316	Region 7 Medicare/Medicaid	Facility Number 06430
ST ANN ALF CNSL OPERATION LI	LC		
10441 INTERNATIONAL PLAZA DR		<b>Telephone</b> (314) 423-1254	Alzheimer's Unit No
SAINT ANN	MO 63074-1805	Level of Care ALF	Bed Capacity 40
Mailing Address 10441 INTERNATIO	NAL PLAZA DR	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT ANN	MO 63074-1805	Region 7	Facility Number 21994
ST JOHNS PLACE		Tolonhono (214) 426 2211	Algheimen's Unit
3333 BROWN ROAD	MO 62114 4227	Telephone (314) 426-2211	Alzheimer's Unit No
SAINT LOUIS	MO 63114-4327	Level of Care SNF	Bed Capacity 94
Mailing Address 3333 BROWN RD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63114-4327	Region 7 Medicare/Medicaid	Facility Number 18454

Thursday, April 4, 2024 Page 128 of 142

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ST SOPHIA HEALTH & REHABILI	TATION CENTER		
936 CHARBONIER RD		<b>Telephone</b> (314) 831-4800	Alzheimer's Unit No
FLORISSANT	MO 63031-5220	Level of Care SNF	<b>Bed Capacity</b> 240
Mailing Address 936 CHARBONIER I	RD	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-5220	Region 7 Medicare/Medicaid	Facility Number 07631
CTONEDDIDGE EL ODICCANT			
STONEBRIDGE FLORISSANT 6768 NORTH HIGHWAY 67		T-l (214) 741 0101	Al-L-i
	MO (2024 2742	<b>Telephone</b> (314) 741-9101	Alzheimer's Unit No
FLORISSANT	MO 63034-2742	Level of Care SNF	Bed Capacity 120
Mailing Address 6768 NORTH HWY		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63034-2742	Region 7 Medicare/Medicaid	Facility Number 14200
STONEBRIDGE MARYLAND HEIG	SHTS	m 1 1 (21 ) 221 1777	
2963 DODDRIDGE AVE		<b>Telephone</b> (314) 291-4557	Alzheimer's Unit No
MARYLAND HEIGHTS	MO 63043-1736	Level of Care SNF	<b>Bed Capacity</b> 223
Mailing Address 2963 DODDRIDGE A		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
MARYLAND HEIGHTS	MO 63043-1736	Region 7 Medicare/Medicaid	Facility Number 00855
SUNRISE OF CHESTERFIELD			
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit Yes
CHESTERFIELD	MO 63017-5000	Level of Care ICF	<b>Bed Capacity</b> 95
Mailing Address 1880 CLARKSON RI	D	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number 23767
SUNRISE OF CHESTERFIELD			
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5000	Level of Care ALF**	<b>Bed Capacity</b> 3
Mailing Address 1880 CLARKSON RI		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number 23767
SUNRISE OF DES PERES		<b>T. I.</b> (24.1) 0.57 2000	
13460 MANCHESTER RD		<b>Telephone</b> (314) 965-3800	Alzheimer's Unit Yes
DES PERES	MO 63131-1734	Level of Care ICF	Bed Capacity 102
Mailing Address 13460 MANCHESTE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
DES PERES	MO 63131-1734	Region 7	Facility Number 24242
CIMPICE OF WEDGEED CDOVES			
SUNRISE OF WEBSTER GROVES		T-l (214) 019 7200	Alekain anta Tinid
45 EAST LOCKWOOD	MO (2110 2050	<b>Telephone</b> (314) 918-7300	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-3050	Level of Care ALF**	Bed Capacity 90
Mailing Address 45 EAST LOCKWOO		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-3050	Region 7	Facility Number 28242
CLIDDEA DI VCE GALI IINEIG ITUGE	ITAL CKILLED MUDCING		
SURREY PLACE ST LUKE'S HOSP 14701 OLIVE BLVD	ital skilled nuksing	Tolophono (214) 542 2200	Alzhaimar's Unit
	MO 62017 2221	Telephone (314) 542-3300	Alzheimer's Unit No
CHESTERFIELD  Mailing Address 14701 OLIVE DLVD	MO 63017-2221	Level of Care SNF	Bed Capacity 130
Mailing Address 14701 OLIVE BLVD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number 15467

Thursday, April 4, 2024 Page 129 of 142

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CAN MAN HONGE				
SYLVAN HOUSE		T-l (214) 902 2212	A 1-1	NI-
30 SHERMAN RD	MO 62125 4125	<b>Telephone</b> (314) 892-2212	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-4125	Level of Care RCF	Bed Capacity	40
Mailing Address 30 SHERMAN RD	MO 62125 4125	County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS	MO 63125-4125	Region 7	Facility Number	15078
TOWN & COUNTRY SENIOR LIVE	NG,THE			
1020 WOODS MILL ROAD		<b>Telephone</b> (636) 527-4444	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-0603	Level of Care ALF**	Bed Capacity	95
Mailing Address 1020 WOODS MILL	ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-0603	Region 7	Facility Number	30612
U-CITY FOREST MANOR				
1301 PARTRIDGE AVE		<b>Telephone</b> (314) 862-5556	Alzheimer's Unit	No
SAINT LOUIS	MO 63130-1944	Level of Care SNF	Bed Capacity	120
Mailing Address 1301 PARTRIDGE A		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63130-1944	Region 7 Medicare/Medicaid	Facility Number	15454
SARVI EOCIS	1410 03130 1744	Region / Medicale/Medicald	rucinty runnoer	13434
VERONICA HOUSE				
12284 DEPAUL DR		<b>Telephone</b> (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
WESTCHESTER HOUSE, THE				
550 WHITE RD		<b>Telephone</b> (314) 469-1200	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-2316	Level of Care SNF	<b>Bed Capacity</b>	159
Mailing Address 550 WHITE RD		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2316	Region 7 Medicare/Medicaid	Facility Number	08474
WESTVIEW AT ELLISVILLE ASSI	STED LIVING			
27 REINKE RD		<b>Telephone</b> (636) 527-5554	Alzheimer's Unit	Yes
ELLISVILLE	MO 63021-4734	Level of Care ALF**	Bed Capacity	99
Mailing Address 27 REINKE RD		County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63021-4734	Region 7	Facility Number	28184
	SAINTE GE	ENEVIEVE		
HIDDEN ACRES ASSISTED LIVING		<del></del>		
19235 STATE ROUTE EE	•	<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUT		County SAINTE GENEVIEVE	DMH Licensed	Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number	19721
DIMINIE OLIVEVIEVE	03070-0213	region 2	racincy (vuilbe)	17/41
HIDDEN ACRES ASSISTED LIVING	GIILLC			
19235 STATE ROUTE EE		<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUT		County SAINTE GENEVIEVE	DMH Licensed	Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number	11134

Thursday, April 4, 2024 Page 130 of 142

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MARIAN CLIFF RESIDENTIAL CA	RE CENTER LLC			
381 ELM ST		<b>Telephone</b> (573) 543-2218	Alzheimer's Unit	No
SAINT MARY	MO 63673-9330	Level of Care RCF*	Bed Capacity	66
Mailing Address PO BOX 272		County SAINTE GENEVIEVE	DMH Licensed	Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number	05058
PARKWOOD MEADOWS - ASSISTE	ED LIVING BY AMERICARE			
805 PARKWOOD DR		<b>Telephone</b> (573) 883-3883	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-1858	Level of Care ALF**	Bed Capacity	66
Mailing Address 805 PARKWOOD DE	2	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-1858	Region 2	Facility Number	23234
RIVERVIEW AT THE PARK CARE	AND REHABILITATION CENTER			
1100 PROGRESS PARKWAY		<b>Telephone</b> (573) 883-3454	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-9232	Level of Care SNF	Bed Capacity	120
Mailing Address 1100 PROGRESS PA	RKWAY	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number	06729
ST GENEVIEVE NURSING				
1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-1447	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 426		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number	03254
	SALI	NIC		
	SALI	NE		
BIG BEND RETREAT	SALI	INE.		
	SALI		Alzheimer's Unit	No
620 NORTH EMMERSON		<b>Telephone</b> (660) 529-2237	Alzheimer's Unit	No 60
620 NORTH EMMERSON SLATER	MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF	Bed Capacity	60
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMER	MO 65349-1157 RSON	Telephone (660) 529-2237 Level of Care ICF County SALINE	Bed Capacity DMH Licensed	60 No
620 NORTH EMMERSON SLATER	MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF	Bed Capacity	60
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMER	MO 65349-1157 RSON	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5	Bed Capacity DMH Licensed	60 No
620 NORTH EMMERSON SLATER <b>Mailing Address</b> 620 NORTH EMMER SLATER	MO 65349-1157 RSON	Telephone (660) 529-2237 Level of Care ICF County SALINE	Bed Capacity DMH Licensed	60 No
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMER SLATER BIG BEND RETREAT	MO 65349-1157 RSON	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number	60 No 00546
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMER SLATER  BIG BEND RETREAT 620 NORTH EMMERSON	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 00546 No
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSLATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00546 No 10
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSLATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSON	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00546 No 10 No
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOME	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00546 No 10 No 00546
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSON SLATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSON SLATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 ME FOR THE AGED MO 65340-1510 DOD ST	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00546 No 10 No 00546 No
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00546 No 10 No 00546
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO MARSHALL GOLDEN OAKS ASSISTED LIVING	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED MO 65340-1510 DOD ST MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546 No 11 No 00633
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO MARSHALL GOLDEN OAKS ASSISTED LIVING 27882 HIGHWAY H	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED MO 65340-1510 DOD ST MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546 No 11 No 00633
620 NORTH EMMERSON SLATER  Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER  Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO MARSHALL  GOLDEN OAKS ASSISTED LIVING 27882 HIGHWAY H MARSHALL	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 IE FOR THE AGED MO 65340-1510 DOD ST MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546 No 11 No 00633
620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERSIATER  GEORGIA BROWN BLOSSER HOM 1210 EAST EASTWOOD ST MARSHALL Mailing Address 1210 EAST EASTWO MARSHALL GOLDEN OAKS ASSISTED LIVING 27882 HIGHWAY H	MO 65349-1157 RSON MO 65349-1157 MO 65349-1157 RSON MO 65349-1157 RE FOR THE AGED MO 65340-1510 DOD ST MO 65340-1510	Telephone (660) 529-2237 Level of Care ICF County SALINE Region 5  Telephone (660) 529-2237 Level of Care RCF* County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5  Telephone (660) 886-5022 Level of Care RCF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00546 No 10 No 00546 No 00633

Thursday, April 4, 2024 Page 131 of 142

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HARTLAND RESIDENTIAL CARE	CENTER			
23435 LADDER DR	OEI (TEX	<b>Telephone</b> (660) 886-7093	Alzheimer's Unit	No
MARSHALL	MO 65340-4662	Level of Care RCF	Bed Capacity	12
Mailing Address 23435 LADDER DR		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-4662	Region 5	Facility Number	15163
		region -		10100
L.Y.B.L. LLC				
1325 SOUTH HIGHLAND COURT		<b>Telephone</b> (660) 530-7081	Alzheimer's Unit	No
MARSHALL	MO 65340-3058	Level of Care RCF	Bed Capacity	11
Mailing Address 1325 SOUTH HIGHI		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-3058	Region 5	Facility Number	03558
LEGENDARY NURSING & REHAB	SILITATION LLC			
809 EAST GORDON ST		<b>Telephone</b> (660) 886-2247	Alzheimer's Unit	No
MARSHALL	MO 65340-2811	Level of Care SNF	<b>Bed Capacity</b>	92
Mailing Address 809 EAST GORDON	N ST	County SALINE	DMH Licensed	No
MARSHALL	MO 65340-2811	Region 5 Medicare/Medicaid	Facility Number	04895
LIVING CENTER, THE				
2506 LINDEN TREE PARKWAY		<b>Telephone</b> (660) 886-9676	Alzheimer's Unit	Yes
MARSHALL	MO 65340-0017	Level of Care SNF	Bed Capacity	99
Mailing Address PO BOX 370		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-0370	Region 5 Medicare/Medicaid	Facility Number	21791
ROYAL OAKS CARE CENTER LLO	C			
507 EAST MARSHALL		<b>Telephone</b> (660) 530-3168	Alzheimer's Unit	No
SWEET SPRINGS	MO 65351-9759	Level of Care ALF	Bed Capacity	51
Mailing Address PO BOX 204		County SALINE	DMH Licensed	Yes
SWEET SPRINGS	MO 65351-0204	Region 5	<b>Facility Number</b>	14953
SWEET SPRINGS VILLA				
518 E MARSHALL		<b>Telephone</b> (660) 335-6391	Alzheimer's Unit	No
SWEET SPRINGS	MO 65351-9756	Level of Care SNF	Bed Capacity	120
Mailing Address 518 E MARSHALL		County SALINE	DMH Licensed	No
SWEET SPRINGS	MO 65351-9756	Region 5 Medicare/Medicaid	Facility Number	05378
WESTPORT ESTATES - ASSISTED	LIVING BY AMERICARE			
904 APACHE DR	-	<b>Telephone</b> (660) 886-5500	Alzheimer's Unit	Yes
MARSHALL	MO 65340-2900	Level of Care ALF**	Bed Capacity	62
Mailing Address 904 APACHE DR		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-2900	Region 5	Facility Number	16202
	SCHU	YLER		
SCHUYLER COUNTY NURSING H				
1306 US HIGHWAY 63		<b>Telephone</b> (660) 766-2291	Alzheimer's Unit	No

Ю QUEEN CITY MO 63561-2251 **Level of Care** SNF **Bed Capacity** 60 Mailing Address 1306 US HIGHWAY 63 **SCHUYLER** No County **DMH Licensed** QUEEN CITY MO 63561-2251 Region 5 **Facility Number** 07004 Medicare/Medicaid

Thursday, April 4, 2024 Page 132 of 142

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## **SCOTT**

ARBORS AT WESTRIDGE PLACE	CE - MEMORY CARE BY AMER		Alahaiman'a Unit	Vac
539 NORTH WEST ST	MO (2901 5442	Telephone (573) 471-6484	Alzheimer's Unit	Yes
SIKESTON  Mailing Address 520 NORTH WES	MO 63801-5443	Level of Care ALF**	Bed Capacity	28 N-
Mailing Address 539 NORTH WES SIKESTON	MO 63801-5443	County SCOTT	DMH Licensed	No
SIKESTON	100 03801-3443	Region 2	Facility Number	12693
CHAFFEE NURSING CENTER				
12273 STATE HIGHWAY 77		<b>Telephone</b> (573) 887-3615	Alzheimer's Unit	No
CHAFFEE	MO 63740-8219	Level of Care SNF	Bed Capacity	71
Mailing Address 12273 STATE HIG	GHWAY 77	County SCOTT	DMH Licensed	No
CHAFFEE	MO 63740-8219	Region 2 Medicare/Medicaid	Facility Number	13652
CLEARVIEW NURSING CENTE	R			
430 SALCEDO ROAD		<b>Telephone</b> (573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO 63801-4802	Level of Care SNF	<b>Bed Capacity</b>	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		<b>Telephone</b> (573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care ALF	<b>Bed Capacity</b>	20
Mailing Address 907 WEST MALC	ONE ST	County SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2	Facility Number	13255
COUNTRY PLACE				
28601 US HIGHWAY 61		<b>Telephone</b> (573) 264-1555	Alzheimer's Unit	No
SCOTT CITY	MO 63780-9143	Level of Care ALF	<b>Bed Capacity</b>	24
Mailing Address 28601 US HIGHW	VAY 61	County SCOTT	DMH Licensed	No
SCOTT CITY	MO 63780-9143	Region 2	Facility Number	25934
DAYBREAK NURSING CENTER	1			
410 H ROAD		<b>Telephone</b> (573) 471-7683	Alzheimer's Unit	No
SIKESTON	MO 63801-5350	Level of Care SNF	<b>Bed Capacity</b>	70
Mailing Address 410 H ROAD		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0430	Region 2 Medicare/Medicaid	Facility Number	11496
HUNTER ACRES CARING CENT	ΓER			
628 NORTH WEST ST		<b>Telephone</b> (573) 471-7130	Alzheimer's Unit	Yes
SIKESTON	MO 63801-4738	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 628 NORTH WES	ST 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		<b>Telephone</b> (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

Thursday, April 4, 2024 Page 133 of 142

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SIKESTON CONVALESCENT CENT 103 KENNEDY DR		<b>Telephone</b> (573) 471-6900	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5126	Level of Care SNF	Bed Capacity	120
Mailing Address 103 KENNEDY DR SIKESTON	MO 63801-5126	County SCOTT Region 2 Medicare/Medicaid	DMH Licensed Facility Number	No 07331
SUNSHINE VILLA				
2520 JAMES ST		<b>Telephone</b> (573) 264-2424	Alzheimer's Unit	No
SCOTT CITY	MO 63780-1219	Level of Care ALF	Bed Capacity	26
Mailing Address 2520 JAMES ST		County SCOTT	DMH Licensed	Yes
SCOTT CITY	MO 63780-1219	Region 2	Facility Number	07039
	SHAN	NON		
HILLTOP HAVEN RESIDENTIAL O	CARE FACILITY			
18941 CR 305A		<b>Telephone</b> (573) 226-5426	Alzheimer's Unit	No
EMINENCE	MO 65466-9702	Level of Care RCF	Bed Capacity	20
Mailing Address 18941 CR 305A		County SHANNON	DMH Licensed	Yes
EMINENCE	MO 65466-9702	Region 2	Facility Number	03615
ROCK POINT NURSING CENTER				
8477 NORTH STREET		<b>Telephone</b> (573) 292-3212	Alzheimer's Unit	Yes
BIRCH TREE	MO 65438-8887	Level of Care SNF	<b>Bed Capacity</b>	86
Mailing Address 8477 NORTH STREE	ET	County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-8887	Region 2 Medicare/Medicaid	Facility Number	00560
	SHEL	<b>LBY</b>		
CLARENCE CARE CENTER				
111 EAST ST		<b>Telephone</b> (660) 699-2118	Alzheimer's Unit	No
CLARENCE	MO 63437-1902	Level of Care SNF	Bed Capacity	60
Mailing Address 111 EAST ST		County SHELBY	DMH Licensed	No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number	01475
SALT RIVER COMMUNITY CARE				
142 SHELBY PLAZA RD		<b>Telephone</b> (573) 588-4175	Alzheimer's Unit	Yes
SHELBINA	MO 63468-1065	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 529		County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-0529	Region 5 Medicare/Medicaid	Facility Number	06934
SHELBINA VILLA LIFECARE				
218 EAST SHELBINA AVE		<b>Telephone</b> (573) 588-4115	Alzheimer's Unit	No
SHELBINA	MO 63468-4328	Level of Care ALF**	Bed Capacity	68
Mailing Address 218 EAST SHELBINA	A AVE	County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-4328	Region 5	Facility Number	18584
	STODE	OARD		
ADVANCE ASSISTED LIVING				
252 PAYTON PLACE		<b>Telephone</b> (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	<b>Facility Number</b>	28426

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Thursday, April 4, 2024 Page 134 of 142

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ASPIRE SENIOR LIVING ADVANCE 315 SOUTH TILLEY ST	E	<b>Telephone</b> (573) 722-3440	Alzheimer's Unit	No
ADVANCE	MO 63730-7230	Level of Care SNF	Bed Capacity	70
Mailing Address 315 S TILLEY ST	1120 03730 7230	County STODDARD	DMH Licensed	No
ADVANCE	MO 63730-7230	Region 2 Medicare/Medicaid		1722
		Region - Medicary Medicard		
CENTRAL GARDENS INC				
302 NORTH ELM ST		<b>Telephone</b> (573) 624-0011	Alzheimer's Unit	No
DEXTER	MO 63841-1773	Level of Care RCF*	Bed Capacity	83
Mailing Address 302 NORTH ELM ST	Γ	County STODDARD	DMH Licensed	No
DEXTER	MO 63841-1773	Region 2	Facility Number 1	8858
CROWLEY RIDGE CARE CENTER				
1204 NORTH OUTER RD		<b>Telephone</b> (573) 624-5557	Alzheimer's Unit	Yes
DEXTER	MO 63841-8684	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 668		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-0668	Region 2 Medicare/Medicaid	Facility Number 1	2667
CYPRESS POINT - SKILLED NURS	ING BY AMERICARE			
801 BAILIFF DR		<b>Telephone</b> (573) 624-8908	Alzheimer's Unit	No
DEXTER	MO 63841-9500	Level of Care SNF	Bed Capacity	79 N
Mailing Address 801 BAILIFF DR DEXTER	MO 63841-9500	County STODDARD	DMH Licensed	No
DEATER	WO 03841-9300	Region 2 Medicare/Medicaid	Facility Number 0	)8315
MEMORY LANE OF DEXTER				
415 S CATALPA STREET		<b>Telephone</b> (573) 624-7491	Alzheimer's Unit	Yes
DEXTER	MO 63841-2017	Level of Care SNF	Bed Capacity	73
Mailing Address 415 S CATALPA STR	REET	County STODDARD	DMH Licensed	No
DEXTER	MO 63841-2017	Region 2 Medicare/Medicaid	Facility Number 0	)2156
MINGO RESIDENTIAL CARE FAC	пту			
24080 STATE HWY 51		<b>Telephone</b> (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 2	24959
PRAIRIE VIEW SKILLED NURSING	g.			
606 WEST MISSOURI ST	G	<b>Telephone</b> (573) 568-2137	Alzheimer's Unit	No
BLOOMFIELD	MO 63825-9706	Level of Care SNF	Bed Capacity	60
Mailing Address 606 WEST MISSOUR		County STODDARD	DMH Licensed	No
BLOOMFIELD	MO 63825-9706	Region 2 Medicare/Medicaid		00629
		g		
PUXICO NURSING & REHABILIAT	TION CENTER			
540 NORTH HIGHWAY 51	MO (2000 0117	<b>Telephone</b> (573) 222-3125	Alzheimer's Unit	No
PUXICO	MO 63960-9117	Level of Care SNF	Bed Capacity	60
Mailing Address 540 NORTH HWY 5			DAMIT I	
PUXICO	MO 63960-9117	County STODDARD  Region 2 Medicare/Medicaid	DMH Licensed Facility Number 0	No )3163

Thursday, April 4, 2024 Page 135 of 142

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RIDGEVIEW ASSISTED LIVING (	CENTER	m 1 1 (770) 504 4400		
13134 STATE HIGHWAY 25	NO 52011 0710	<b>Telephone</b> (573) 624-4433	Alzheimer's Unit	No
DEXTER	MO 63841-9740	Level of Care ALF**	Bed Capacity	26
Mailing Address 13134 STATE HIGH		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9740	Region 2	Facility Number	10128
WINCHESTER NURSING CENTER	R, INC			
400 WINCHESTER DRIVE		<b>Telephone</b> (573) 293-6702	Alzheimer's Unit	No
BERNIE	MO 63822-7500	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 760		County STODDARD	DMH Licensed	No
BERNIE	MO 63822-0760	Region 2 Medicare/Medicaid	Facility Number	31391
WINCHESTER PLACE ASSISTED	LIVING LLC			
404 WINCHESTER ROAD	LIVING, LLC	<b>Telephone</b> (573) 293-6705	Alzheimer's Unit	NO
BERNIE	MO 63822-7500	<b>Telephone</b> (573) 293-6705 <b>Level of Care</b> ALF**	Bed Capacity	38
			DMH Licensed	No.
Mailing Address 404 WINCHESTER		County STODDARD		
BERNIE	MO 63822-7500	Region 2	Facility Number	31391
		STONE		
CRANE RESIDENTIAL CARE HO	ME	T. 1. 1. (417) 700 5000		2.7
102 LILLIAN	NO. 65600 0100	<b>Telephone</b> (417) 723-5900	Alzheimer's Unit	No
CRANE	MO 65633-9103	Level of Care RCF	Bed Capacity	36
Mailing Address 102 LILLIAN		County STONE	DMH Licensed	Yes
CRANE	MO 65633-9103	Region 1	Facility Number	01898
WEDGEWOOD GARDENS				
17996 BUSINESS 13		<b>Telephone</b> (417) 272-6666	Alzheimer's Unit	Yes
REEDS SPRING	MO 65737-9663	Level of Care ALF**	Bed Capacity	46
Mailing Address 17996 BUSINESS 1		County STONE	DMH Licensed	No
REEDS SPRING	MO 65737-9663	Region 1	Facility Number	20615
KLLDU DI KEVO	140 03737 7003	Region 1	Tacinty Number	20013
		SULLIVAN		
MILAN HEALTH CARE CENTER				
52435 INFIRMARY RD		<b>Telephone</b> (660) 265-4032	Alzheimer's Unit	No
MILAN	MO 63556-2874	Level of Care SNF	<b>Bed Capacity</b>	100
Mailing Address 52435 INFIRMARY	RD	County SULLIVAN	DMH Licensed	No
MILAN	MO 63556-2874	<b>Region</b> 5 Medicare/Medicaid	Facility Number	05418
CTOVEDIC DECIDENCIAL CARE	EACH ITY			
STOVER'S RESIDENTIAL CARE I 520 EAST 5TH ST	CACILII I	<b>Telephone</b> (660) 265-2079	Alzheimer's Unit	NT.
	MO (255) 1222	• '		No 20
MILAN	MO 63556-1222	Level of Care RCF	Bed Capacity	20 V
Mailing Address 520 EAST 5TH ST	MO (2556 1002	County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-1222	Region 5	Facility Number	07709
TESSLAND RESIDENTIAL CARE	FACILITY LLC			
24583 HIGHWAY 5		<b>Telephone</b> (660) 265-4391	Alzheimer's Unit	No
MILAN	MO 63556-2809	Level of Care RCF	Bed Capacity	9
Mailing Address 24583 HWY 5		County SULLIVAN	DMH Licensed	Yes
MILAN	MO (255) 2900	D : 5	E:1:4 N	10000

MO 63556-2809

MILAN

Facility Number

19990

Thursday, April 4, 2024 Page 136 of 142

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BUNGALOWS AT BRANSON MEA	DOWS, THE	m 1 1 2 445 224 222 3		
5351 GRETNA ROAD	MO (5(1) 7200	Telephone (417) 334-3336	Alzheimer's Unit	No 104
BRANSON	MO 65616-7298	Level of Care RCF	Bed Capacity	104
Mailing Address 5351 GRETNA RD BRANSON	MO 65616-7298	County TANEY	DMH Licensed	No
DRANSON	MO 03010-7298	Region 1	Facility Number	23683
FORSYTH CARE CENTER				
477 COY BLVD		<b>Telephone</b> (417) 546-6337	Alzheimer's Unit	No
FORSYTH	MO 65653-5132	<b>Level of Care</b> SNF	Bed Capacity	120
Mailing Address PO BOX 640		County TANEY	DMH Licensed	No
FORSYTH	MO 65653-0640	Region 1 Medicare/Medicaid	Facility Number	18870
LAKESIDE MOUNTAIN MANOR				
238 HARMONY HEIGHTS		<b>Telephone</b> (417) 546-5595	Alzheimer's Unit	No
FORSYTH	MO 65653-5533	Level of Care RCF	<b>Bed Capacity</b>	40
Mailing Address 238 HARMONY HE	IGHTS	<b>County TANEY</b>	DMH Licensed	Yes
FORSYTH	MO 65653-5533	Region 1	Facility Number	06232
OAKS RETIREMENT COMMUNIT	<b>Y,ТНЕ</b>			
127 HAMLET ROAD		<b>Telephone</b> (417) 239-1112	Alzheimer's Unit	No
BRANSON	MO 65616-7746	Level of Care ALF**	<b>Bed Capacity</b>	30
Mailing Address 127 HAMLET ROAL	)	County TANEY	DMH Licensed	No
BRANSON	MO 65616-7746	Region 1	Facility Number	27358
POINT LOOKOUT NURSING & RE	СНАВ			
11103 HISTORIC HIGHWAY 165		<b>Telephone</b> (417) 334-4105	Alzheimer's Unit	Yes
HOLLISTER	MO 65672-6239	Level of Care SNF	<b>Bed Capacity</b>	130
Mailing Address 11103 HISTORIC HI		County TANEY	DMH Licensed	No
HOLLISTER	MO 65672-6239	Region 1 Medicare/Medicaid	Facility Number	12716
SHEPHERD OF THE HILLS LIVIN	G CENTER			
996 STATE HIGHWAY 248		<b>Telephone</b> (417) 334-6431	Alzheimer's Unit	No
BRANSON	MO 65616-8154	Level of Care SNF	Bed Capacity	100
Mailing Address 996 STATE HWY 24	18	County TANEY	DMH Licensed	No
BRANSON	MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number	06810
		TEXAS		
HICKORY MANOR				
209 HICKORY ST		<b>Telephone</b> (573) 674-2111	Alzheimer's Unit	No
LICKING	MO 65542-9847	Level of Care SNF	Bed Capacity	60
Mailing Address 209 HICKORY ST	NO 65540 0045	County TEXAS	DMH Licensed	No
LICKING	MO 65542-9847	Region 2 Medicare/Medicaid	Facility Number	07929
HOUSTON HOUSE				
1000 NORTH INDUSTRIAL DR		<b>Telephone</b> (417) 967-2527	Alzheimer's Unit	No
HOUSTON	MO 65483-9400	Level of Care SNF	Bed Capacity	96
Mailing Address PO BOX 199	MO 65402 0400	County TEXAS	DMH Licensed	No
HOUSTON	MO 65483-0199	Region 2 Medicare/Medicaid	Facility Number	10626

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Thursday, April 4, 2024 Page 137 of 142

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KABUL NURSING HOMES, INC 1000 MAIN ST CABOOL Mailing Address 1000 MAIN ST CABOOL	MO 65689-9125 MO 65689-9125	Telephone (417) 962-3713 Level of Care SNF County TEXAS Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 99 DMH Licensed No Facility Number 04085
LANDMARK VILLA ALF 1101 OZARK AVE CABOOL Mailing Address 1101 OZARK AVE CABOOL	MO 65689-7362 MO 65689-7362	Telephone (417) 962-3700 Level of Care ALF County TEXAS Region 2	Alzheimer's Unit No Bed Capacity 44 DMH Licensed Yes Facility Number 04085
LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWAY LICKING	MO 65542-9832 Y 32 MO 65542-9832	Telephone (573) 674-2207 Level of Care RCF* County TEXAS Region 2	Alzheimer's Unit No Bed Capacity 34 DMH Licensed No Facility Number 24302
	VERN	ON	
BRISTOL MANOR OF NEVADA 401 EAST WALNUT NEVADA Mailing Address 401 EAST WALNUT NEVADA	MO 64772-2457 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
BUNGALOWS AT NEVADA, THE 640 EAST HIGHLAND NEVADA Mailing Address 640 EAST HIGHLAN NEVADA	MO 64772-1091 D 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
CLARK CARE CENTER - ONE 1505 EAST ASHLAND ST NEVADA Mailing Address PO BOX 246 NEVADA	MO 64772-4025 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 I 1495 EAST ASHLAND ST NEVADA Mailing Address PO BOX 246 NEVADA	MO 64772-4016 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 Mailing Address 1210 W ASHLAND S	MO 64772-1906 T	Telephone (417) 667-5064 Level of Care SNF County VERNON	Alzheimer's Unit No Bed Capacity 100 DMH Licensed No

Medicare/Medicaid

**Facility Number** 

05717

MO 64772-1906

NEVADA

Thursday, April 4, 2024 Page 138 of 142

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MOORE-FEW CARE CENTER				
901 SOUTH ADAMS	Telephone		Alzheimer's Unit	No
NEVADA MO 64772			Bed Capacity	108
Mailing Address 901 SOUTH ADAMS	County	VERNON	DMH Licensed	No
NEVADA MO 64772	2-3209 <b>Region</b> 1	Medicare/Medicaid	Facility Number	05703
NATHAN RICHARD HEALTH CARE CENTER				
700 EAST HIGHLAND AVE	Telephone	(417) 667-8889	Alzheimer's Unit	No
NEVADA MO 64772	•		Bed Capacity	68
Mailing Address 700 EAST HIGHLAND AVE	County	VERNON	DMH Licensed	No
NEVADA MO 64772	·	Medicare/Medicaid	Facility Number	18210
NO 04/72	Acgion 1	Medicai e/Medicaid	Pacinty Number	18210
PAUL L & MARTHA BARONE CARE CENTER		TEMPORARY CL	OSURE - STAFFING	
2101 NORTH ASH ST	Telephone	(417) 448-3841	Alzheimer's Unit	Yes
NEVADA MO 64772	2-1082 Level of C	are SNF	Bed Capacity	40
Mailing Address 2101 NORTH ASH ST	County	VERNON	DMH Licensed	No
NEVADA MO 64772	2-1082 <b>Region</b> 1	Medicaid	<b>Facility Number</b>	16917
	W. PPW			
	WARREN			
BRISTOL MANOR OF WARRENTON				
815 WOOLF ROAD	Telephone	(636) 456-1437	Alzheimer's Unit	No
WARRENTON MO 63383	3-6184 Level of C	are RCF	<b>Bed Capacity</b>	12
Mailing Address 815 WOOLF RD	County	WARREN	DMH Licensed	No
WARRENTON MO 63383	<b>Region</b> 6		Facility Number	19954
HARTON SENIOR LIVING				
1054 SOUTH HWY 47	Telephone		Alzheimer's Unit	No
WARRENTON MO 63383			Bed Capacity	36
Mailing Address 1054 SOUTH HWY 47	County	WARREN	DMH Licensed	No
WARRENTON MO 63383	Region 6		Facility Number	30144
OAK POINTE OF WARRENTON				
700 FORREST AVE	Telephone	(636) 456-6464	Alzheimer's Unit	Yes
WARRENTON MO 63383			Bed Capacity	71
Mailing Address 700 FORREST AVE	County	WARREN	DMH Licensed	No
WARRENTON MO 63383	·		Facility Number	25045
			•	
WARRENTON MANOR				
65 STATE HIGHWAY AA	Telephone	(636) 456-8700	Alzheimer's Unit	Yes
WRIGHT CITY MO 63383	3-3301 Level of C	are SNF	Bed Capacity	120
Mailing Address 65 STATE HIGHWAY AA	County	WARREN	DMH Licensed	No
WRIGHT CITY MO 63390	0-3301 <b>Region</b> 6	Medicare/Medicaid	Facility Number	02505
			·	
	WASHINGTON			
GEORGIAN GARDENS CENTER FOR REHAB	AND HEALTHCARE			
1 GEORGIAN GARDENS DR	Telephone	(573) 438-6261	Alzheimer's Unit	Yes
POTOSI MO 63664	Level of C	are SNF	<b>Bed Capacity</b>	120
Mailing Address 1 GEORGIAN GARDENS DR	County	WASHINGTON	DMH Licensed	No

Medicare/Medicaid

MO 63664-1436

**Facility Number** 

02830

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Thursday, April 4, 2024 Page 139 of 142

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HILLSIDE LIVING CENTER			
10160 RESTORATION CIRCLE ROAD		<b>Telephone</b> (573) 562-0303	Alzheimer's Unit No
MINERAL POINT	MO 63660-8538	Level of Care ALF**	<b>Bed Capacity</b> 60
Mailing Address PO BOX 534		County WASHINGTON	<b>DMH Licensed</b> Yes
PARK HILLS	MO 63601-0534	Region 2	Facility Number 09270
POTOSI MANOR			
307 SOUTH HIGHWAY 21		<b>Telephone</b> (573) 438-3225	Alzheimer's Unit No
POTOSI	MO 63664-9317	Level of Care SNF	Bed Capacity 90
Mailing Address 307 SOUTH HIGHWA	AY 21	County WASHINGTON	DMH Licensed No
POTOSI	MO 63664-9317	Region 2 Medicare/Medicaid	Facility Number 21648
SOUTH HAVEN RESIDENTIAL CA	RE CENTER, LLC		
10462 AIRPORT RD	1.50 - 50.50 000.5	<b>Telephone</b> (573) 438-4150	Alzheimer's Unit No
MINERAL POINT	MO 63660-9325	Level of Care RCF*	Bed Capacity 20
Mailing Address 10462 AIRPORT RD		County WASHINGTON	DMH Licensed Yes
MINERAL POINT	MO 63660-9325	Region 2	Facility Number 10529
	WAY	/NE	
	***************************************		
CLARK'S MOUNTAIN NURSING C	ENTER		
2100 BARNES		<b>Telephone</b> (573) 223-4297	Alzheimer's Unit No
PIEDMONT	MO 63957-1008	Level of Care SNF	Bed Capacity 91
Mailing Address 2100 BARNES	1.0 .00.77 1000	County WAYNE	DMH Licensed No
PIEDMONT	MO 63957-1008	Region 2 Medicare/Medicaid	Facility Number 01496
FAMILY COUNSELING CENTER IS	NC		
18408 WAYNE ROUTE D		<b>Telephone</b> (573) 222-8676	Alzheimer's Unit No
WAPPAPELLO	MO 63966-	Level of Care RCF*	Bed Capacity 27
Mailing Address 18408 WAYNE ROU		County WAYNE	DMH Licensed Yes
WAPPAPELLO	MO 63966-	Region 2	Facility Number 23584
GREENVILLE HEALTH CARE CEN	NTER		
117 SYCAMORE ST		<b>Telephone</b> (573) 224-3298	Alzheimer's Unit No
GREENVILLE	MO 63944-0000	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 108		County WAYNE	DMH Licensed No
GREENVILLE	MO 63944-0108	Region 2 Medicare/Medicaid	Facility Number 15550
	WEBS	STER	
ANNA'S HOUSE RESIDENTIAL CA	RE FACILITY LLC		
194 STATE HIGHWAY MM		<b>Telephone</b> (417) 473-6000	Alzheimer's Unit No
NIANGUA	MO 65713-8411	Level of Care RCF	Bed Capacity 11
Mailing Address 194 STATE HWY MI	M	County WEBSTER	DMH Licensed No
NIANGUA	MO 65713-8411	Region 1	Facility Number 13487
COPPER ROCK HEALTHCARE		T 1 1 (417) 200 4505	411 1 17 17
712 COPPER ROCK DRIVE	MO (5742 2070	<b>Telephone</b> (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care SNF	Bed Capacity 90
Mailing Address PO BOX 560	MO (5742 9070	County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851

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Thursday, April 4, 2024 Page 140 of 142

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GLENWOOD HEALTHCARE			
851 THOROUGHFARE		<b>Telephone</b> (417) 935-2992	Alzheimer's Unit Yes
SEYMOUR	MO 65746-8767	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 851 THOROUGHFARE	Ξ	County WEBSTER	<b>DMH Licensed</b> No
SEYMOUR	MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number 16944
MARSHFIELD CARE CENTER FOR I	REHAB AND HEALTHCARE		
800 SOUTH WHITE OAK		<b>Telephone</b> (417) 859-3701	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care SNF	<b>Bed Capacity</b> 74
Mailing Address 800 SOUTH WHITE O.	AK	County WEBSTER	<b>DMH Licensed</b> No
MARSHFIELD	MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number 18481
MARSHFIELD PLACE			
820 SOUTH WHITE OAK STREET		<b>Telephone</b> (417) 859-6133	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care RCF*	Bed Capacity 40
Mailing Address 820 SOUTH WHITE O.	AK STREET	County WEBSTER	DMH Licensed Yes
MARSHFIELD	MO 65706-2231	Region 1	Facility Number 20500
WEBCO MANOR			
1687 W WASHINGTON ST		<b>Telephone</b> (417) 859-5144	Alzheimer's Unit No
	MO 65706-2325	Level of Care SNF	Bed Capacity 90
Mailing Address 1687 W WASHINGTON	N ST	County WEBSTER	DMH Licensed No
	MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number 08405
	WOR'	ТН	
	WOR	•••	
ORILLA'S WAY		TE 1 1 (650) 554 2204	Aller and the Market St.
1209 SOUTH HIGH ST	MO (445) 005)	Telephone (660) 564-2204	Alzheimer's Unit No Bed Capacity 37
	MO 64456-0056	Level of Care ALF** County WORTH	Bed Capacity 37 DMH Licensed No
Mailing Address PO BOX 56 GRANT CITY	MO 64456 0056	•	
GRANT CITY	MO 64456-0056	Region 4	Facility Number 08591
WORTH COUNTY CONVALESCENT	CENTER		
503 E 4TH ST		<b>Telephone</b> (660) 564-3304	Alzheimer's Unit No
GRANT CITY	MO 64456-8363	Level of Care SNF	<b>Bed Capacity</b> 50
Mailing Address 503 E 4TH ST		County WORTH	<b>DMH Licensed</b> No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number 08779
	WRIG	HT	
AUTUMN OAKS CARING CENTER			
1310 HOVIS ST		<b>Telephone</b> (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
· ·	MO 65711-1219	Region 1 Medicare/Medicaid	Facility Number 07970
COUNTRY LIVING ASSISTED LIVIN	IG		
2820 NORTH MAIN ST		<b>Telephone</b> (417) 926-1955	Alzheimer's Unit No
	MO 65711-1403	Level of Care ALF	Bed Capacity 40
Mailing Address 2820 NORTH MAIN ST		County WRIGHT	DMH Licensed No
· ·	MO 65711-1403	Region 1	Facility Number 27548

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Thursday, April 4, 2024 Page 141 of 142

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

649 WEST ROLLA ST		<b>Telephone</b> (417) 741-6192	Alzheimer's Unit	No
HARTVILLE	MO 65667-8221	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 649 WEST ROLLA	ST	County WRIGHT	DMH Licensed	No
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicaid	<b>Facility Number</b>	17946
ROCKY RIDGE MANOR				
3111 HIGHWAY A		<b>Telephone</b> (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care SNF	<b>Bed Capacity</b>	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996

Thursday, April 4, 2024 Page 142 of 142

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

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