

# Missouri Long Term Care Facilities Directory

## ADRIAN

### BAPTIST HOMES OF ADRIAN

402 WEST 1ST STREET		<b>Telephone</b> (816) 297-8901	<b>Alzheimer's Unit</b>	No
ADRIAN	MO 64720-9277	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	38
<b>Mailing Address</b> 402 WEST 1ST STREET		<b>County</b> BATES	<b>DMH Licensed</b>	No
ADRIAN	MO 64720-9277	<b>Region</b> 3	<b>Facility Number</b>	00032

## ADVANCE

### ADVANCE ASSISTED LIVING

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

### ASPIRE SENIOR LIVING ADVANCE

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

## AFFTON

### SOUTHVIEW ASSISTED LIVING

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

## ALTON

### SHEPHERD'S VIEW ASSISTED LIVING

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

## ANDERSON

### MCDONALD COUNTY LIVING CENTER

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

## APPLETON CITY

### APPLETON CITY MANOR

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

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

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**COUNTRYSIDE ESTATES**

500 NORTH OHIO  
 APPLETON CITY MO 64724-1625  
**Mailing Address** PO BOX 98  
 APPLETON CITY MO 64724-0098

**Telephone** (660) 476-2128  
**Level of Care** RCF\*  
**County** SAINT CLAIR  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 15005

**ARNOLD****CEDARHURST OF ARNOLD**

2069 MISSOURI STATE ROAD  
 ARNOLD MO 63010-4809  
**Mailing Address** 2069 MISSOURI STATE ROAD  
 ARNOLD MO 63010-4809

**Telephone** (636) 333-2715  
**Level of Care** ALF\*\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** Yes  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 32428

**MEADOWVIEW MEMORY CARE**

555 WOODLAND VILLAS LANE  
 ARNOLD MO 63010-2011  
**Mailing Address** 555 WOODLAND VILLAS LANE  
 ARNOLD MO 63010-2011

**Telephone** (636) 296-1400  
**Level of Care** ALF\*\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** Yes  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 12549

**PINE VALLEY AT THE WOODLANDS**

620 WOODLAND MEADOWS  
 ARNOLD MO 63010-2030  
**Mailing Address** 620 WOODLAND MEADOWS  
 ARNOLD MO 63010-2030

**Telephone** (636) 202-1050  
**Level of Care** ALF\*\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 31974

**SOUTH COUNTY NURSING HOME, INC**

1101 WEST OUTER 21 RD  
 ARNOLD MO 63010-4644  
**Mailing Address** 1101 WEST OUTER 21 RD  
 ARNOLD MO 63010-4644

**Telephone** (636) 296-5455  
**Level of Care** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 153  
**DMH Licensed** No  
**Facility Number** 03650

**WOODLAND MANOR NURSING CENTER**

100 WOODLAND COURT  
 ARNOLD MO 63010-2030  
**Mailing Address** 100 WOODLAND CT  
 ARNOLD MO 63010-2030

**Telephone** (636) 296-1400  
**Level of Care** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 178  
**DMH Licensed** No  
**Facility Number** 12549

**ASH GROVE****ASH GROVE HEALTHCARE FACILITY**

401 NORTH MEDICAL DR  
 ASH GROVE MO 65604-1004  
**Mailing Address** PO BOX 247  
 ASH GROVE MO 65604-0247

**Telephone** (417) 751-2575  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 82  
**DMH Licensed** No  
**Facility Number** 00200

**ASHLAND****ASHLAND HEALTHCARE**

300 SOUTH HENRY CLAY BLVD  
 ASHLAND MO 65010-9438  
**Mailing Address** 300 S HENRY CLAY BLVD  
 ASHLAND MO 65010-9438

**Telephone** (573) 657-2877  
**Level of Care** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 17908

**TEMPORARY CLOSURE - STAFFING**

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**ASHLAND VILLA - ASSISTED LIVING BY AMERICARE**

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

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

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

**BLUEGRASS TERRACE**

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

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

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

**AURORA****AURORA NURSING CENTER**

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

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

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

**BRISTOL MANOR OF AURORA**

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

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

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

**HUDSON HOUSE**

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

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

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

**AVA****AVA PLACE**

1101 LYLE STREET  
 AVA MO 65608-1269  
**Mailing Address** PO BOX 1269  
 AVA MO 65608-1269

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

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

**HEART OF THE OZARKS HEALTHCARE CENTER**

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

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

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

**BALLWIN****BROOKDALE WEST COUNTY**

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

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

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

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**LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS**

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

**Telephone** (636) 861-0600  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 23643

**LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS**

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

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

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

**MANCHESTER REHAB AND HEALTHCARE CENTER**

312 SOLLEY DR  
 BALLWIN MO 63021-5248  
**Mailing Address** 312 SOLLEY DR  
 BALLWIN MO 63021-5248

**Telephone** (636) 391-0666  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 137  
**DMH Licensed** No  
**Facility Number** 04970

**BATTLEFIELD****TOWNSHIP SENIOR LIVING, THE**

4150 WEST REPUBLIC ROAD  
 BATTLEFIELD MO 65619-7111  
**Mailing Address** 4150 WEST REPUBLIC ROAD  
 BATTLEFIELD MO 65619-7111

**Telephone** (417) 881-7800  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 31903

**BELLEVIEW****BELLEVIEW VALLEY NURSING HOME**

23144 HIGHWAY 32  
 BELLEVIEW MO 63623-6346  
**Mailing Address** 23144 HIGHWAY 32  
 BELLEVIEW MO 63623-6346

**Telephone** (573) 697-5311  
**Level of Care** SNF  
**County** IRON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 122  
**DMH Licensed** No  
**Facility Number** 00382

**BELTON****BEAUTIFUL SAVIOR HOME**

1003 SOUTH CEDAR ST  
 BELTON MO 64012-3703  
**Mailing Address** 1003 S CEDAR ST  
 BELTON MO 64012-3703

**Telephone** (816) 331-0781  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 126  
**DMH Licensed** No  
**Facility Number** 00342

**BEAUTIFUL SAVIOR HOME**

1003 SOUTH CEDAR ST  
 BELTON MO 64012-3703  
**Mailing Address** 1003 S CEDAR ST  
 BELTON MO 64012-3703

**Telephone** (816) 331-0781  
**Level of Care** ALF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 00342

**CARNEGIE VILLAGE REHABILITATION & HEALTH CARE CENTER, LLC**

105 BERNARD DRIVE  
 BELTON MO 64012-6181  
**Mailing Address** 105 BERNARD DRIVE  
 BELTON MO 64012-6181

**Telephone** (816) 348-8815  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 30531

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**CARNEGIE VILLAGE SENIOR LIVING COMMUNITY**

103 BERNARD DR		<b>Telephone</b>	(816) 322-0844	<b>Alzheimer's Unit</b>	No
BELTON	MO 64012-6182	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	85
<b>Mailing Address</b> 103 BERNARD DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
BELTON	MO 64012-6182	<b>Region</b>	3	<b>Facility Number</b>	25482

**BERNIE****WINCHESTER NURSING CENTER, INC**

400 WINCHESTER DRIVE		<b>Telephone</b>	(573) 293-6702	<b>Alzheimer's Unit</b>	No
BERNIE	MO 63822-7500	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 760		<b>County</b>	STODDARD	<b>DMH Licensed</b>	No
BERNIE	MO 63822-0760	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	31391

**WINCHESTER PLACE ASSISTED LIVING, LLC**

404 WINCHESTER ROAD		<b>Telephone</b>	(573) 293-6705	<b>Alzheimer's Unit</b>	NO
BERNIE	MO 63822-7500	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	38
<b>Mailing Address</b> 404 WINCHESTER ROAD		<b>County</b>	STODDARD	<b>DMH Licensed</b>	No
BERNIE	MO 63822-7500	<b>Region</b>	2	<b>Facility Number</b>	31391

**BERTRAND****BERTRAND NURSING AND REHAB CENTER**

603 WEST HIGHWAY 62		<b>Telephone</b>	(573) 683-4290	<b>Alzheimer's Unit</b>	No
BERTRAND	MO 63823-9738	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 603 WEST HIGHWAY 62		<b>County</b>	MISSISSIPPI	<b>DMH Licensed</b>	No
BERTRAND	MO 63823-9738	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	00440

**BETHANY****BRISTOL MANOR OF BETHANY**

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

**CRESTVIEW HOME**

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

**BIRCH TREE****ROCK POINT NURSING CENTER**

8477 NORTH STREET		<b>Telephone</b>	(573) 292-3212	<b>Alzheimer's Unit</b>	Yes
BIRCH TREE	MO 65438-8887	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	86
<b>Mailing Address</b> 8477 NORTH STREET		<b>County</b>	SHANNON	<b>DMH Licensed</b>	No
BIRCH TREE	MO 65438-8887	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	00560

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**BISMARCK****COLONIAL RESIDENTIAL CARE FACILITY II**

1162 CEDAR ST		<b>Telephone</b>	(573) 734-2846	<b>Alzheimer's Unit</b>	No
BISMARCK	MO 63624-8920	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	48
<b>Mailing Address</b> PO BOX 134		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	Yes
MOUNTAIN GROVE	MO 65711-0134	<b>Region</b>	2	<b>Facility Number</b>	01693

**BLACK JACK****DELMAR GARDENS NORTH**

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

**GARDEN VILLAS NORTH**

4505 PARKER ROAD		<b>Telephone</b>	(314) 355-6100	<b>Alzheimer's Unit</b>	No
BLACK JACK	MO 63033-4268	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 4505 PARKER RD		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
BLACK JACK	MO 63033-4268	<b>Region</b>	7	<b>Facility Number</b>	28930

**BLOOMFIELD****PRAIRIE VIEW SKILLED NURSING**

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

**BLUE SPRINGS****BENTON HOUSE OF BLUE SPRINGS**

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

**CEDARHURST OF BLUE SPRINGS**

20551 E TRINITY PLACE		<b>Telephone</b>	(816) 685-8863	<b>Alzheimer's Unit</b>	Yes
BLUE SPRINGS	MO 64015-9501	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	89
<b>Mailing Address</b> 20551 E TRINITY PLACE		<b>County</b>	JACKSON	<b>DMH Licensed</b>	No
BLUE SPRINGS	MO 64015-9501	<b>Region</b>	3	<b>Facility Number</b>	31581

**COLLIER CARE HOME, INC**

3001 NW VESPER ST		<b>Telephone</b>	(816) 225-9317	<b>Alzheimer's Unit</b>	No
BLUE SPRINGS	MO 64015-3104	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	15
<b>Mailing Address</b> 3001 NW VESPER ST		<b>County</b>	JACKSON	<b>DMH Licensed</b>	Yes
BLUE SPRINGS	MO 64015-3104	<b>Region</b>	3	<b>Facility Number</b>	01591

**IGNITE MEDICAL RESORT BLUE SPRINGS**

20511 E TRINITY PLACE		<b>Telephone</b>	(816) 622-2900	<b>Alzheimer's Unit</b>	NO
BLUE SPRINGS	MO 64015-9501	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 20511 E TRINITY PLACE		<b>County</b>	JACKSON	<b>DMH Licensed</b>	No
BLUE SPRINGS	MO 64015-9501	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	32246

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**IGNITE MEDICAL RESORT ST MARYS LLC**

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

**Telephone** (816) 220-4200  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 Medicare/Medicaid

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

**LUXLIFE SENIOR LIVING**

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

**Telephone** (816) 220-4200  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

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

**PARKWAY SENIOR LIVING, THE**

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

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

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

**SHANGRI-LA REHAB & LIVING CENTER**

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

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

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

**WATERFORD LADIES HOME**

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

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

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

**BOLIVAR****BLUE CASTLE BOLIVAR LLC**

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

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

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

**BOLIVAR MANOR HOUSE**

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

**Telephone** (417) 327-5790  
**Level of Care** RCF\*  
**County** POLK  
**Region** 1

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

**BUTTERFIELD RESIDENTIAL CARE CENTER**

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

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

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

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**BUTTERFIELD RESIDENTIAL CARE CENTER**

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

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

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

**CITIZENS MEMORIAL HEALTH CARE FACILITY**

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

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

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

**PARKVIEW HEALTH CARE FACILITY**

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

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

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

**BONNE TERRE****ST JOE MANOR**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 22664

**ST JOE MANOR**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 22664

**ST JOE MANOR**

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

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

**Alzheimer's Unit** Yes  
**Bed Capacity** 145  
**DMH Licensed** No  
**Facility Number** 22664

**BOONVILLE****ASHLEY MANOR HEALTH & REHABILITATION**

1630 RADIO HILL ROAD  
 BOONVILLE MO 65233-1957  
**Mailing Address** 1630 RADIO HILL ROAD  
 BOONVILLE MO 65233-1957

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

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

**BRISTOL MANOR OF BOONVILLE**

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

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

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

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**HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE**

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

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

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

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

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

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

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

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

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

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

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

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

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

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

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

**RIVERDELL CARE CENTER**

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

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

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

**BOURBON****BARNABAS REDWOOD MANOR**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 47  
**DMH Licensed** Yes  
**Facility Number** 08609

**BOWLING GREEN****BOWLING GREEN RESIDENTIAL CARE**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 25  
**DMH Licensed** Yes  
**Facility Number** 07712

**COUNTRY VIEW NURSING FACILITY, INC**

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

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

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

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**PARKSIDE MANOR, LLC**

300 S SAINT CHARLES ST  
 BOWLING GREEN MO 63334-2221  
**Mailing Address** 300 S SAINT CHARLES ST  
 BOWLING GREEN MO 63334-2221

**Telephone** (573) 324-9918  
**Level of Care** ALF\*\*  
**County** PIKE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 05511

**BRANSON****BUNGALOWS AT BRANSON MEADOWS, THE**

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

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

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

**OAKS RETIREMENT COMMUNITY, THE**

127 HAMLET ROAD  
 BRANSON MO 65616-7746  
**Mailing Address** 127 HAMLET ROAD  
 BRANSON MO 65616-7746

**Telephone** (417) 239-1112  
**Level of Care** ALF\*\*  
**County** TANEY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 27358

**SHEPHERD OF THE HILLS LIVING CENTER**

996 STATE HIGHWAY 248  
 BRANSON MO 65616-8154  
**Mailing Address** 996 STATE HWY 248  
 BRANSON MO 65616-8154

**Telephone** (417) 334-6431  
**Level of Care** SNF  
**County** TANEY  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 06810

**BRAYMER****GOLDEN AGE NURSING HOME**

12498 SE HWY 116  
 BRAYMER MO 64624-9107  
**Mailing Address** 12498 SE HWY 116  
 BRAYMER MO 64624-9107

**Telephone** (660) 645-2243  
**Level of Care** SNF  
**County** CALDWELL  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 83  
**DMH Licensed** No  
**Facility Number** 02957

**BRIDGETON****ELIZABETH HOUSE**

12284 DE PAUL DR  
 BRIDGETON MO 63044-2508  
**Mailing Address** 12284 DE PAUL DR  
 BRIDGETON MO 63044-2508

**Telephone** (314) 209-8814  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 22316

**LIFE CARE CENTER OF BRIDGETON**

12145 BRIDGETON SQUARE DR  
 BRIDGETON MO 63044-2616  
**Mailing Address** 12145 BRIDGETON SQUARE DR  
 BRIDGETON MO 63044-2616

**Telephone** (314) 298-7444  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 91  
**DMH Licensed** No  
**Facility Number** 12141

**MARK TWAIN MANOR**

11988 MARK TWAIN LN  
 BRIDGETON MO 63044-2825  
**Mailing Address** 11988 MARK TWAIN LN  
 BRIDGETON MO 63044-2825

**Telephone** (314) 291-8240  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08188

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**ST ANDREW'S ASSISTED LIVING OF BRIDGETON**

11325 ST CHARLES ROCK RD  
 BRIDGETON MO 63044-2722  
**Mailing Address** 11325 ST CHARLES ROCK RD  
 BRIDGETON MO 63044-2722

**Telephone** (314) 209-1177  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 22810

**VERONICA HOUSE**

12284 DEPAUL DR  
 BRIDGETON MO 63044-2508  
**Mailing Address** 12284 DEPAUL DR  
 BRIDGETON MO 63044-2508

**Telephone** (314) 209-8814  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 22460

**BROOKFIELD****BRISTOL MANOR OF BROOKFIELD**

338 THOMPSON  
 BROOKFIELD MO 64628-2419  
**Mailing Address** 338 THOMPSON  
 BROOKFIELD MO 64628-2419

**Telephone** (660) 258-5065  
**Level of Care** RCF  
**County** LINN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18666

**LIFE CARE CENTER OF BROOKFIELD**

315 HUNT ST  
 BROOKFIELD MO 64628-2412  
**Mailing Address** 315 HUNT ST  
 BROOKFIELD MO 64628-2412

**Telephone** (660) 258-3367  
**Level of Care** SNF  
**County** LINN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 00822

**MCLARNEY MANOR**

215 EAST PRATT  
 BROOKFIELD MO 64628-1300  
**Mailing Address** PO BOX 129  
 BROOKFIELD MO 64628-0129

**Telephone** (660) 258-7402  
**Level of Care** SNF  
**County** LINN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05220

**BRUNSWICK****BRUNSWICK NURSING & REHAB**

721 W HARRISON ST  
 BRUNSWICK MO 65236-1096  
**Mailing Address** 721 W HARRISON ST  
 BRUNSWICK MO 65236-1096

**Telephone** (660) 548-3182  
**Level of Care** SNF  
**County** CHARITON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03123

**BUFFALO****BRISTOL MANOR OF BUFFALO**

1002 SOUTH BIRCH  
 BUFFALO MO 65622-9455  
**Mailing Address** 1002 SOUTH BIRCH  
 BUFFALO MO 65622-9455

**Telephone** (417) 345-5500  
**Level of Care** RCF  
**County** DALLAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18142

**BUFFALO PRAIRIE CENTER FOR REHAB AND HEALTHCARE**

631 WEST MAIN ST  
 BUFFALO MO 65622-7496  
**Mailing Address** 631 WEST MAIN ST  
 BUFFALO MO 65622-7496

**Telephone** (417) 345-5422  
**Level of Care** SNF  
**County** DALLAS  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16700

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**COLONIAL SPRINGS HEALTHCARE CENTER**

750 W COOPER ST		<b>Telephone</b> (417) 345-2228	<b>Alzheimer's Unit</b>	Yes
BUFFALO	MO 65622-8662	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	134
<b>Mailing Address</b> PO BOX 978		<b>County</b> DALLAS	<b>DMH Licensed</b>	No
BUFFALO	MO 65622-0978	<b>Region 1</b> Medicare/Medicaid	<b>Facility Number</b>	01302

**PINE LODGE RESIDENTIAL CARE**

967 N MAPLE ST		<b>Telephone</b> (417) 345-0310	<b>Alzheimer's Unit</b>	No
BUFFALO	MO 65622-7568	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	22
<b>Mailing Address</b> 967 N MAPLE ST		<b>County</b> DALLAS	<b>DMH Licensed</b>	No
BUFFALO	MO 65622-7568	<b>Region 1</b>	<b>Facility Number</b>	25563

**BUNKER****BUNKER RESIDENTIAL HOME**

500 CULLER AVE		<b>Telephone</b> (573) 689-1392	<b>Alzheimer's Unit</b>	No
BUNKER	MO 63629-	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> PO BOX 276		<b>County</b> REYNOLDS	<b>DMH Licensed</b>	Yes
BUNKER	MO 63629-0276	<b>Region 2</b>	<b>Facility Number</b>	16882

**BUTLER****BRISTOL MANOR OF BUTLER**

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

**BUTLER REHAB AND HEALTHCARE CENTER**

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

**MEDICALODGES BUTLER**

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

**CABOOL****KABUL NURSING HOMES, INC**

1000 MAIN ST		<b>Telephone</b> (417) 962-3713	<b>Alzheimer's Unit</b>	No
CABOOL	MO 65689-9125	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	99
<b>Mailing Address</b> 1000 MAIN ST		<b>County</b> TEXAS	<b>DMH Licensed</b>	No
CABOOL	MO 65689-9125	<b>Region 2</b> Medicare/Medicaid	<b>Facility Number</b>	04085

**LANDMARK VILLA ALF**

1101 OZARK AVE		<b>Telephone</b> (417) 962-3700	<b>Alzheimer's Unit</b>	No
CABOOL	MO 65689-7362	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	44
<b>Mailing Address</b> 1101 OZARK AVE		<b>County</b> TEXAS	<b>DMH Licensed</b>	Yes
CABOOL	MO 65689-7362	<b>Region 2</b>	<b>Facility Number</b>	04085

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**CALEDONIA**

**GOGGIN BOARDING HOME LLC**

620 COUNTY ROAD 40		<b>Telephone</b>	(573) 697-5894	<b>Alzheimer's Unit</b>	No
CALEDONIA	MO 63631-9133	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 620 COUNTY RD 40		<b>County</b>	IRON	<b>DMH Licensed</b>	Yes
CALEDONIA	MO 63631-9133	<b>Region</b>	2	<b>Facility Number</b>	02937

**CALIFORNIA**

**BRISTOL MANOR OF CALIFORNIA**

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

**CALIFORNIA CARE CENTER**

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

**VALLEY PARK WEST**

678 WINDMILL RIDGE		<b>Telephone</b>	(573) 796-2520	<b>Alzheimer's Unit</b>	No
CALIFORNIA	MO 65018-1964	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	34
<b>Mailing Address</b> 678 WINDMILL RIDGE		<b>County</b>	MONITEAU	<b>DMH Licensed</b>	No
CALIFORNIA	MO 65018-1964	<b>Region</b>	6	<b>Facility Number</b>	30595

**CAMDENTON**

**BRISTOL MANOR OF CAMDENTON**

75 FOURTH ST		<b>Telephone</b>	(573) 346-6800	<b>Alzheimer's Unit</b>	No
CAMDENTON	MO 65020-6891	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 75 FOURTH ST		<b>County</b>	CAMDEN	<b>DMH Licensed</b>	No
CAMDENTON	MO 65020-6891	<b>Region</b>	6	<b>Facility Number</b>	17914

**CAMDENTON WINDSOR ESTATES**

2042 N BUSINESS ROUTE 5		<b>Telephone</b>	(573) 346-5654	<b>Alzheimer's Unit</b>	No
CAMDENTON	MO 65020-2611	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	82
<b>Mailing Address</b> 2042 N BUSINESS ROUTE 5		<b>County</b>	CAMDEN	<b>DMH Licensed</b>	No
CAMDENTON	MO 65020-2611	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	08688

**LAKE PARKE SENIOR LIVING**

145 4TH ST		<b>Telephone</b>	(573) 745-0874	<b>Alzheimer's Unit</b>	No
CAMDENTON	MO 65020-7138	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 145 4TH ST		<b>County</b>	CAMDEN	<b>DMH Licensed</b>	No
CAMDENTON	MO 65020-7138	<b>Region</b>	6	<b>Facility Number</b>	30084

**CAMERON**

**BRISTOL MANOR OF CAMERON**

920 NORTH HARRIS		<b>Telephone</b>	(816) 632-6133	<b>Alzheimer's Unit</b>	No
CAMERON	MO 64429-1145	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 920 NORTH HARRIS		<b>County</b>	CLINTON	<b>DMH Licensed</b>	No
CAMERON	MO 64429-1145	<b>Region</b>	4	<b>Facility Number</b>	18295

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**CAMERON NURSING CENTER**

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

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

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

**QUAIL RUN HEALTH CARE CENTER**

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

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

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

**VILLAGE WEST, THE**

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

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

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

**VILLAGE, THE**

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

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

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

**CAMPBELL****CAMPBELL HEALTHCARE & SENIOR LIVING**

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

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

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

**CANTON****LEWIS COUNTY NURSING HOME DISTRICT**

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

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

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

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

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

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

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

**BARNABAS ACRES**

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

**Telephone** (573) 803-8887  
**Level of Care** ALF  
**County** CAPE GIRARDEAU  
**Region 2**

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

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**CAPETOWN ASSISTED LIVING**

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

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

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

**CHATEAU GIRARDEAU**

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

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

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

**CHATEAU GIRARDEAU**

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

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

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

**FOUNTAINBLEAU LODGE**

2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2193  
**Mailing Address** 2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2193

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

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

**FOUNTAINBLEAU LODGE**

2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2193  
**Mailing Address** 2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2193

**Telephone** (573) 335-1999  
**Level of Care** SNF  
**County** CAPE GIRARDEAU  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 12751

**FREDERICK STREET MANOR**

429 NORTH FREDERICK STREET  
 CAPE GIRARDEAU MO 63701-4834  
**Mailing Address** 429 NORTH FREDERICK STREET  
 CAPE GIRARDEAU MO 63701-4834

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

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

**HEARTLAND CARE AND REHABILITATION CENTER**

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

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

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

**LIFE CARE CENTER OF CAPE GIRARDEAU**

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

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

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

**LUTHERAN HOME ASSISTED LIVING**

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

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

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

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**LUTHERAN HOME, THE**

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

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

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

**MAPLE CREST MANOR**

430 NORTH FREDERICK STREET  
 CAPE GIRARDEAU MO 63701-4835  
**Mailing Address** 430 NORTH FREDERICK STREET  
 CAPE GIRARDEAU MO 63701-4835

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

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

**NEWBRIDGE RETIREMENT COMMUNITY**

1205 S. MOUNT AUBURN RD  
 CAPE GIRARDEAU MO 63703-6581  
**Mailing Address** 1205 S. MOUNT AUBURN RD  
 CAPE GIRARDEAU MO 63703-6581

**Telephone** (573) 803-1863  
**Level of Care** ALF\*\*  
**County** CAPE GIRARDEAU  
**Region 2**

**Alzheimer's Unit** YES  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 33246

**RATLIFF CARE CENTER**

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

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

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

**CARL JUNCTION****CARL JUNCTION RESIDENTIAL CARE**

201 FIR RD  
 CARL JUNCTION MO 64834-9222  
**Mailing Address** 201 FIR RD  
 CARL JUNCTION MO 64834-9222

**Telephone** (417) 782-5659  
**Level of Care** RCF\*  
**County** JASPER  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 20550

**CARROLLTON****BRISTOL MANOR OF CARROLLTON**

1016 EAST 10TH ST  
 CARROLLTON MO 64633-9348  
**Mailing Address** 1016 EAST 10TH ST  
 CARROLLTON MO 64633-9348

**Telephone** (660) 542-2349  
**Level of Care** RCF  
**County** CARROLL  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18316

**CARROLL HOUSE**

307 GRAND  
 CARROLLTON MO 64633-2265  
**Mailing Address** 307 GRAND  
 CARROLLTON MO 64633-2265

**Telephone** (660) 542-1599  
**Level of Care** SNF  
**County** CARROLL  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 63  
**DMH Licensed** No  
**Facility Number** 22027

**LIFE CARE CENTER OF CARROLLTON**

300 LIFE CARE LN  
 CARROLLTON MO 64633-1861  
**Mailing Address** 300 LIFE CARE LN  
 CARROLLTON MO 64633-1861

**Telephone** (660) 542-0155  
**Level of Care** SNF  
**County** CARROLL  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 11500

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**CARTHAGE**

**BRISTOL MANOR OF CARTHAGE**

2131 SOUTH RIVER AVE  
 CARTHAGE MO 64836-3350  
**Mailing Address** 2131 S RIVER AVE  
 CARTHAGE MO 64836-3350

**Telephone** (417) 358-9788  
**Level of Care** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20858

**CARTHAGE HEALTH AND REHABILITATION CENTER**

1901 BUENA VISTA AVE  
 CARTHAGE MO 64836-3178  
**Mailing Address** 1901 BUENA VISTA AVE  
 CARTHAGE MO 64836-3178

**Telephone** (417) 358-1937  
**Level of Care** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12472

**MAPLE TREE TERRACE - ASSISTED LIVING BY AMERICARE**

2510 CLINTON ST  
 CARTHAGE MO 64836-3427  
**Mailing Address** 2510 CLINTON ST  
 CARTHAGE MO 64836-3427

**Telephone** (417) 358-7201  
**Level of Care** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 17660

**OAK POINTE OF CARTHAGE**

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

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

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

**ST LUKE'S CARE CENTER, INC**

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

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

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

**ST LUKE'S NURSING CENTER, INC**

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

**Telephone** (417) 358-9084  
**Level of Care** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 07606

**SUNNY HILLS RESIDENTIAL CARE FACILITY**

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

**Telephone** (417) 358-6122  
**Level of Care** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 13351

**CARUTHERSVILLE**

**SOUTHGATE LIVING CENTER**

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

**Telephone** (573) 333-5150  
**Level of Care** SNF  
**County** PEMISCOT  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 01081

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**CASSVILLE**

**CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE**

1300 COUNTY FARM RD		<b>Telephone</b>	(417) 847-3386	<b>Alzheimer's Unit</b>	No
CASSVILLE	MO 65625-1726	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b>	1300 COUNTY FARM RD	<b>County</b>	BARRY	<b>DMH Licensed</b>	No
CASSVILLE	MO 65625-1726	<b>Region 1</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	01097

**CEDAR RIDGE CARE CENTER, LLC**

71 SYCAMORE		<b>Telephone</b>	(417) 847-5546	<b>Alzheimer's Unit</b>	No
CASSVILLE	MO 65625-1755	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	30
<b>Mailing Address</b>	PO BOX 633	<b>County</b>	BARRY	<b>DMH Licensed</b>	Yes
CASSVILLE	MO 65625-0633	<b>Region 1</b>		<b>Facility Number</b>	15295

**ROARING RIVER HEALTH AND REHABILITATION**

812 OLD EXETER RD		<b>Telephone</b>	(417) 847-2184	<b>Alzheimer's Unit</b>	Yes
CASSVILLE	MO 65625-1704	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b>	812 OLD EXETER RD	<b>County</b>	BARRY	<b>DMH Licensed</b>	No
CASSVILLE	MO 65625-1704	<b>Region 1</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	10644

**CEDAR HILL**

**ARBOR VIEW NURSING AND REHABILITATION**

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

**CENTER**

**WESTVIEW NURSING HOME**

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

**CENTRALIA**

**BRISTOL MANOR OF CENTRALIA**

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

**HERITAGE HALL NURSING CENTER**

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

**STUART HOUSE, LLC THE**

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

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**CHAFFEE****CHAFFEE NURSING CENTER**

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

**CHARLESTON****CHARLESTON MANOR**

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

**CHESTERFIELD****BROOKING PARK**

307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	<b>Alzheimer's Unit</b>	No
CHESTERFIELD	MO 63017-3418	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	97
<b>Mailing Address</b> 307 SOUTH WOODS MILL RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CHESTERFIELD	MO 63017-3418	<b>Region 7</b> Medicare/Medicaid	<b>Facility Number</b>	14661

**BROOKING PARK**

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

**CHESTERFIELD VILLAS**

14901 N OUTER 40 RD		<b>Telephone</b> (636) 532-9296	<b>Alzheimer's Unit</b>	No
CHESTERFIELD	MO 63017-6034	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	54
<b>Mailing Address</b> 14901 N OUTER 40 RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CHESTERFIELD	MO 63017-6034	<b>Region 7</b>	<b>Facility Number</b>	29067

**DELMAR GARDENS OF CHESTERFIELD**

14855 NORTH OUTER 40 RD		<b>Telephone</b> (636) 532-0150	<b>Alzheimer's Unit</b>	Yes
CHESTERFIELD	MO 63017-2026	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	237
<b>Mailing Address</b> 14855 NORTH OUTER 40 RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CHESTERFIELD	MO 63017-2026	<b>Region 7</b> Medicare/Medicaid	<b>Facility Number</b>	02111

**DELMAR GARDENS ON THE GREEN**

15197 CLAYTON RD		<b>Telephone</b> (636) 394-7515	<b>Alzheimer's Unit</b>	No
CHESTERFIELD	MO 63017-7048	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	180
<b>Mailing Address</b> 15197 CLAYTON RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CHESTERFIELD	MO 63017-7048	<b>Region 7</b> Medicare/Medicaid	<b>Facility Number</b>	01515

**FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE**

15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	<b>Alzheimer's Unit</b>	YES
CHESTERFIELD	MO 63017-1982	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 15250 VILLAGE VIEW DRIVE		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	Yes
CHESTERFIELD	MO 63017-1982	<b>Region 7</b>	<b>Facility Number</b>	02715

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**FRIENDSHIP VILLAGE CHESTERFIELD**

15250 VILLAGE VIEW DRIVE  
 CHESTERFIELD MO 63017-1982  
**Mailing Address** 15250 VILLAGE VIEW DRIVE  
 CHESTERFIELD MO 63017-1982

**Telephone** (636) 733-0199  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 02715

**GARDEN VIEW CARE CENTER OF CHESTERFIELD**

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

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

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

**GRANDE AT CHESTERFIELD,THE**

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

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

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

**MASON POINTE CARE CENTER**

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

**Telephone** (314) 434-3300  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

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

**MASON POINTE CARE CENTER**

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

**Telephone** (314) 434-3300  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 200  
**DMH Licensed** No  
**Facility Number** 03957

**SUNRISE OF CHESTERFIELD**

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

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

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

**SUNRISE OF CHESTERFIELD**

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

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

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

**SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING**

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

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

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

**WESTCHESTER HOUSE, THE**

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

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

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

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**CHILLICOTHE**

**ASHBURY HEIGHTS OF CHILLICOTHE**

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

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

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

**BAPTIST HOME, THE**

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

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

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

**CHILLICOTHE MANOR I LLC**

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

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

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

**GRAND RIVER HEALTH CARE**

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

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

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

**LIVINGSTON MANOR CARE CENTER**

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

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

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

**MORNINGSIDE CENTER**

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

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

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

**MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS**

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

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

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

**STONEBRIDGE CHILLICOTHE**

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

**Telephone** (660) 646-4123  
**Level of Care** RCF\*  
**County** LIVINGSTON  
**Region** 4

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

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**STONEBRIDGE CHILLICOTHE**

2601 FAIR ST		<b>Telephone</b> (660) 646-4123	<b>Alzheimer's Unit</b>	No
CHILLICOTHE	MO 64601-3525	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	75
<b>Mailing Address</b> 2601 FAIR ST		<b>County</b> LIVINGSTON	<b>DMH Licensed</b>	No
CHILLICOTHE	MO 64601-3525	<b>Region 4</b> Medicare/Medicaid	<b>Facility Number</b>	03833

**CLARENCE****CLARENCE CARE CENTER**

111 EAST ST		<b>Telephone</b> (660) 699-2118	<b>Alzheimer's Unit</b>	No
CLARENCE	MO 63437-1902	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 111 EAST ST		<b>County</b> SHELBY	<b>DMH Licensed</b>	No
CLARENCE	MO 63437-1902	<b>Region 5</b> Medicare/Medicaid	<b>Facility Number</b>	01475

**CLAYTON****CLARENDALE CLAYTON**

7651 CLAYTON ROAD		<b>Telephone</b> (314) 390-9399	<b>Alzheimer's Unit</b>	Yes
CLAYTON	MO 63117-1419	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	98
<b>Mailing Address</b> 7651 CLAYTON ROAD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CLAYTON	MO 63117-1419	<b>Region 7</b>	<b>Facility Number</b>	32528

**CLINTON****ADAIR VILLAGE**

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

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

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

**BRISTOL MANOR OF CLINTON**

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

**CLINTON HEALTHCARE AND REHABILITATION CENTER**

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

**JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE**

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

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**JOY ADULT CARE CENTER**

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

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

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

**COLE CAMP****ANEW SENIOR LIVING COLE CAMP**

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

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

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

**GOOD SAMARITAN CARE CENTER**

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

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

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

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

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

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

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

**BLUFFS, THE**

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

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

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

**CEDARHURST OF COLUMBIA**

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

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

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

**COLONY POINTE-ASSISTED LIVING BY AMERICARE**

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

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

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

**COLUMBIA MANOR HEALTH & REHABILITATION**

2012 E. NIFONG BLVD  
 COLUMBIA MO 65201-3874  
**Mailing Address** 2012 E. NIFONG BLVD  
 COLUMBIA MO 65201-3874

**Telephone** (573) 449-1246  
**Level of Care** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 01715

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**COLUMBIA POST ACUTE**

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

**Telephone** (573) 397-7144  
**Level of Care** SNF  
**County** BOONE  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 30959

**HARAMBEE HOUSE, INC**

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

**Telephone** (573) 443-6972  
**Level of Care** RCF\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 17197

**HILLCREST RESIDENTIAL CARE, INC**

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

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

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

**LAKE GEORGE ASSISTED LIVING**

5000 E RICHLAND RD  
 COLUMBIA MO 65201-9606  
**Mailing Address** 5000 EAST RICHLAND RD  
 COLUMBIA MO 65201-9606

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

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

**LENOIR HEALTH CARE CENTER**

3850 CARTWRIGHT LANE  
 COLUMBIA MO 65201-7779  
**Mailing Address** 3850 CARTWRIGHT LANE  
 COLUMBIA MO 65201-7779

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

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

**LENOIR MANOR**

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

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

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

**MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE**

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

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

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

**NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE**

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

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

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

**PARKSIDE MANOR**

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

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

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

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**SOUTH HAMPTON PLACE**

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

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

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

**TIGER PLACE**

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

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

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

**VILLA AT BLUE RIDGE, THE**

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

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

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

**WESTBURY SENIOR LIVING THE**

550 STONE VALLEY PARKWAY  
 COLUMBIA MO 65203-5567  
**Mailing Address** 550 STONE VALLEY PARKWAY  
 COLUMBIA MO 65203-5567

**Telephone** (573) 818-7030  
**Level of Care** ALF\*\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 32666

**CONCORDIA****ESSEX OF CONCORDIA, THE**

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

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

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

**LUTHERAN GOOD SHEPHERD HOME**

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

**Telephone** (660) 463-2267  
**Level of Care** 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 MO 64020-9643  
**Mailing Address** PO BOX 849  
 CONCORDIA MO 64020-0849

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

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

**COTTLEVILLE****GLENFIELD MEMORY CARE**

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

**Telephone** (636) 447-4440  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

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

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**CRANE**

**CRANE RESIDENTIAL CARE HOME**

102 LILLIAN		<b>Telephone</b>	(417) 723-5900	<b>Alzheimer's Unit</b>	No
CRANE	MO 65633-9103	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	36
<b>Mailing Address</b> 102 LILLIAN		<b>County</b>	STONE	<b>DMH Licensed</b>	Yes
CRANE	MO 65633-9103	<b>Region</b>	1	<b>Facility Number</b>	01898

**CREVE COEUR**

**BROOKDALE CREVE COEUR**

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

**CREVE COEUR ASSISTED LIVING AND MEMORY CARE**

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

**DELMAR GARDENS OF CREVE COEUR**

850 COUNTRY MANOR LN		<b>Telephone</b>	(314) 434-5900	<b>Alzheimer's Unit</b>	No
CREVE COEUR	MO 63141-6651	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	148
<b>Mailing Address</b> 850 COUNTRY MANOR LN		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CREVE COEUR	MO 63141-6651	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	01830

**DOLAN MEMORY CARE AT CONWAY**

12550 CONWAY RD		<b>Telephone</b>	(314) 576-3998	<b>Alzheimer's Unit</b>	Yes
CREVE COEUR	MO 63141-8613	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	9
<b>Mailing Address</b> 11300 DOLAN WAY		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
ST LOUIS	MO 63146-	<b>Region</b>	7	<b>Facility Number</b>	22648

**GRANDE AT CREVE COEUR THE**

450 NORTH LINDBERGH BLVD		<b>Telephone</b>	(314) 628-0004	<b>Alzheimer's Unit</b>	Yes
CREVE COEUR	MO 63141-7814	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	58
<b>Mailing Address</b> 450 NORTH LINDBERGH BLVD		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
CREVE COEUR	MO 63141-7814	<b>Region</b>	7	<b>Facility Number</b>	30479

**CUBA**

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

903 HWY DD		<b>Telephone</b>	(573) 885-0551	<b>Alzheimer's Unit</b>	Yes
CUBA	MO 65453-8089	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	32
<b>Mailing Address</b> 903 HWY DD		<b>County</b>	CRAWFORD	<b>DMH Licensed</b>	No
CUBA	MO 65453-8089	<b>Region</b>	6	<b>Facility Number</b>	27071

**CUBA MANOR, INC**

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

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**EQUILIBRIUM RANCH**

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

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

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

**STUBBLEFIELD MANOR CNSL OPERATION LLC**

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

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

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

**VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE**

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

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

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

**DARDENNE PRAIRIE****BARATHAVEN ALZHEIMER'S SPECIAL CARE CENTER**

1030 BARATHAVEN DR  
 DARDENNE PRAIRIE MO 63368-8606  
**Mailing Address** 1030 BARATHAVEN DR  
 DARDENNE PRAIRIE MO 63368-8606

**Telephone** (636) 329-9160  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 26902

**CAREGIVERS INN**

1297 FEISE RD  
 DARDENNE PRAIRIE MO 63368-6710  
**Mailing Address** 1297 FEISE RD  
 DARDENNE PRAIRIE MO 63368-6710

**Telephone** (636) 240-7979  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 15342

**SUNTERRA SPRINGS DARDENNE PRAIRIE**

7275 STATE HIGHWAY N  
 DARDENNE PRAIRIE MO 63368-7128  
**Mailing Address** 7275 STATE HIGHWAY N  
 DARDENNE PRAIRIE MO 63368-7128

**Telephone** (636) 865-0200  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 32331

**DE SOTO****BAISCH NURSING CENTER**

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

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

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

**BAISCH NURSING CENTER**

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

**Telephone** (636) 586-2291  
**Level of Care** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 61  
**DMH Licensed** No  
**Facility Number** 00910

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**HILLCREST CARE CENTER, INC**

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

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

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

**MY PLACE TOO, INC**

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

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

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

**STONEBRIDGE DESOTO**

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

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

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

**STONEBRIDGE DESOTO**

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

**Telephone** (636) 586-6559  
**Level of Care** SNF  
**County** JEFFERSON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 13501

**SUNNYHILL INDEPENDENCE CENTER**

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

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

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

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

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

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

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

**SUNRISE OF DES PERES**

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

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

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

**DESLOGE****NHC HEALTHCARE, DESLOGE**

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

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

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

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**DEXTER**

**CENTRAL GARDENS INC**

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

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

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

**CROWLEY RIDGE CARE CENTER**

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

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

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

**CYPRESS POINT - SKILLED NURSING BY AMERICARE**

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

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

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

**MEMORY LANE OF DEXTER**

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

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

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

**RIDGEVIEW ASSISTED LIVING CENTER**

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

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

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

**DIXON**

**DIXON NURSING & REHAB**

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

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

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

**DOE RUN**

**CRAWFORD RANCH BOARDING HOME, LLC**

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

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

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

**PINE VALLEY RCF**

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

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

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

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**DONIPHAN**

**COLONIAL HOME, THE**

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

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

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

**CURRENT RIVER NURSING CENTER, INC**

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

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

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

**WALNUT STREET ASSISTED LIVING**

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

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

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

**EAST PRAIRIE**

**ASPIRE SENIOR LIVING EAST PRAIRIE**

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

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

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

**EDINA**

**BLESSING CENTER, THE**

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

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

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

**KNOX COUNTY NURSING HOME DISTRICT**

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

**Telephone** (660) 397-2282  
**Level of Care** SNF  
**County** KNOX  
**Region 5 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 04173

**EL DORADO SPRINGS**

**COMMUNITY SPRINGS HEALTHCARE FACILITY**

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

**Telephone** (417) 876-2531  
**Level of Care** SNF  
**County** CEDAR  
**Region 1 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01740

**EL DORADO SPRINGS RESIDENTIAL CARE**

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

**Telephone** (417) 876-4278  
**Level of Care** RCF  
**County** CEDAR  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 12621

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**ELDON**

**BRISTOL MANOR OF ELDON**

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

**Telephone** (573) 392-1200  
**Level of Care** RCF  
**County** MILLER  
**Region** 6

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

**ELDON NURSING & REHAB**

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

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

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

**LEE HOUSE SENIOR LIVING LLC**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 53  
**DMH Licensed** No  
**Facility Number** 13089

**ROCK ISLAND VILLAGE**

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

**Telephone** (573) 557-9545  
**Level of Care** ALF\*\*  
**County** MILLER  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 30865

**ELLINGTON**

**BRENT B TINNIN MANOR**

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

**Telephone** (573) 663-2545  
**Level of Care** SNF  
**County** REYNOLDS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 08027

**ELLISVILLE**

**AUTUMN VIEW GARDENS**

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

**Telephone** (636) 458-5225  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

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

**BETHESDA MEADOW**

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

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

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

**FOUNTAINS OF WEST COUNTY AL, LLC THE**

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

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

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

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**WESTVIEW AT ELLISVILLE ASSISTED LIVING**

27 REINKE RD		<b>Telephone</b> (636) 527-5554	<b>Alzheimer's Unit</b>	Yes
ELLISVILLE	MO 63021-4734	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	99
<b>Mailing Address</b> 27 REINKE RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
ELLISVILLE	MO 63021-4734	<b>Region</b> 7	<b>Facility Number</b>	28184

**ELSBERRY****BRISTOL MANOR OF ELSBERRY**

1402 RIVERVIEW DR		<b>Telephone</b> (573) 898-5955	<b>Alzheimer's Unit</b>	No
ELSBERRY	MO 63343-1612	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1402 RIVERVIEW DR		<b>County</b> LINCOLN	<b>DMH Licensed</b>	No
ELSBERRY	MO 63343-1612	<b>Region</b> 5	<b>Facility Number</b>	20015

**ELSBERRY MISSOURI HEALTH CARE CENTER**

1827 HIGHWAY B		<b>Telephone</b> (573) 898-2880	<b>Alzheimer's Unit</b>	No
ELSBERRY	MO 63343-3126	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	56
<b>Mailing Address</b> 1827 HWY B		<b>County</b> LINCOLN	<b>DMH Licensed</b>	No
ELSBERRY	MO 63343-3126	<b>Region</b> 5 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	02336

**ELSBERRY MISSOURI HEALTH CARE CENTER**

1827 HIGHWAY B		<b>Telephone</b> (573) 898-2880	<b>Alzheimer's Unit</b>	NO
ELSBERRY	MO 63343-3126	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1827 HIGHWAY B		<b>County</b> LINCOLN	<b>DMH Licensed</b>	No
ELSBERRY	MO 63343-3126	<b>Region</b> 5	<b>Facility Number</b>	02336

**EMINENCE****HILLTOP HAVEN RESIDENTIAL CARE FACILITY**

18941 CR 305A		<b>Telephone</b> (573) 226-5426	<b>Alzheimer's Unit</b>	No
EMINENCE	MO 65466-9702	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 18941 CR 305A		<b>County</b> SHANNON	<b>DMH Licensed</b>	Yes
EMINENCE	MO 65466-9702	<b>Region</b> 2	<b>Facility Number</b>	03615

**EUREKA****MARYMOUNT MANOR**

313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	<b>Alzheimer's Unit</b>	Yes
EUREKA	MO 63025-1935	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	174
<b>Mailing Address</b> PO BOX 600		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
EUREKA	MO 63025-0600	<b>Region</b> 7 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	05117

**MARYMOUNT MANOR**

313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	<b>Alzheimer's Unit</b>	No
EUREKA	MO 63025-1935	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	100
<b>Mailing Address</b> PO BOX 600		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	Yes
EUREKA	MO 63025-0600	<b>Region</b> 7	<b>Facility Number</b>	05117

**ST ANDREW'S AT FRANCIS PLACE**

400 SUMMERVILLE BLVD		<b>Telephone</b> (636) 938-5151	<b>Alzheimer's Unit</b>	No
EUREKA	MO 63025-2316	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	106
<b>Mailing Address</b> 400 SUMMERVILLE BLVD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
EUREKA	MO 63025-2316	<b>Region</b> 7 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	06430

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**EXCELSIOR SPRINGS**

**ASPIRE SENIOR LIVING EXCELSIOR SPRINGS**

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

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

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

**VALLEY MANOR AND REHABILITATION CENTER**

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

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

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

**FARMINGTON**

**ANNA DODSON HOME**

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

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

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

**ANNA DODSON HOME**

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

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

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

**ASHBROOK - ASSISTED LIVING BY AMERICARE**

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

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

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

**BAILEY HOUSE**

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

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

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

**BAYLESS BOARDING HOME**

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

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

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

**BROOKSIDE MANOR RESIDENTIAL CARE, LLC**

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

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

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

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**CAMELOT NURSING AND REHABILITATION CENTER**

705 GRAND CANYON DRIVE  
 FARMINGTON MO 63640-2161  
**Mailing Address** 705 GRAND CANYON DRIVE  
 FARMINGTON MO 63640-2161

**Telephone** (573) 756-8911 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 97  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 00978

**CARRIAGE RESIDENTIAL CARE CENTER LLC**

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

**Telephone** (573) 756-8140 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 20  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region 2** **Facility Number** 07824

**CEDARHURST OF FARMINGTON**

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

**Telephone** (573) 713-9150 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 84  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** **Facility Number** 32159

**COLUMBIA STREET RESIDENTIAL CARE CENTER LLC**

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

**Telephone** (573) 756-7481 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 16  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region 2** **Facility Number** 01729

**COMMUNITY MANOR**

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

**Telephone** (573) 756-8998 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 99  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 13887

**FARMINGTON MANOR**

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

**Telephone** (573) 756-7566 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 70  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region 2** **Facility Number** 15140

**FARMINGTON PRESBYTERIAN MANOR**

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

**Telephone** (573) 756-6768 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 60  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** **Facility Number** 06181

**FARMINGTON PRESBYTERIAN MANOR**

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

**Telephone** (573) 756-6768 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 60  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** **Facility Number** 06181

**FARMINGTON PRESBYTERIAN MANOR**

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

**Telephone** (573) 756-6768 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 90  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 06181

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**GREEN ACRES RESIDENTIAL CARE FACILITY, LLC**

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

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

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

**HARRIS RESIDENTIAL CARE CENTER LLC**

401 SOUTH HENRY  
 FARMINGTON MO 63640-1823  
**Mailing Address** PO BOX 671  
 FARMINGTON MO 63640-0675

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

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

**MAPLE RIDGE RESIDENTIAL CARE CENTER LLC**

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

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

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

**MAPLEBROOK-ASSISTED LIVING BY AMERICARE**

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

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

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

**NEW HORIZONS RCF II**

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

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

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

**SOUTHBROOK NURSING CENTER**

1101 HAZEL LANE  
 FARMINGTON MO 63640-1920  
**Mailing Address** 1101 HAZEL LANE  
 FARMINGTON MO 63640-1920

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

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

**ST FRANCOIS MANOR**

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

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

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

**ST FRANCOIS MANOR**

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

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

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

**ST FRANCOIS MANOR**

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

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

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

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**FAYETTE**

**ASHBURY HEIGHTS OF FAYETTE**

200 GROCE ST		<b>Telephone</b>	(660) 248-3603	<b>Alzheimer's Unit</b>	No
FAYETTE	MO 65248-9813	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 200 GROCE ST		<b>County</b>	HOWARD	<b>DMH Licensed</b>	No
FAYETTE	MO 65248-9813	<b>Region</b>	5	<b>Facility Number</b>	23894

**LODGE, THE**

542 STATE ROAD DD		<b>Telephone</b>	(660) 248-2277	<b>Alzheimer's Unit</b>	No
FAYETTE	MO 65248-9658	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 542 STATE RD DD		<b>County</b>	HOWARD	<b>DMH Licensed</b>	Yes
FAYETTE	MO 65248-9658	<b>Region</b>	5	<b>Facility Number</b>	28815

**FENTON**

**CORI MANOR HEALTHCARE & REHABILITATION CENTER**

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

**DELMAR GARDENS OF MERAMEC VALLEY**

1 ARBOR TERRACE		<b>Telephone</b>	(636) 343-0016	<b>Alzheimer's Unit</b>	Yes
FENTON	MO 63026-3900	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	190
<b>Mailing Address</b> 1 ARBOR TERRACE		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FENTON	MO 63026-3900	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	13468

**FIESER NURSING CENTER**

404 MAIN ST		<b>Telephone</b>	(636) 343-4344	<b>Alzheimer's Unit</b>	No
FENTON	MO 63026-4107	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 404 MAIN ST		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FENTON	MO 63026-4107	<b>Region</b>	7 Medicaid	<b>Facility Number</b>	02569

**FERGUSON**

**ARBOR HILLS NURSING AND REHABILITATION CENTER**

800 CHAMBERS RD		<b>Telephone</b>	(314) 524-1111	<b>Alzheimer's Unit</b>	No
FERGUSON	MO 63135-2133	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	28
<b>Mailing Address</b> 800 CHAMBERS RD		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FERGUSON	MO 63135-2133	<b>Region</b>	7	<b>Facility Number</b>	01435

**ARBOR HILLS NURSING AND REHABILITATION CENTER**

800 CHAMBERS RD		<b>Telephone</b>	(314) 524-1111	<b>Alzheimer's Unit</b>	No
FERGUSON	MO 63135-2133	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	150
<b>Mailing Address</b> 800 CHAMBERS RD		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FERGUSON	MO 63135-2133	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	01435

**OAK KNOLL SKILLED NURSING & REHABILITATION CENTER**

37 N CLARK AVE		<b>Telephone</b>	(314) 521-7419	<b>Alzheimer's Unit</b>	No
FERGUSON	MO 63135-2323	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	72
<b>Mailing Address</b> 37 N CLARK AVE		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FERGUSON	MO 63135-2323	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	05864

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**FESTUS**

**COLLINS HOUSE, THE**

102 COLLINS RD		<b>Telephone</b>	(314) 749-0986	<b>Alzheimer's Unit</b>	NO
FESTUS	MO 63028-	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	8
<b>Mailing Address</b>	102 COLLINS RD	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	No
FESTUS	MO 63028-	<b>Region</b>	2	<b>Facility Number</b>	33443

**COLONIAL HOUSE OF FESTUS II**

129 GRAY ST		<b>Telephone</b>	(636) 465-0994	<b>Alzheimer's Unit</b>	No
FESTUS	MO 63028-1950	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b>	129 GRAY ST	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	No
FESTUS	MO 63028-1950	<b>Region</b>	2	<b>Facility Number</b>	07322

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD		<b>Telephone</b>	(636) 933-1818	<b>Alzheimer's Unit</b>	Yes
FESTUS	MO 63028-4125	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	60
<b>Mailing Address</b>	1500 CALVARY CHURCH RD	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	No
FESTUS	MO 63028-4125	<b>Region</b>	2	<b>Facility Number</b>	99932

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD		<b>Telephone</b>	(636) 933-1818	<b>Alzheimer's Unit</b>	Yes
FESTUS	MO 63028-4125	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	131
<b>Mailing Address</b>	1500 CALVARY CHURCH RD	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	No
FESTUS	MO 63028-4125	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	99932

**FESTUS MANOR**

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

**FOUNTAINBLEAU NURSING CENTER**

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

**MAGNOLIA HOUSE**

204 GRAND AVE		<b>Telephone</b>	(636) 933-0662	<b>Alzheimer's Unit</b>	No
FESTUS	MO 63028-1842	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b>	204 GRAND AVE	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	Yes
FESTUS	MO 63028-1842	<b>Region</b>	2	<b>Facility Number</b>	13697

**MY PLACE RESIDENTIAL CARE, L.C.**

23 NORTH SIXTH ST		<b>Telephone</b>	(636) 933-1793	<b>Alzheimer's Unit</b>	No
FESTUS	MO 63028-1301	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	44
<b>Mailing Address</b>	23 NORTH SIXTH ST	<b>County</b>	JEFFERSON	<b>DMH Licensed</b>	Yes
FESTUS	MO 63028-1301	<b>Region</b>	2	<b>Facility Number</b>	10631

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**SUPERIOR MANOR OF FESTUS, LLC**

12827 HIGHWAY TT  
 FESTUS MO 63028-4351  
**Mailing Address** 12827 HWY TT  
 FESTUS MO 63028-4351

**Telephone** (314) 624-5575  
**Level of Care** SNF  
**County** JEFFERSON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 06820

**FLORISSANT****BENTWOOD NURSING & REHAB**

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

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

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

**CONVERSE HOME**

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

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

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

**CRESTWOOD HEALTH CARE CENTER, LLC**

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

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

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

**CRYSTAL CREEK HEALTH AND REHABILITATION CENTER**

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

**Telephone** (314) 838-2211  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 158  
**DMH Licensed** No  
**Facility Number** 05782

**FLORISSANT VALLEY HEALTH & REHABILITATION CENTER**

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

**Telephone** (314) 838-6555  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

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

**GARDEN PLAZA OF FLORISSANT**

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

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

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

**LAKEVIEW POST ACUTE**

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

**Telephone** (314) 831-3752  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 27146

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**PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER, THE**

13700 OLD HALLS FERRY RD		<b>Telephone</b> (314) 355-0760	<b>Alzheimer's Unit</b>	No
FLORISSANT	MO 63033-4109	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 13700 OLD HALLS FERRY RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FLORISSANT	MO 63033-4109	<b>Region 7 Medicare/Medicaid</b>	<b>Facility Number</b>	07440

**RANCHO REHAB AND HEALTHCARE CENTER**

615 RANCHO LN		<b>Telephone</b> (314) 839-2150	<b>Alzheimer's Unit</b>	No
FLORISSANT	MO 63031-1717	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 615 RANCHO LN		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FLORISSANT	MO 63031-1717	<b>Region 7 Medicare/Medicaid</b>	<b>Facility Number</b>	02585

**ST SOPHIA HEALTH & REHABILITATION CENTER**

936 CHARBONIER RD		<b>Telephone</b> (314) 831-4800	<b>Alzheimer's Unit</b>	No
FLORISSANT	MO 63031-5220	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	240
<b>Mailing Address</b> 936 CHARBONIER RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FLORISSANT	MO 63031-5220	<b>Region 7 Medicare/Medicaid</b>	<b>Facility Number</b>	07631

**STONEBRIDGE FLORISSANT**

6768 NORTH HIGHWAY 67		<b>Telephone</b> (314) 741-9101	<b>Alzheimer's Unit</b>	No
FLORISSANT	MO 63034-2742	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 6768 NORTH HWY 67		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FLORISSANT	MO 63034-2742	<b>Region 7 Medicare/Medicaid</b>	<b>Facility Number</b>	14200

**FORSYTH****FORSYTH CARE CENTER**

477 COY BLVD		<b>Telephone</b> (417) 546-6337	<b>Alzheimer's Unit</b>	No
FORSYTH	MO 65653-5132	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 640		<b>County</b> TANEY	<b>DMH Licensed</b>	No
FORSYTH	MO 65653-0640	<b>Region 1 Medicare/Medicaid</b>	<b>Facility Number</b>	18870

**LAKESIDE MOUNTAIN MANOR**

238 HARMONY HEIGHTS		<b>Telephone</b> (417) 546-5595	<b>Alzheimer's Unit</b>	No
FORSYTH	MO 65653-5533	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	40
<b>Mailing Address</b> 238 HARMONY HEIGHTS		<b>County</b> TANEY	<b>DMH Licensed</b>	Yes
FORSYTH	MO 65653-5533	<b>Region 1</b>	<b>Facility Number</b>	06232

**FREDERICKTOWN****CLARU DEVILLE NURSING CENTER**

105 SPRUCE ST		<b>Telephone</b> (573) 783-3993	<b>Alzheimer's Unit</b>	Yes
FREDERICKTOWN	MO 63645-1002	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 105 SPRUCE ST		<b>County</b> MADISON	<b>DMH Licensed</b>	No
FREDERICKTOWN	MO 63645-1002	<b>Region 2 Medicare/Medicaid</b>	<b>Facility Number</b>	17527

**OZARK MANOR**

1013 HIGHWAY Z		<b>Telephone</b> (573) 783-8338	<b>Alzheimer's Unit</b>	No
FREDERICKTOWN	MO 63645-8035	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 1013 HIGHWAY Z		<b>County</b> MADISON	<b>DMH Licensed</b>	No
FREDERICKTOWN	MO 63645-8035	<b>Region 2</b>	<b>Facility Number</b>	22947

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**WAGNER RESIDENTIAL CARE, INC**

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

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

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

**FULTON****ASHBURY HEIGHTS OF FULTON**

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

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

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

**BRIDGEWAY RESIDENTIAL CARE FACILITY**

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

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

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

**BRISTOL MANOR OF FULTON**

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

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

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

**CHURCHILL TERRACE - ASSISTED LIVING BY AMERICARE**

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

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

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

**FULTON MANOR CARE CENTER**

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

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

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

**FULTON NURSING & REHAB**

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

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

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

**KINGDOM CARE SENIOR LIVING LLC**

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

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

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

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**KINGDOM CARE SENIOR LIVING LLC**

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

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

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

**VALLEY PARK NORTH**

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

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

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

**GAINESVILLE****GAINESVILLE NURSING**

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

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

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

**GALLATIN****DAVISS COUNTY NURSING AND REHABILITATION**

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

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

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

**GERALD****CORNERSTONE LIVING CENTER**

533 E CANNAN RD  
 GERALD MO 63037-2515  
**Mailing Address** 533 E CANNAN RD  
 GERALD MO 63037-2515

**Telephone** (573) 764-5141  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

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

**GIDEON****GIDEON CARE CENTER**

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

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

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

**GLADSTONE****GRAND ROYALE, THE**

2900 NE KENDALLWOOD PKWY  
 GLADSTONE MO 64119-1831  
**Mailing Address** 2900 NE KENDALLWOOD PKWY  
 GLADSTONE MO 64119-1831

**Telephone** (816) 280-4280  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 45  
**DMH Licensed** No  
**Facility Number** 03086

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**GRAND ROYALE, THE**

2900 NE KENDALLWOOD PKWY  
 GLADSTONE MO 64119-1831  
**Mailing Address** 2900 NE KENDALLWOOD PKWY  
 GLADSTONE MO 64119-1831

**Telephone** (816) 280-4280  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** NO  
**Bed Capacity** 25  
**DMH Licensed** No  
**Facility Number** 03086

**HERITAGE VILLAGE OF GLADSTONE**

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

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

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

**LINDEN WOODS VILLAGE**

2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400  
**Mailing Address** 2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400

**Telephone** (816) 268-4000  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

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

**LINDEN WOODS VILLAGE**

2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400  
**Mailing Address** 2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400

**Telephone** (816) 268-4000  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

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

**GLASGOW****GLASGOW GARDENS**

100 AUDSLEY DR  
 GLASGOW MO 65254-9537  
**Mailing Address** 100 AUDSLEY DR  
 GLASGOW MO 65254-9537

**Telephone** (660) 338-2297  
**Level of Care** SNF  
**County** HOWARD  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 59  
**DMH Licensed** No  
**Facility Number** 01659

**GOWER****GOWER CONVALESCENT CENTER, INC**

323 SOUTH HIGHWAY 169  
 GOWER MO 64454-9116  
**Mailing Address** PO BOX 170  
 GOWER MO 64454-0170

**Telephone** (816) 424-6483  
**Level of Care** SNF  
**County** CLINTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 82  
**DMH Licensed** No  
**Facility Number** 03107

**GRAIN VALLEY****BEEHIVE HOMES OF GRAIN VALLEY**

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

**Telephone** (816) 224-2700  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

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

**ESSEX OF GRAIN VALLEY, THE**

401 SOUTHWEST ROCK CREEK LN  
 GRAIN VALLEY MO 64029-8460  
**Mailing Address** 401 SOUTHWEST ROCK CREEK LN  
 GRAIN VALLEY MO 64029-8460

**Telephone** (816) 443-3992  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24475

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**GRANBY**

**GRANBY HOUSE**

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

**GRANDVIEW**

**LIFE CARE CENTER OF GRANDVIEW**

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

**VILLAGE AT CARROLL PARK, THE**

5301 HARRY TRUMAN DR		<b>Telephone</b> (816) 761-6838	<b>Alzheimer's Unit</b>	No
GRANDVIEW	MO 64030-1708	<b>Level of Care</b> ICF	<b>Bed Capacity</b>	93
<b>Mailing Address</b> 5301 HARRY TRUMAN DR		<b>County</b> JACKSON	<b>DMH Licensed</b>	Yes
GRANDVIEW	MO 64030-1708	<b>Region 3</b>	<b>Facility Number</b>	03157

**GRANT CITY**

**ORILLA'S WAY**

1209 SOUTH HIGH ST		<b>Telephone</b> (660) 564-2204	<b>Alzheimer's Unit</b>	No
GRANT CITY	MO 64456-0056	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	37
<b>Mailing Address</b> PO BOX 56		<b>County</b> WORTH	<b>DMH Licensed</b>	No
GRANT CITY	MO 64456-0056	<b>Region 4</b>	<b>Facility Number</b>	08591

**WORTH COUNTY CONVALESCENT CENTER**

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

**GREENVILLE**

**GREENVILLE HEALTH CARE CENTER**

117 SYCAMORE ST		<b>Telephone</b> (573) 224-3298	<b>Alzheimer's Unit</b>	No
GREENVILLE	MO 63944-0000	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 108		<b>County</b> WAYNE	<b>DMH Licensed</b>	No
GREENVILLE	MO 63944-0108	<b>Region 2</b> Medicare/Medicaid	<b>Facility Number</b>	15550

**HAMILTON**

**HILL CREST MANOR**

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

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**HILL CREST MANOR**

801 SOUTH COLBY  
 HAMILTON MO 64644-8287  
**Mailing Address** 801 SOUTH COLBY  
 HAMILTON MO 64644-8287

**Telephone** (816) 583-2119  
**Level of Care** SNF  
**County** CALDWELL  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 03315

**HANNIBAL****BELOVED HEALTH AND REHABILITATION CENTER**

328 MUNGER LANE  
 HANNIBAL MO 63401-2361  
**Mailing Address** 328 MUNGER LANE  
 HANNIBAL MO 63401-2361

**Telephone** (573) 577-2100  
**Level of Care** SNF  
**County** MARION  
**Region 5** Medicare/Medicaid

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

**BETH HAVEN NURSING HOME**

2500 PLEASANT ST  
 HANNIBAL MO 63401-2600  
**Mailing Address** 2500 PLEASANT ST  
 HANNIBAL MO 63401-2600

**Telephone** (573) 221-6000  
**Level of Care** SNF  
**County** MARION  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 00469

**COUNTRY AIRE ESTATES, LLC**

49303 RENSSELAER LN  
 HANNIBAL MO 63401-7356  
**Mailing Address** 49303 RENSSELAER LN  
 HANNIBAL MO 63401-7356

**Telephone** (573) 221-5400  
**Level of Care** RCF\*  
**County** RALLS  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 14270

**HAROLD AND LOUISE HEALTHCARE CENTER**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** Yes  
**Facility Number** 29639

**LEVERING REGIONAL HEALTH CARE CENTER**

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

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

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

**LEVERING REGIONAL HEALTH CARE CENTER**

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

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

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

**LUTHER MANOR RETIREMENT & NURSING CENTER**

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

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

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

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**PLEASANT VIEW**

641 EUCLID AVE		<b>Telephone</b> (573) 406-1090	<b>Alzheimer's Unit</b>	No
HANNIBAL	MO 63401-2959	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	41
<b>Mailing Address</b> 641 EUCLID AVE		<b>County</b> MARION	<b>DMH Licensed</b>	No
HANNIBAL	MO 63401-2959	<b>Region</b> 5	<b>Facility Number</b>	25358

**HARRISONVILLE****CROWN REHAB AND HEALTHCARE CENTER**

3001 EAST ELM		<b>Telephone</b> (816) 380-6525	<b>Alzheimer's Unit</b>	No
HARRISONVILLE	MO 64701-1196	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	118
<b>Mailing Address</b> 3001 EAST ELM		<b>County</b> CASS	<b>DMH Licensed</b>	No
HARRISONVILLE	MO 64701-1196	<b>Region</b> 3 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	21031

**GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE**

2001 JEFFERSON PARKWAY		<b>Telephone</b> (816) 380-4731	<b>Alzheimer's Unit</b>	Yes
HARRISONVILLE	MO 64701-3714	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	128
<b>Mailing Address</b> 2001 JEFFERSON PARKWAY		<b>County</b> CASS	<b>DMH Licensed</b>	No
HARRISONVILLE	MO 64701-3714	<b>Region</b> 3 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	12458

**MEADOW VIEW HEALTH & REHABILITATION**

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

**HARTVILLE****HARTVILLE CARE CENTER**

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

**HERCULANEUM****AUTUMN RIDGE RESIDENCES**

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

**SCENIC NURSING AND REHABILITATION CENTER, LLC**

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

**HERMANN****STONEBRIDGE HERMANN**

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

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**STONEBRIDGE HERMANN**

1800 WEIN ST  
 HERMANN MO 65041-1601  
**Mailing Address** PO BOX 468  
 HERMANN MO 65041-0468

**Telephone** (573) 486-3155  
**Level of Care** ALF  
**County** GASCONADE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 02690

**VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE**

2120 VILLAGE LANE  
 HERMANN MO 65041-1600  
**Mailing Address** 2120 VILLAGE LANE  
 HERMANN MO 65041-1600

**Telephone** (573) 486-5060  
**Level of Care** RCF  
**County** GASCONADE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 24982

**HERMITAGE****HERMITAGE NURSING & REHAB**

18599 FIRST STREET  
 HERMITAGE MO 65668-9129  
**Mailing Address** PO BOX 325  
 HERMITAGE MO 65668-0325

**Telephone** (417) 745-2111  
**Level of Care** SNF  
**County** HICKORY  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 10240

**HIGGINSVILLE****MEYER CARE CENTER**

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

**Telephone** (660) 584-7111  
**Level of Care** SNF  
**County** LAFAYETTE  
**Region** 3 **Medicare/Medicaid**

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

**MEYER CARE CENTER**

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

**Telephone** (660) 584-7111  
**Level of Care** ALF\*\*  
**County** LAFAYETTE  
**Region** 3

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

**HOLDEN****BRISTOL MANOR OF HOLDEN**

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

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

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

**HOLDEN MANOR HEALTH & REHABILITATION**

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

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

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

**HOLLISTER****POINT LOOKOUT NURSING & REHAB**

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

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

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

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## HOLTS SUMMIT

### SUMMIT VILLA LIFECARE

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

### TIMBERS, THE

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

### VALLEY PARK RETIREMENT CENTER

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

## HOUSTON

### HOUSTON HOUSE

1000 NORTH INDUSTRIAL DR		<b>Telephone</b>	(417) 967-2527	<b>Alzheimer's Unit</b>	No
HOUSTON	MO 65483-9400	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	96
<b>Mailing Address</b> PO BOX 199		<b>County</b>	TEXAS	<b>DMH Licensed</b>	No
HOUSTON	MO 65483-0199	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	10626

## HUMANSVILLE

### BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE

202 EAST MILL ST		<b>Telephone</b>	(417) 754-8711	<b>Alzheimer's Unit</b>	No
HUMANSVILLE	MO 65674-8507	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 202 EAST MILL ST		<b>County</b>	POLK	<b>DMH Licensed</b>	No
HUMANSVILLE	MO 65674-8507	<b>Region</b>	1 Medicare/Medicaid	<b>Facility Number</b>	18672

### LAKESHORES RESIDENTIAL CARE FACILITY

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

### NORTHWOOD HILLS CARE CENTER

800 NORTH ARTHUR ST		<b>Telephone</b>	(417) 754-2208	<b>Alzheimer's Unit</b>	Yes
HUMANSVILLE	MO 65674-8655	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 187		<b>County</b>	POLK	<b>DMH Licensed</b>	No
HUMANSVILLE	MO 65674-0187	<b>Region</b>	1 Medicare/Medicaid	<b>Facility Number</b>	10607

## HUNTSVILLE

### BROOK CHERITH ASSISTED LIVING

104 EAST ELM ST		<b>Telephone</b>	(660) 277-4439	<b>Alzheimer's Unit</b>	No
HUNTSVILLE	MO 65259-1111	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	38
<b>Mailing Address</b> 104 EAST ELM ST		<b>County</b>	RANDOLPH	<b>DMH Licensed</b>	Yes
HUNTSVILLE	MO 65259-1111	<b>Region</b>	5	<b>Facility Number</b>	10918

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

**BAPTIST HOMES OF INDEPENDENCE**

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

**Telephone** (816) 373-7795  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 118  
**DMH Licensed** No  
**Facility Number** 03782

**BAPTIST HOMES OF INDEPENDENCE**

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

**Telephone** (816) 373-7795  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** NO  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 03782

**BLUE HILLS REST HOME, INC**

2207 NORTH BLUE MILLS RD  
 INDEPENDENCE MO 64058-2022  
**Mailing Address** 2207 N BLUE MILLS RD  
 INDEPENDENCE MO 64058-2022

**Telephone** (816) 796-3376  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 63  
**DMH Licensed** No  
**Facility Number** 11146

**CARMEL HILLS WELLNESS & REHABILITATION**

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

**Telephone** (816) 461-9600  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 194  
**DMH Licensed** No  
**Facility Number** 23422

**INDEPENDENCE MANOR CARE CENTER**

1600 SOUTH KINGS HIGHWAY  
 INDEPENDENCE MO 64055-1853  
**Mailing Address** 1600 SOUTH KINGS HIGHWAY  
 INDEPENDENCE MO 64055-1853

**Telephone** (816) 833-4777  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 03807

**JACKSON CREEK MEMORY CARE**

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

**Telephone** (816) 478-5689  
**Level of Care** ICF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 25894

**JACKSON CREEK POST ACUTE**

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

**Telephone** (816) 795-1433  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 25709

**JACKSON CREEK POST ACUTE**

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

**Telephone** (816) 795-1433  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 25709

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**MAYWOOD MANOR**

1041 WEST TRUMAN RD  
 INDEPENDENCE MO 64050-3447  
**Mailing Address** 1041 WEST TRUMAN RD  
 INDEPENDENCE MO 64050-3447

**Telephone** (816) 254-6789  
**Level of Care** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** Yes  
**Facility Number** 03948

**MAYWOOD TERRACE LIVING CENTER**

10300 EAST TRUMAN RD  
 INDEPENDENCE MO 64052-2258  
**Mailing Address** 10300 EAST TRUMAN RD  
 INDEPENDENCE MO 64052-2258

**Telephone** (816) 836-1250  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 89  
**DMH Licensed** No  
**Facility Number** 08673

**MONTEREY PARK REHABILITATION & HEALTH CARE CENTER**

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

**Telephone** (816) 795-7888  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 122  
**DMH Licensed** No  
**Facility Number** 15987

**REHABILITATION CENTER OF INDEPENDENCE, THE**

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

**Telephone** (816) 257-2566  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 22063

**ROSEWOOD REHAB AND HEALTHCARE CENTER**

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

**Telephone** (816) 254-3500  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 300  
**DMH Licensed** No  
**Facility Number** 06604

**SUNTERRA SPRINGS INDEPENDENCE**

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

**Telephone** (816) 335-3008  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 30894

**WHITE OAK ASSISTED LIVING**

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

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

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

**WOOD OAKS, INC**

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

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

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

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

**BAPTIST HOME, THE**

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

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

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

**BAPTIST HOME, THE**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 49  
**DMH Licensed** No  
**Facility Number** 00274

**GRANITE HOUSE RCF LLC**

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

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

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

**VALLEY RESIDENTIAL CARE**

101 SOUTH KNOB ST  
 IRONTON MO 63650-1501  
**Mailing Address** 203 SOUTH WASHINGTON ST  
 FARMINGTON MO 63640-1836

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

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 01901

**JACKSON**

**JACKSON MANOR**

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

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

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

**MONTICELLO HOUSE**

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

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

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

**MONTICELLO HOUSE**

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

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

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

**VILLAS OF JACKSON LLC THE**

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

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

**Alzheimer's Unit** Yes  
**Bed Capacity** 84  
**DMH Licensed** No  
**Facility Number** 30623

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

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

3409 NORTH 10 MILE DR		<b>Telephone</b>	(573) 556-5648	<b>Alzheimer's Unit</b>	Yes
JEFFERSON CITY	MO 65109-0530	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	26
<b>Mailing Address</b> 3409 NORTH 10 MILE DR		<b>County</b>	COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-0530	<b>Region</b>	6	<b>Facility Number</b>	27914

**ASHBURY HEIGHTS OF JEFFERSON CITY**

834 WEATHERED ROCK COURT		<b>Telephone</b>	(573) 634-7402	<b>Alzheimer's Unit</b>	No
JEFFERSON CITY	MO 65101-1824	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 834 WEATHERED ROCK COURT		<b>County</b>	COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65101-1824	<b>Region</b>	6	<b>Facility Number</b>	23936

**BRISTOL MANOR OF JEFFERSON CITY**

510 KENSINGTON PARK		<b>Telephone</b>	(573) 761-5772	<b>Alzheimer's Unit</b>	No
JEFFERSON CITY	MO 65109-6247	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 510 KENSINGTON PARK		<b>County</b>	COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-6247	<b>Region</b>	6	<b>Facility Number</b>	20116

**HEISINGER BLUFFS HEALTHCARE WESTERN CAMPUS**

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

**HEISINGER BLUFFS REHAB AND HEALTHCARE CENTER**

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

**HEISINGER BLUFFS SENIOR LIVING**

1002 WEST MAIN ST		<b>Telephone</b>	(573) 636-6288	<b>Alzheimer's Unit</b>	Yes
JEFFERSON CITY	MO 65109-6901	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	111
<b>Mailing Address</b> 1002 WEST MAIN ST		<b>County</b>	COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-6901	<b>Region</b>	6	<b>Facility Number</b>	03479

**JEFFERSON CITY MANOR CARE CENTER**

1720 VIETH DR		<b>Telephone</b>	(573) 635-6193	<b>Alzheimer's Unit</b>	No
JEFFERSON CITY	MO 65109-2522	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	102
<b>Mailing Address</b> 1720 VIETH DR		<b>County</b>	COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-2522	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	03870

**JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC**

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

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**MAPLEWOOD, INC**

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

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

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

**MAPLEWOOD, INC**

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

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

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

**MELODY HOUSE**

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

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

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

**PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 49  
**DMH Licensed** No  
**Facility Number** 29697

**RIVER CITY LIVING COMMUNITY**

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

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

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

**STONEBRIDGE ADAMS STREET**

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

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

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

**STONEBRIDGE OAK TREE**

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

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

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

**STONEBRIDGE OAK TREE**

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

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

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

**STONEBRIDGE VILLA MARIE**

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

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

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

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**WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE**

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

**JONESBURG****ASPIRE SENIOR LIVING JONESBURG**

308 CEDAR AVE		<b>Telephone</b> (636) 488-5400	<b>Alzheimer's Unit</b>	Yes
JONESBURG	MO 63351-1126	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> PO BOX 218		<b>County</b> MONTGOMERY	<b>DMH Licensed</b>	No
JONESBURG	MO 63351-0218	<b>Region</b> 6	<b>Facility Number</b>	13265

**JOPLIN****AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN**

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

**COMMUNITIES OF WILDWOOD RANCH**

3222 SOUTH JOHN DUFFY DR		<b>Telephone</b> (417) 621-0175	<b>Alzheimer's Unit</b>	No
JOPLIN	MO 64804-1569	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 3222 SOUTH JOHN DUFFY DR		<b>County</b> JASPER	<b>DMH Licensed</b>	No
JOPLIN	MO 64804-1569	<b>Region</b> 1	<b>Facility Number</b>	29077

**JOPLIN GARDENS**

2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	<b>Alzheimer's Unit</b>	No
JOPLIN	MO 64804-2524	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	92
<b>Mailing Address</b> 2810 SOUTH JACKSON AVE		<b>County</b> JASPER	<b>DMH Licensed</b>	No
JOPLIN	MO 64804-2524	<b>Region</b> 1	<b>Facility Number</b>	01373

**JOPLIN HEALTH AND REHABILITATION CENTER**

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

**NHC HEALTHCARE, JOPLIN**

2700 EAST 34TH ST		<b>Telephone</b> (417) 781-1737	<b>Alzheimer's Unit</b>	No
JOPLIN	MO 64804-4310	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	126
<b>Mailing Address</b> 2700 EAST 34TH ST		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
JOPLIN	MO 64803-2877	<b>Region</b> 1	<b>Facility Number</b>	04044

**OZARK OAKS RESIDENTIAL CARE FACILITY II**

3405 S SCHIFFERDECKER		<b>Telephone</b> (417) 347-7760	<b>Alzheimer's Unit</b>	No
JOPLIN	MO 64804-1388	<b>Level of Care</b> RCF**	<b>Bed Capacity</b>	30
<b>Mailing Address</b> PO BOX 2526		<b>County</b> NEWTON	<b>DMH Licensed</b>	Yes
JOPLIN	MO 64803-2526	<b>Region</b> 1	<b>Facility Number</b>	13636

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**SILVER CREEK - ASSISTED LIVING BY AMERICARE**

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

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

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

**SPRING RIVER CHRISTIAN VILLAGE, INC**

201 S NORTHPARK LN  
 JOPLIN MO 64801-8426  
**Mailing Address** 201 S NORTHPARK LN  
 JOPLIN MO 64801-8426

**Telephone** (417) 623-4313  
**Level of Care** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 93  
**DMH Licensed** No  
**Facility Number** 14251

**WESTGATE**

3130 JOHN DUFFY DR  
 JOPLIN MO 64804-1569  
**Mailing Address** 3130 JOHN DUFFY DR  
 JOPLIN MO 64804-1569

**Telephone** (417) 553-3688  
**Level of Care** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 31754

**WHISPERING PINES SENIOR LIVING**

4904 EAST WELLRIDGE LN  
 JOPLIN MO 64801-8793  
**Mailing Address** 4904 EAST WELLRIDGE LN  
 JOPLIN MO 64801-8793

**Telephone** (417) 781-0099  
**Level of Care** RCF\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 09477

**WILDWOOD SENIOR LIVING THE**

3002 SOUTH JOHN DUFFY DRIVE  
 JOPLIN MO 64804-1656  
**Mailing Address** 3002 SOUTH JOHN DUFFY DRIVE  
 JOPLIN MO 64804-1656

**Telephone** (417) 623-2233  
**Level of Care** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 74  
**DMH Licensed** No  
**Facility Number** 31370

**KAHOKA****CLARK COUNTY NURSING HOME**

1260 N JOHNSON ST  
 KAHOKA MO 63445-1100  
**Mailing Address** 1260 N JOHNSON ST  
 KAHOKA MO 63445-1100

**Telephone** (660) 727-3303  
**Level of Care** SNF  
**County** CLARK  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 103  
**DMH Licensed** No  
**Facility Number** 01480

**CLARK COUNTY NURSING HOME**

1260 N JOHNSON ST  
 KAHOKA MO 63445-1100  
**Mailing Address** 1260 N JOHNSON ST  
 KAHOKA MO 63445-1100

**Telephone** (660) 727-3303  
**Level of Care** RCF\*  
**County** CLARK  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** No  
**Facility Number** 01480

**KANSAS CITY****ADDINGTON PLACE OF SHOAL CREEK**

9601 NORTH TULLIS DR  
 KANSAS CITY MO 64157-7890  
**Mailing Address** 9601 NORTH TULLIS DR  
 KANSAS CITY MO 64157-7890

**Telephone** (816) 407-9667  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 28129

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**ANTHOLOGY OF THE PLAZA**

2 EMANUEL CLEAVER II BLVD  
 KANSAS CITY MO 64112-1712  
**Mailing Address** 2 EMANUEL CLEAVER II BLVD  
 KANSAS CITY MO 64112-1712

**Telephone** (816) 505-3030  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 31791

**ARMOUR OAKS SENIOR LIVING COMMUNITY**

8100 WORNALL RD  
 KANSAS CITY MO 64114-5806  
**Mailing Address** 8100 WORNALL RD  
 KANSAS CITY MO 64114-5806

**Telephone** (816) 363-5141  
**Level of Care** ALF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 47  
**DMH Licensed** No  
**Facility Number** 00199

**ARMOUR OAKS SENIOR LIVING COMMUNITY**

8100 WORNALL RD  
 KANSAS CITY MO 64114-5806  
**Mailing Address** 8100 WORNALL RD  
 KANSAS CITY MO 64114-5806

**Telephone** (816) 363-5141  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 00199

**AUTUMN WOODS, INC**

5500 NW HOUSTON LAKE DR  
 KANSAS CITY MO 64151-3472  
**Mailing Address** PO BOX 12008  
 KANSAS CITY MO 64152-0008

**Telephone** (816) 587-2263  
**Level of Care** RCF\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** Yes  
**Facility Number** 10857

**BEACON HILL RESIDENTIAL CARE**

2905 CAMPBELL  
 KANSAS CITY MO 64109-1417  
**Mailing Address** 2905 CAMPBELL  
 KANSAS CITY MO 64109-1417

**Telephone** (816) 531-6168  
**Level of Care** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** Yes  
**Facility Number** 00329

**BENTON HOUSE OF STALEY HILLS**

11071 N WOODLAND AVE  
 KANSAS CITY MO 64155-1552  
**Mailing Address** 11071 N WOODLAND AVE  
 KANSAS CITY MO 64155-1552

**Telephone** (816) 372-1888  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 30774

**BENTON HOUSE OF TIFFANY SPRINGS**

5901 NW 88TH ST  
 KANSAS CITY MO 64154-1607  
**Mailing Address** 5901 NW 88TH ST  
 KANSAS CITY MO 64154-1607

**Telephone** (816) 505-4555  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 29519

**BISHOP SPENCER PLACE, INC, THE**

4301 MADISON AVE  
 KANSAS CITY MO 64111-3491  
**Mailing Address** 4301 MADISON AVE  
 KANSAS CITY MO 64111-3491

**Telephone** (816) 931-4277  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20635

**BISHOP SPENCER PLACE, INC, THE**

4301 MADISON AVE  
 KANSAS CITY MO 64111-3491  
**Mailing Address** 4301 MADISON AVE  
 KANSAS CITY MO 64111-3491

**Telephone** (816) 931-4277  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 20635

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**BRIDGEWOOD HEALTH CARE CENTER**

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

**Telephone** (816) 943-0101 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 166  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 06555

**BROOKDALE WORNALL PLACE**

501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919  
**Mailing Address** 501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919

**Telephone** (816) 941-7777 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 68  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Facility Number** 29304

**BURLINGTON CREEK SENIOR LIVING, THE**

6311 NORTH COSBY AVENUE  
 KANSAS CITY MO 64151-2344  
**Mailing Address** 448 NORTH LASALLE DRIVE FLOOR 2  
 CHICAGO MO 60654-4518

**Telephone** (816) 527-8504 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 110  
**County** PLATTE **DMH Licensed** No  
**Region** 4 **Facility Number** 30198

**BUTTERFLY HAVEN**

11500 CAMPBELL ST  
 KANSAS CITY MO 64131-3829  
**Mailing Address** PO BOX 481578  
 KANSAS CITY MO 64148-1578

**Telephone** (816) 941-2836 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** JACKSON **DMH Licensed** Yes  
**Region** 3 **Facility Number** 18207

**CARRIE DUMAS LONG TERM CARE FACILITY**

2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140  
**Mailing Address** 2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140

**Telephone** (816) 924-5017 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 34  
**County** JACKSON **DMH Licensed** Yes  
**Region** 3 **Facility Number** 18550

**CLARA MANOR NURSING HOME**

3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403  
**Mailing Address** 3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403

**Telephone** (816) 756-1593 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 90  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicaid** **Facility Number** 14102

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY ROAD  
 KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 100  
**County** PLATTE **DMH Licensed** No  
**Region** 4 **Facility Number** 23774

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 40  
**County** PLATTE **DMH Licensed** No  
**Region** 4 **Facility Number** 23774

**GREGORY RIDGE HEALTH CARE CENTER**

7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622  
**Mailing Address** 7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622

**Telephone** (816) 333-0700 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 116  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 04109

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**HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE**

3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410  
**Mailing Address** 3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410

**Telephone** (816) 599-5230  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 7  
**DMH Licensed** No  
**Facility Number** 16225

**HIGHLAND REHABILITATION & HEALTH CARE CENTER**

904 EAST 68TH ST  
 KANSAS CITY MO 64131-1305  
**Mailing Address** 904 EAST 68TH ST  
 KANSAS CITY MO 64131-1305

**Telephone** (816) 333-5485  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 162  
**DMH Licensed** No  
**Facility Number** 06782

**HILLTOP AT BLUE RIVER, THE**

10425 CHESTNUT DR  
 KANSAS CITY MO 64137-3201  
**Mailing Address** 10425 CHESTNUT DR  
 KANSAS CITY MO 64137-3201

**Telephone** (816) 763-4444  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 160  
**DMH Licensed** No  
**Facility Number** 19114

**HOPE CARE CENTER**

115 EAST 83RD ST  
 KANSAS CITY MO 64114-2537  
**Mailing Address** 115 EAST 83RD ST  
 KANSAS CITY MO 64114-2537

**Telephone** (816) 523-3988  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 21370

**HOUSE OF CARE CENTER**

3744 BENTON BLVD  
 KANSAS CITY MO 64128-2515  
**Mailing Address** 3744 BENTON BLVD  
 KANSAS CITY MO 64128-7912

**Telephone** (816) 921-6852  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** Yes  
**Facility Number** 17001

**IGNITE MEDICAL RESORT CARONDELET LLC**

621 CARONDELET DR  
 KANSAS CITY MO 64114-4670  
**Mailing Address** 621 CARONDELET DR  
 KANSAS CITY MO 64114-4670

**Telephone** (816) 941-1300  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 162  
**DMH Licensed** No  
**Facility Number** 12185

**IGNITE MEDICAL RESORT KANSAS CITY LLC**

2100 NW BARRY ROAD  
 KANSAS CITY MO 64154-1000  
**Mailing Address** 2100 NW BARRY ROAD  
 KANSAS CITY MO 64154-1000

**Telephone** (816) 521-6610  
**Level of Care** SNF  
**County** PLATTE  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 31464

**JEANNE JUGAN CENTER**

8745 JAMES A REED ROAD  
 KANSAS CITY MO 64138-4414  
**Mailing Address** 8745 JAMES A REED RD  
 KANSAS CITY MO 64138-4414

**Telephone** (816) 761-4744  
**Level of Care** ICF  
**County** JACKSON  
**Region** 3 **Medicaid**

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

**JEANNE JUGAN CENTER**

8745 JAMES A REED ROAD  
 KANSAS CITY MO 64138-4414  
**Mailing Address** 8745 JAMES A REED RD  
 KANSAS CITY MO 64138-4414

**Telephone** (816) 761-4744  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicaid**

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

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**JOLET HOME**

3920 FOREST  
 KANSAS CITY MO 64110-1220  
**Mailing Address** 3920 FOREST  
 KANSAS CITY MO 64110-1220

**Telephone** (816) 531-5308  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 17  
**DMH Licensed** Yes  
**Facility Number** 03982

**KINGSWOOD**

10000 WORNALL RD  
 KANSAS CITY MO 64114-4359  
**Mailing Address** 10000 WORNALL RD  
 KANSAS CITY MO 64114-4359

**Telephone** (816) 942-0994  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 04152

**KINGSWOOD**

10000 WORNALL RD  
 KANSAS CITY MO 64114-4359  
**Mailing Address** 10000 WORNALL RD  
 KANSAS CITY MO 64114-4359

**Telephone** (816) 942-0994  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 67  
**DMH Licensed** Yes  
**Facility Number** 04152

**LEONA HOUSE**

5000 NW OLD TRAIL ROAD  
 KANSAS CITY MO 64151-1946  
**Mailing Address** 5000 NW OLD TRAIL RD  
 KANSAS CITY MO 64151-1946

**Telephone** (816) 584-1033  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 7  
**DMH Licensed** No  
**Facility Number** 24748

**LODGE RESIDENTIAL CARE FACILITY, THE**

3860 EAST 60TH ST  
 KANSAS CITY MO 64130-4418  
**Mailing Address** 3860 EAST 60TH ST  
 KANSAS CITY MO 64130-4418

**Telephone** (816) 599-5235  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 16211

**MADISON SENIOR LIVING THE**

14001 MADISON AVENUE  
 KANSAS CITY MO 64145-1613  
**Mailing Address** 14001 MADISON AVENUE  
 KANSAS CITY MO 64145-1613

**Telephone** 816-627-1726  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 32321

**MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING**

1201 NW TULLISON RD  
 KANSAS CITY MO 64116-2639  
**Mailing Address** 1201 NW TULLISON RD  
 KANSAS CITY MO 64116-2639

**Telephone** (816) 888-7930  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 164  
**DMH Licensed** No  
**Facility Number** 29084

**MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY**

1301 TULLISON ROAD  
 KANSAS CITY MO 64116-2640  
**Mailing Address** 1201 NW TULLISON ROAD  
 KANSAS CITY MO 64116-2639

**Telephone** (816) 888-7930  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 29084

**MY BLESSED HOME**

305 E 63RD ST  
 KANSAS CITY MO 64113-2225  
**Mailing Address** 305 E 63RD ST  
 KANSAS CITY MO 64113-2225

**Telephone** (816) 678-8061  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 27175

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**MYERS NURSING & CONVALESCENT CENTER**

2315 WALROND AVE  
 KANSAS CITY MO 64127-4210  
**Mailing Address** 2315 WALROND AVE  
 KANSAS CITY MO 64127-4210

**Telephone** (816) 231-3180  
**Level of Care** ICF  
**County** JACKSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 84  
**DMH Licensed** No  
**Facility Number** 05626

**NEW MARK CARE CENTER**

11221 NORTH NASHUA DR  
 KANSAS CITY MO 64155-1159  
**Mailing Address** 11221 N NASHUA DR  
 KANSAS CITY MO 64155-1159

**Telephone** (816) 734-4433  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 199  
**DMH Licensed** No  
**Facility Number** 12688

**NORTHLAND REHABILITATION & HEALTH CARE CENTER**

4301 NE PARVIN ROAD  
 KANSAS CITY MO 64117-3001  
**Mailing Address** 4301 NE PARVIN ROAD  
 KANSAS CITY MO 64117-3001

**Telephone** (816) 702-8000  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 118  
**DMH Licensed** No  
**Facility Number** 31230

**OAKS, THE**

5550 NOLAND ROAD  
 KANSAS CITY MO 64133-3685  
**Mailing Address** 5550 NOLAND RD  
 KANSAS CITY MO 64133-3685

**Telephone** (816) 356-0200  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** Yes  
**Facility Number** 13440

**OXFORD GRAND AT SHOAL CREEK**

8280 N TULLIS AVENUE  
 KANSAS CITY MO 64158-7683  
**Mailing Address** 8280 N TULLIS AVENUE  
 KANSAS CITY MO 64158-7683

**Telephone** (816) 781-8282  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 30758

**PARKVIEW HEALTHCARE**

128 NORTH HARDESTY  
 KANSAS CITY MO 64123-1404  
**Mailing Address** 128 NORTH HARDESTY  
 KANSAS CITY MO 64123-1404

**Telephone** (816) 241-2020  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 02928

**PARKWAY HEALTH CARE CENTER**

2323 SWOPE PARKWAY  
 KANSAS CITY MO 64130-2638  
**Mailing Address** 2323 SWOPE PARKWAY  
 KANSAS CITY MO 64130-2638

**Telephone** (816) 924-1122  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 97  
**DMH Licensed** No  
**Facility Number** 07092

**PRIMROSE RETIREMENT COMMUNITY OF KANSAS CITY**

8559 NORTH LINE CREEK PARKWAY  
 KANSAS CITY MO 64154-2100  
**Mailing Address** 8559 NORTH LINE CREEK PARKWAY  
 KANSAS CITY MO 64154-2100

**Telephone** (816) 468-8282  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 29020

**REHAB OF KANSAS CITY SOUTH**

8033 HOLMES ROAD  
 KANSAS CITY MO 64131-2115  
**Mailing Address** 8033 HOLMES ROAD  
 KANSAS CITY MO 64131-2115

**Telephone** (816) 363-6222  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 03680

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**ROCKHILL MANOR ASSISTED LIVING**

4235 LOCUST ST  
 KANSAS CITY MO 64110-1016  
**Mailing Address** PO BOX 5930  
 KANSAS CITY MO 64171-0930

**Telephone** (816) 931-2225  
**Level of Care** ALF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 154  
**DMH Licensed** Yes  
**Facility Number** 06794

**ROCKHILL MANOR ASSISTED LIVING**

4235 LOCUST ST  
 KANSAS CITY MO 64110-1016  
**Mailing Address** PO BOX 5930  
 KANSAS CITY MO 64171-0930

**Telephone** (816) 931-2225  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 06794

**SEASONS REHAB AND HEALTHCARE CENTER**

15600 WOODS CHAPEL RD  
 KANSAS CITY MO 64139-1261  
**Mailing Address** 15600 WOODS CHAPEL RD  
 KANSAS CITY MO 64139-1261

**Telephone** (816) 478-4757  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 23712

**ST ANTHONY'S**

1010 EAST 68TH STREET  
 KANSAS CITY MO 64131-1311  
**Mailing Address** 1010 EAST 68TH STREET  
 KANSAS CITY MO 64131-1311

**Telephone** (816) 846-0870  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 81  
**DMH Licensed** No  
**Facility Number** 32075

**SUMMIT, THE**

3660 SUMMIT  
 KANSAS CITY MO 64111-4632  
**Mailing Address** 3660 SUMMIT  
 KANSAS CITY MO 64111-4632

**Telephone** (816) 931-1196  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 18330

**SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE**

12101 EAST BANNISTER RD  
 KANSAS CITY MO 64138-4913  
**Mailing Address** 12101 EAST BANNISTER RD  
 KANSAS CITY MO 64138-4913

**Telephone** (816) 763-6667  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 16311

**TIFFANY SPRINGS REHABILITATION & HEALTH CARE CENTER**

9191 N AMBASSADOR DR  
 KANSAS CITY MO 64154-7247  
**Mailing Address** 9191 N AMBASSADOR DR  
 KANSAS CITY MO 64154-7247

**Telephone** (816) 741-5570  
**Level of Care** SNF  
**County** PLATTE  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 30748

**TIFFANY SPRINGS SENIOR CARE COMMUNITY**

9101 N AMBASSADOR DRIVE  
 KANSAS CITY MO 64154-7295  
**Mailing Address** 9101 N AMBASSADOR DRIVE  
 KANSAS CITY MO 64154-7295

**Telephone** 816-621-3810  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 89  
**DMH Licensed** No  
**Facility Number** 30748

**TIMBERLAKE CARE CENTER**

12110 HOLMES RD  
 KANSAS CITY MO 64145-1707  
**Mailing Address** 12110 HOLMES RD  
 KANSAS CITY MO 64145-1707

**Telephone** (816) 941-3006  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 122  
**DMH Licensed** No  
**Facility Number** 10962

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**WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR**

6460 NORTH COSBY AVE		<b>Telephone</b> (816) 743-4259	<b>Alzheimer's Unit</b>	Yes
KANSAS CITY	MO 64151-2377	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	98
<b>Mailing Address</b> 6460 NORTH COSBY AVE		<b>County</b> PLATTE	<b>DMH Licensed</b>	No
KANSAS CITY	MO 64151-2377	<b>Region</b> 4	<b>Facility Number</b>	28861

**KEARNEY****OAK POINTE OF KEARNEY**

200 MEADOWBROOK DR		<b>Telephone</b> (816) 628-0075	<b>Alzheimer's Unit</b>	Yes
KEARNEY	MO 64060-8788	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 200 MEADOWBROOK DR		<b>County</b> CLAY	<b>DMH Licensed</b>	No
KEARNEY	MO 64060-8788	<b>Region</b> 4	<b>Facility Number</b>	29803

**WESTBROOK CARE CENTER, INC**

401 S PLATTE CLAY WAY		<b>Telephone</b> (816) 628-2222	<b>Alzheimer's Unit</b>	No
KEARNEY	MO 64060-7714	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	27
<b>Mailing Address</b> 401 S PLATTE CLAY WAY		<b>County</b> CLAY	<b>DMH Licensed</b>	No
KEARNEY	MO 64060-7714	<b>Region</b> 4	<b>Facility Number</b>	19757

**KENNETT****HAVEN, THE**

614 SOUTH BY-PASS		<b>Telephone</b> (573) 888-1201	<b>Alzheimer's Unit</b>	No
KENNETT	MO 63857-3240	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	64
<b>Mailing Address</b> 612 SOUTH BY-PASS		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	Yes
KENNETT	MO 63857-3240	<b>Region</b> 2	<b>Facility Number</b>	27620

**HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE**

1802 SAINT FRANCIS ST		<b>Telephone</b> (573) 888-1044	<b>Alzheimer's Unit</b>	No
KENNETT	MO 63857-1568	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	72
<b>Mailing Address</b> PO BOX 827		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	No
KENNETT	MO 63857-0827	<b>Region</b> 2 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	17533

**NHC HEALTHCARE, KENNETT**

1120 FALCON		<b>Telephone</b> (573) 888-1150	<b>Alzheimer's Unit</b>	Yes
KENNETT	MO 63857-3825	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	170
<b>Mailing Address</b> PO BOX 696		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	No
KENNETT	MO 63857-0696	<b>Region</b> 2 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	04268

**SOUTHAVEN**

612 SOUTH BYPASS EAST		<b>Telephone</b> (573) 888-9213	<b>Alzheimer's Unit</b>	No
KENNETT	MO 63857-3240	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	36
<b>Mailing Address</b> 612 SOUTH BYPASS EAST		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	No
KENNETT	MO 63857-3240	<b>Region</b> 2	<b>Facility Number</b>	24336

**ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE**

1806 SAINT FRANCIS ST		<b>Telephone</b> (573) 888-1188	<b>Alzheimer's Unit</b>	No
KENNETT	MO 63857-1568	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	50
<b>Mailing Address</b> PO BOX 629		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	No
KENNETT	MO 63857-0629	<b>Region</b> 2	<b>Facility Number</b>	18903

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**KING CITY**

**WILD-KAT ESTATES, LLC**

300 WEST FAIRVIEW STREET  
 KING CITY MO 64463-9606  
**Mailing Address** 300 WEST FAIRVIEW STREET  
 KING CITY MO 64463-9606

**Telephone** (660) 728-2301  
**Level of Care** ALF\*\*  
**County** GENTRY  
**Region** 4

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

**KIRKSVILLE**

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

620 GILASPY ROAD  
 KIRKSVILLE MO 63501-4678  
**Mailing Address** 620 GILASPY RD  
 KIRKSVILLE MO 63501-4678

**Telephone** (660) 627-8004  
**Level of Care** ALF\*\*  
**County** ADAIR  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 23608

**HIGHLAND CREST - ASSISTED LIVING BY AMERICARE**

2204 S HALLIBURTON ST  
 KIRKSVILLE MO 63501-4651  
**Mailing Address** 2204 S HALLIBURTON ST  
 KIRKSVILLE MO 63501-4651

**Telephone** (660) 627-8004  
**Level of Care** ALF\*\*  
**County** ADAIR  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 16785

**KIRKSVILLE MANOR CARE CENTER**

1705 EAST LAHARPE  
 KIRKSVILLE MO 63501-3927  
**Mailing Address** 1705 EAST LAHARPE  
 KIRKSVILLE MO 63501-3927

**Telephone** (660) 665-3774  
**Level of Care** SNF  
**County** ADAIR  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 04161

**PREFERRED FAMILY HEALTHCARE, INC**

900 EAST LAHARPE  
 KIRKSVILLE MO 63501-4520  
**Mailing Address** PO BOX 767  
 KIRKSVILLE MO 63501-0767

**Telephone** (660) 665-1962  
**Level of Care** RCF\*  
**County** ADAIR  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** Yes  
**Facility Number** 21851

**TWIN PINES ADULT CARE CENTER**

1900 S JAMISON  
 KIRKSVILLE MO 63501-5302  
**Mailing Address** 1900 S JAMISON  
 KIRKSVILLE MO 63501-5302

**Telephone** (660) 665-2887  
**Level of Care** SNF  
**County** ADAIR  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08218

**KIRKWOOD**

**ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 27570

**ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 27570

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**ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 27570

**MANOR GROVE, INCORPORATED**

711 SOUTH KIRKWOOD RD  
 KIRKWOOD MO 63122-5928  
**Mailing Address** 711 SOUTH KIRKWOOD RD  
 KIRKWOOD MO 63122-5928

**Telephone** (314) 965-0864  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 117  
**DMH Licensed** No  
**Facility Number** 06038

**MARY CULVER HOME, THE**

221 WEST WASHINGTON AVE  
 KIRKWOOD MO 63122-3916  
**Mailing Address** 221 W WASHINGTON AVE  
 KIRKWOOD MO 63122-3916

**Telephone** (314) 966-6034  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 00592

**ST AGNES HOME**

10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520  
**Mailing Address** 10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520

**Telephone** (314) 965-7616  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 07481

**LA BELLE****LA BELLE MANOR CARE CENTER**

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

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

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

**LA PLATA****LA PLATA NURSING HOME**

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

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

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

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

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

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

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

**LAMAR****BRISTOL MANOR OF LAMAR**

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

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

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

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**MAPLE SENIOR LIVING LLC**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 20869

**TRUMAN HEALTHCARE & REHABILITATION CENTER**

206 WEST FIRST ST  
 LAMAR MO 64759-1291  
**Mailing Address** 206 WEST FIRST ST  
 LAMAR MO 64759-1291

**Telephone** (417) 682-5718  
**Level of Care** SNF  
**County** BARTON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 123  
**DMH Licensed** No  
**Facility Number** 01346

**LAURIE****ASHBURY HEIGHTS OF LAURIE**

299 HIGHWAY RA  
 LAURIE MO 65038-6024  
**Mailing Address** 299 HIGHWAY RA  
 LAURIE MO 65038-6024

**Telephone** (573) 374-0076  
**Level of Care** RCF  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 23915

**LAURIE CARE CENTER**

610 HWY O  
 LAURIE MO 65038-1068  
**Mailing Address** PO BOX 1068  
 LAURIE MO 65038-1068

**Telephone** (573) 374-8263  
**Level of Care** SNF  
**County** MORGAN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 04449

**LAURIE KNOLLS**

610 HIGHWAY O  
 LAURIE MO 65038-1068  
**Mailing Address** PO BOX 1068  
 LAURIE MO 65038-1068

**Telephone** (573) 374-8263  
**Level of Care** RCF\*  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 04449

**LAWSON****LAWSON MANOR & REHAB**

210 WEST 8TH TERRACE  
 LAWSON MO 64062-9357  
**Mailing Address** 210 WEST 8TH TERRACE  
 LAWSON MO 64062-9357

**Telephone** (816) 580-3269  
**Level of Care** SNF  
**County** RAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07395

**LEBANON****ANNA'S HOUSE ASSISTED LIVING FACILITY**

25466 NORTH HWY 5  
 LEBANON MO 65536-  
**Mailing Address** PO BOX 969  
 LEBANON MO 65536-0969

**Telephone** (417) 839-7637  
**Level of Care** ALF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 08791

**CEDARHURST OF LEBANON ASSISTED LIVING & MEMORY CARE**

842 LYNN STREET  
 LEBANON MO 65536-3832  
**Mailing Address** 842 LYNN STREET  
 LEBANON MO 65536-3832

**Telephone** (417) 815-0122  
**Level of Care** ALF\*\*  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 31890

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

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**COUNTRYSIDE HOME, LLC**

24499 PARK DR  
 LEBANON MO 65536-5843  
**Mailing Address** 24499 PARK DR  
 LEBANON MO 65536-5843

**Telephone** (417) 532-7418  
**Level of Care** RCF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 15052

**ESSEX OF LEBANON, THE**

1316 DEADRA DR  
 LEBANON MO 65536-4609  
**Mailing Address** 1316 DEADRA DR  
 LEBANON MO 65536-4609

**Telephone** (417) 532-4863  
**Level of Care** RCF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24257

**LEBANON NORTH NURSING & REHAB**

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

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

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

**LEBANON SOUTH NURSING & REHAB**

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

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

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

**LEBANON SOUTH NURSING & REHAB**

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

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

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

**NORTHRIDGE PLACE - ASSISTED LIVING BY AMERICARE**

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

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

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

**LEE'S SUMMIT****PRINCETON SENIOR LIVING THE**

1701 S E OLDHAM PARKWAY  
 LEE'S SUMMIT MO 64081-  
**Mailing Address** 1701 S E OLDHAM PARKWAY  
 LEE'S SUMMIT MO 64081-

**Telephone** (816) 875-4950  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 32762

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

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

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

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

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**CROSS CREEK AT LEE'S SUMMIT**

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

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

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

**JEFFERSON HEALTH CARE**

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

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

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

**JOHN KNOX VILLAGE CARE CENTER**

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

**Telephone** (816) 347-2400  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

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

**LEE'S SUMMIT PLACE**

1501 SW 3RD ST  
 LEE'S SUMMIT MO 64081-2424  
**Mailing Address** 1501 SW 3RD ST  
 LEE'S SUMMIT MO 64081-2424

**Telephone** (816) 525-6300  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 12484

**SILVERADO LEE'S SUMMIT**

3101 SW 3RD STREET  
 LEE'S SUMMIT MO 64081-4060  
**Mailing Address** 3101 SW 3RD STREET  
 LEE'S SUMMIT MO 64081-4060

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

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

**VILLAGE ASSISTED LIVING**

1701 NW O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559  
**Mailing Address** 1701 NW O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559

**Telephone** (816) 347-2700  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 29258

**VILLAGE ASSISTED LIVING**

1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559  
**Mailing Address** 1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559

**Telephone** (816) 347-2700  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 172  
**DMH Licensed** No  
**Facility Number** 16108

**WILSHIRE AT LAKEWOOD REHAB CENTER**

600 NE MEADOWVIEW DR  
 LEE'S SUMMIT MO 64064-1983  
**Mailing Address** 600 NE MEADOWVIEW DR  
 LEE'S SUMMIT MO 64064-1983

**Telephone** (816) 554-9866  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 170  
**DMH Licensed** No  
**Facility Number** 22471

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

**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111  
**Mailing Address** 18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111

**Telephone** (573) 215-2216  
**Level of Care** SNF  
**County** LEWIS  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16896

**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111  
**Mailing Address** 18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111

**Telephone** (573) 215-2216  
**Level of Care** RCF\*  
**County** LEWIS  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 16896

**LEXINGTON**

**BRISTOL MANOR OF LEXINGTON**

2615 MAIN ST  
 LEXINGTON MO 64067-1974  
**Mailing Address** 2615 MAIN ST  
 LEXINGTON MO 64067-1974

**Telephone** (660) 259-6655  
**Level of Care** RCF  
**County** LAFAYETTE  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17543

**RIVERBEND HEIGHTS HEALTH & REHABILITATION**

1221 HIGHWAY 13 SOUTH  
 LEXINGTON MO 64067-7187  
**Mailing Address** 1221 HIGHWAY 13 SOUTH  
 LEXINGTON MO 64067-7187

**Telephone** (660) 259-4695  
**Level of Care** SNF  
**County** LAFAYETTE  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 154  
**DMH Licensed** No  
**Facility Number** 04333

**LIBERTY**

**AVALON VIEW HEALTH AND WELLNESS**

1200 WEST COLLEGE ST  
 LIBERTY MO 64068-1036  
**Mailing Address** 1200 WEST COLLEGE ST  
 LIBERTY MO 64068-1036

**Telephone** (816) 781-3020  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 140  
**DMH Licensed** No  
**Facility Number** 01961

**CEDARS OF LIBERTY HEALTH CARE CENTER**

200 WEST RUTH EWING RD  
 LIBERTY MO 64068-9496  
**Mailing Address** 200 WEST RUTH EWING RD  
 LIBERTY MO 64068-9496

**Telephone** (816) 781-7600  
**Level of Care** RCF  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 206  
**DMH Licensed** Yes  
**Facility Number** 13854

**LIBERTY HEALTH AND WELLNESS**

2201 GLENN HENDREN DR  
 LIBERTY MO 64068-3375  
**Mailing Address** 2201 GLENN HENDREN DR  
 LIBERTY MO 64068-3375

**Telephone** (816) 736-8800  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 143  
**DMH Licensed** No  
**Facility Number** 16715

**MOCKINGBIRD MANOR RESIDENTIAL CARE**

227 W FRANKLIN  
 LIBERTY MO 64068-1641  
**Mailing Address** PO BOX 121  
 LIBERTY MO 64069-0121

**Telephone** (816) 781-8058  
**Level of Care** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 05450

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

2580 NORTERRE CIRCLE  
 LIBERTY MO 64068-3412  
**Mailing Address** 2580 NORTERRE CIRCLE  
 LIBERTY MO 64068-3412

**Telephone** (816) 479-4793  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 31005

**NORTERRE**

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

**Telephone** (816) 479-4793  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 31005

**OUR LADY OF MERCY COUNTRY HOME**

2160 MERCY DRIVE  
 LIBERTY MO 64068-7955  
**Mailing Address** 2115 MATURANA DRIVE  
 LIBERTY MO 64068-7955

**Telephone** (816) 781-5711  
**Level of Care** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 06153

**PLEASANT VALLEY MANOR CARE CENTER**

6814 SOBBIE RD  
 LIBERTY MO 64068-9555  
**Mailing Address** 6814 SOBBIE RD  
 LIBERTY MO 64068-9555

**Telephone** (816) 781-5277  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 102  
**DMH Licensed** No  
**Facility Number** 06020

**WELLINGTON SENIOR LIVING,THE**

1051 KENT STREET  
 LIBERTY MO 64068-2257  
**Mailing Address** 1051 KENT STREET  
 LIBERTY MO 64068-2257

**Telephone** (816) 222-0379  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** YES  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 33016

**LICKING****HICKORY MANOR**

209 HICKORY ST  
 LICKING MO 65542-9847  
**Mailing Address** 209 HICKORY ST  
 LICKING MO 65542-9847

**Telephone** (573) 674-2111  
**Level of Care** SNF  
**County** TEXAS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07929

**LICKING RESIDENTIAL CARE**

225 WEST HIGHWAY 32  
 LICKING MO 65542-9832  
**Mailing Address** 225 WEST HIGHWAY 32  
 LICKING MO 65542-9832

**Telephone** (573) 674-2207  
**Level of Care** RCF\*  
**County** TEXAS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 24302

**LINCOLN****BRISTOL MANOR OF LINCOLN**

204 SOUTH HIGHWAY 65  
 LINCOLN MO 65338-2587  
**Mailing Address** 204 SOUTH HIGHWAY 65  
 LINCOLN MO 65338-2587

**Telephone** (660) 547-2580  
**Level of Care** RCF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18092

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

205 TIMBERLINE DR  
 LINCOLN MO 65338-2007  
**Mailing Address** 205 TIMBERLINE DR  
 LINCOLN MO 65338-2007

**Telephone** (660) 547-3322  
**Level of Care** ALF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 14  
**DMH Licensed** No  
**Facility Number** 04803

**LINCOLN COMMUNITY CARE CENTER**

205 TIMBERLINE DR  
 LINCOLN MO 65338-2007  
**Mailing Address** 205 TIMBERLINE DR  
 LINCOLN MO 65338-2007

**Telephone** (660) 547-3322  
**Level of Care** SNF  
**County** BENTON  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 04803

**LINN****HARBOR PLACE - LINN**

24 TRENDAW TRAIL  
 LINN MO 65051-2874  
**Mailing Address** 24 TRENDAW TRAIL  
 LINN MO 65051-2874

**Telephone** (573) 897-2100  
**Level of Care** RCF  
**County** OSAGE  
**Region** 6

**Alzheimer's Unit** NO  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 31116

**LOCKWOOD****GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION**

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

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

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

**GOOD SHEPHERD RESIDENTIAL CARE FACILITY**

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

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

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

**LOUISIANA****LYNN'S HERITAGE HOUSE, INC**

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

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

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

**MAPLE GROVE LODGE**

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

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

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

**LOWRY CITY****TRUMAN LAKE MANOR, INC**

600 EAST 7TH ST  
 LOWRY CITY MO 64763-9671  
**Mailing Address** PO BOX 415  
 LOWRY CITY MO 64763-0415

**Telephone** (417) 644-2248  
**Level of Care** SNF  
**County** SAINT CLAIR  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08140

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

**BRISTOL MANOR OF MACON**

707 RANCLAND DR		<b>Telephone</b>	(660) 385-3020	<b>Alzheimer's Unit</b>	No
MACON	MO 63552-1994	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 707 RANCLAND DR		<b>County</b>	MACON	<b>DMH Licensed</b>	No
MACON	MO 63552-1994	<b>Region</b>	5	<b>Facility Number</b>	17865

**LOCH HAVEN**

701 SUNSET HILLS DR		<b>Telephone</b>	(660) 385-3113	<b>Alzheimer's Unit</b>	Yes
MACON	MO 63552-2165	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	100
<b>Mailing Address</b> PO BOX 187		<b>County</b>	MACON	<b>DMH Licensed</b>	No
MACON	MO 63552-0187	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	04739

**LOCH HAVEN**

701 SUNSET HILLS DR		<b>Telephone</b>	(660) 385-3113	<b>Alzheimer's Unit</b>	No
MACON	MO 63552-2165	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	26
<b>Mailing Address</b> PO BOX 187		<b>County</b>	MACON	<b>DMH Licensed</b>	No
MACON	MO 63552-0187	<b>Region</b>	5	<b>Facility Number</b>	04739

**MACON HEALTH CARE CENTER**

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

**WELLER PLACE RETIREMENT CENTER**

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

**MADISON**

**JONES' WILDWOOD CARE CENTER**

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

**MALDEN**

**ASPIRE SENIOR LIVING MALDEN**

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

**HAMPTON HOUSE RESIDENTIAL CARE**

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

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**RIDGEVIEW LIVING COMMUNITY**

500 BARRETT DRIVE  
 MALDEN MO 63863-1204  
**Mailing Address** 500 BARRETT DRIVE  
 MALDEN MO 63863-1204

**Telephone** (573) 276-3843  
**Level of Care** SNF  
**County** DUNKLIN  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 06656

**MANCHESTER****FAMILY PARTNERS MANCHESTER, LLC**

351 FOREST SUMMIT COURT  
 MANCHESTER MO 63021-5509  
**Mailing Address** 351 FOREST SUMMIT COURT  
 MANCHESTER MO 63021-5509

**Telephone** (314) 686-4468  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 32473

**MANSFIELD****ROCKY RIDGE MANOR**

3111 HIGHWAY A  
 MANSFIELD MO 65704-8105  
**Mailing Address** 3111 HWY A  
 MANSFIELD MO 65704-8105

**Telephone** (417) 924-8116  
**Level of Care** SNF  
**County** WRIGHT  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 04996

**MARBLE HILL****ANNIE'S HOUSE INC**

25228 BUZZARD DRIVE  
 MARBLE HILL MO 63764-9408  
**Mailing Address** 25228 BUZZARD DRIVE  
 MARBLE HILL MO 63764-9408

**Telephone** (573) 238-1300  
**Level of Care** RCF  
**County** BOLLINGER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 30984

**DIANA'S BOARDING HOME 1, INC**

15432 STATE HIGHWAY M  
 MARBLE HILL MO 63764-7487  
**Mailing Address** 15431 STATE HIGHWAY M  
 MARBLE HILL MO 63764-7487

**Telephone** (573) 866-2010  
**Level of Care** RCF  
**County** BOLLINGER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 11123

**DIANA'S BOARDING HOME 2**

25140 BUZZARD DR  
 MARBLE HILL MO 63764-9408  
**Mailing Address** HC 64, BOX 4677  
 MARBLE HILL MO 63764-9408

**Telephone** (573) 238-3344  
**Level of Care** RCF  
**County** BOLLINGER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 23940

**J & J RESIDENTIAL CARE FACILITY II**

104 WESBECHER  
 MARBLE HILL MO 63764-0378  
**Mailing Address** PO BOX 378  
 MARBLE HILL MO 63764-0378

**Telephone** (573) 238-1008  
**Level of Care** RCF\*  
**County** BOLLINGER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 07171

**RANCH RESIDENTIAL CARE FACILITY THE**

ROUTE 2, BOX 2790  
 MARBLE HILL MO 63764-9510  
**Mailing Address** ROUTE 2, BOX 2790  
 MARBLE HILL MO 63764-9510

**Telephone** (573) 238-4253  
**Level of Care** RCF\*  
**County** BOLLINGER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 08707

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**STONEBRIDGE MARBLE HILL**

702 HIGHWAY 34 WEST  
 MARBLE HILL MO 63764-4301  
**Mailing Address** 702 HWY 34 WEST  
 MARBLE HILL MO 63764-4301

**Telephone** (573) 238-2614  
**Level of Care** SNF  
**County** BOLLINGER  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 10864

**MARCELINE****BRISTOL MANOR OF MARCELINE**

102 EAST HAYDEN  
 MARCELINE MO 64658-2003  
**Mailing Address** 102 EAST HAYDEN  
 MARCELINE MO 64658-2003

**Telephone** (660) 376-2210  
**Level of Care** RCF  
**County** LINN  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17764

**PIONEER SKILLED NURSING CENTER**

1500 SOUTH KANSAS AVE  
 MARCELINE MO 64658-1716  
**Mailing Address** 1500 S KANSAS AVE  
 MARCELINE MO 64658-1716

**Telephone** (660) 376-2001  
**Level of Care** SNF  
**County** CHARITON  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 05900

**MARIONVILLE****OZARKS METHODIST MANOR, THE**

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

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

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

**OZARKS METHODIST MANOR, THE**

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

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

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

**MARSHALL****GEORGIA BROWN BLOSSER HOME FOR THE AGED**

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

**Telephone** (660) 886-5022  
**Level of Care** RCF  
**County** SALINE  
**Region 5**

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

**GOLDEN OAKS ASSISTED LIVING I LLC**

27882 HIGHWAY H  
 MARSHALL MO 65340-5303  
**Mailing Address** 27882 HIGHWAY H  
 MARSHALL MO 65340-5303

**Telephone** (660) 886-6172  
**Level of Care** ALF\*\*  
**County** SALINE  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 15380

**HARTLAND RESIDENTIAL CARE CENTER**

23435 LADDER DR  
 MARSHALL MO 65340-4662  
**Mailing Address** 23435 LADDER DR  
 MARSHALL MO 65340-4662

**Telephone** (660) 886-7093  
**Level of Care** RCF  
**County** SALINE  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 15163

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**L.Y.B.L. LLC**

1325 SOUTH HIGHLAND COURT  
 MARSHALL MO 65340-3058  
**Mailing Address** 1325 SOUTH HIGHLAND COURT  
 MARSHALL MO 65340-3058

**Telephone** (660) 530-7081  
**Level of Care** RCF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 03558

**LEGENDARY NURSING & REHABILITATION LLC**

809 EAST GORDON ST  
 MARSHALL MO 65340-2811  
**Mailing Address** 809 EAST GORDON ST  
 MARSHALL MO 65340-2811

**Telephone** (660) 886-2247  
**Level of Care** SNF  
**County** SALINE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 04895

**LIVING CENTER, THE**

2506 LINDEN TREE PARKWAY  
 MARSHALL MO 65340-0017  
**Mailing Address** PO BOX 370  
 MARSHALL MO 65340-0370

**Telephone** (660) 886-9676  
**Level of Care** SNF  
**County** SALINE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 21791

**WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE**

904 APACHE DR  
 MARSHALL MO 65340-2900  
**Mailing Address** 904 APACHE DR  
 MARSHALL MO 65340-2900

**Telephone** (660) 886-5500  
**Level of Care** ALF\*\*  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 16202

**MARSHFIELD****MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE**

800 SOUTH WHITE OAK  
 MARSHFIELD MO 65706-2231  
**Mailing Address** 800 SOUTH WHITE OAK  
 MARSHFIELD MO 65706-2231

**Telephone** (417) 859-3701  
**Level of Care** SNF  
**County** WEBSTER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 74  
**DMH Licensed** No  
**Facility Number** 18481

**MARSHFIELD PLACE**

820 SOUTH WHITE OAK STREET  
 MARSHFIELD MO 65706-2231  
**Mailing Address** 820 SOUTH WHITE OAK STREET  
 MARSHFIELD MO 65706-2231

**Telephone** (417) 859-6133  
**Level of Care** RCF\*  
**County** WEBSTER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 20500

**WEBCO MANOR**

1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325  
**Mailing Address** 1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325

**Telephone** (417) 859-5144  
**Level of Care** SNF  
**County** WEBSTER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 08405

**MARYLAND HEIGHTS****NHC HEALTHCARE, MARYLAND HEIGHTS**

2920 FEE FEE RD  
 MARYLAND HEIGHTS MO 63043-1915  
**Mailing Address** 2920 FEE FEE RD  
 MARYLAND HEIGHTS MO 63043-1915

**Telephone** (314) 291-0121  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 220  
**DMH Licensed** No  
**Facility Number** 08272

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**PARKWOOD SKILLED NURSING AND REHABILITATION CENTER**

3201 PARKWOOD LN  
 MARYLAND HEIGHTS MO 63043-1334  
**Mailing Address** 3201 PARKWOOD LN  
 MARYLAND HEIGHTS MO 63043-1334

**Telephone** (314) 291-5911 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 130  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid** **Facility Number** 02471

**STONEBRIDGE MARYLAND HEIGHTS**

2963 DODDRIDGE AVE  
 MARYLAND HEIGHTS MO 63043-1736  
**Mailing Address** 2963 DODDRIDGE AVE  
 MARYLAND HEIGHTS MO 63043-1736

**Telephone** (314) 291-4557 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 223  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid** **Facility Number** 00855

**MARYVILLE****BRISTOL MANOR OF MARYVILLE**

323 EAST SUMMIT DR  
 MARYVILLE MO 64468-3619  
**Mailing Address** 323 EAST SUMMIT DR  
 MARYVILLE MO 64468-3619

**Telephone** (660) 582-4131 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** NODAWAY **DMH Licensed** No  
**Region 4** **Facility Number** 19843

**MARYVILLE CHATEAU**

1101 E 5TH STREET  
 MARYVILLE MO 64468-1955  
**Mailing Address** 1101 E 5TH STREET  
 MARYVILLE MO 64468-1955

**Telephone** (660) 582-7447 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 20  
**County** NODAWAY **DMH Licensed** No  
**Region 4** **Facility Number** 05149

**MARYVILLE LIVING CENTER**

524 NORTH LAURA  
 MARYVILLE MO 64468-1955  
**Mailing Address** 524 NORTH LAURA  
 MARYVILLE MO 64468-1955

**Telephone** (660) 582-7447 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 105  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Medicare/Medicaid** **Facility Number** 05149

**NODAWAY HEALTHCARE**

22371 STATE HIGHWAY 46  
 MARYVILLE MO 64468-8157  
**Mailing Address** PO BOX 307  
 MARYVILLE MO 64468-0307

**Telephone** (660) 562-2876 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Medicare/Medicaid** **Facility Number** 05766

**OAK POINTE OF MARYVILLE**

817 SOUTH COUNTRY CLUB DR  
 MARYVILLE MO 64468-1477  
**Mailing Address** 817 SOUTH COUNTRY CLUB DR  
 MARYVILLE MO 64468-1477

**Telephone** (660) 562-2799 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 55  
**County** NODAWAY **DMH Licensed** No  
**Region 4** **Facility Number** 29544

**PARKDALE MANOR HEALTH & REHABILITATION**

814 WEST SOUTH AVE  
 MARYVILLE MO 64468-2772  
**Mailing Address** 814 WEST SOUTH AVE  
 MARYVILLE MO 64468-2772

**Telephone** (660) 582-8161 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 86  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Medicare/Medicaid** **Facility Number** 06308

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**VILLAGE CARE CENTER, INC**

810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917  
**Mailing Address** 810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917

**Telephone** (660) 562-3515  
**Level of Care** RCF\*  
**County** NODAWAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 20361

**VILLAGE CARE CENTER, INC**

810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917  
**Mailing Address** 810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917

**Telephone** (660) 562-3515  
**Level of Care** SNF  
**County** NODAWAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 20361

**MATTHEWS****COTTON POINT LIVING CENTER**

609 SOUTH RAILROAD ST  
 MATTHEWS MO 63867-9751  
**Mailing Address** 609 SOUTH RAILROAD ST  
 MATTHEWS MO 63867-9751

**Telephone** (573) 471-7861  
**Level of Care** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 07057

**MAYSVILLE****SUNSET HOME**

1201 SOUTH POLK  
 MAYSVILLE MO 64469-4028  
**Mailing Address** 1201 S POLK  
 MAYSVILLE MO 64469-4028

**Telephone** (816) 449-2158  
**Level of Care** SNF  
**County** DEKALB  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07798

**MEXICO****ARBORS AT LAKEVIEW BEND - ASSISTED LIVING BY AMERICARE, THE**

1700 ASBURY CIRCLE WEST  
 MEXICO MO 65265-1400  
**Mailing Address** 1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808

**Telephone** (573) 581-8777  
**Level of Care** ALF\*\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 39  
**DMH Licensed** No  
**Facility Number** 13544

**ESSEX OF MEXICO, THE**

1109 OLD FARM RD WEST  
 MEXICO MO 65265-3250  
**Mailing Address** 1109 OLD FARM RD WEST  
 MEXICO MO 65265-3250

**Telephone** (573) 581-5223  
**Level of Care** RCF  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24425

**KING'S DAUGHTERS HOME, THE**

620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199  
**Mailing Address** 620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199

**Telephone** (573) 581-1577  
**Level of Care** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 04146

**KING'S DAUGHTERS HOME, THE**

620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199  
**Mailing Address** 620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199

**Telephone** (573) 581-1577  
**Level of Care** ICF  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 04146

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**PIN OAKS LIVING CENTER**

1525 WEST MONROE ST  
 MEXICO MO 65265-1201  
**Mailing Address** 1525 WEST MONROE ST  
 MEXICO MO 65265-1201

**Telephone** (573) 581-7261  
**Level of Care** SNF  
**County** AUDRAIN  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 124  
**DMH Licensed** No  
**Facility Number** 05804

**SOUTHSIDE TOWNE HOUSE**

510 SOUTH WASHINGTON  
 MEXICO MO 65265-2786  
**Mailing Address** PO BOX 6  
 MEXICO MO 65265-0006

**Telephone** (573) 581-3203  
**Level of Care** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 16987

**TEAL LAKE - ASSISTED LIVING BY AMERICARE**

1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808  
**Mailing Address** 1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808

**Telephone** (573) 582-7800  
**Level of Care** ALF\*\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 23534

**TOWNE HOUSE, THE**

221 EAST WHITLEY  
 MEXICO MO 65265-2815  
**Mailing Address** PO BOX 6  
 MEXICO MO 65265-0006

**Telephone** (573) 581-2547  
**Level of Care** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 29  
**DMH Licensed** Yes  
**Facility Number** 08077

**MILAN****MILAN HEALTH CARE CENTER**

52435 INFIRMARY RD  
 MILAN MO 63556-2874  
**Mailing Address** 52435 INFIRMARY RD  
 MILAN MO 63556-2874

**Telephone** (660) 265-4032  
**Level of Care** SNF  
**County** SULLIVAN  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 05418

**STOVER'S RESIDENTIAL CARE FACILITY**

520 EAST 5TH ST  
 MILAN MO 63556-1222  
**Mailing Address** 520 EAST 5TH ST  
 MILAN MO 63556-1222

**Telephone** (660) 265-2079  
**Level of Care** RCF  
**County** SULLIVAN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 07709

**TESSLAND RESIDENTIAL CARE FACILITY LLC**

24583 HIGHWAY 5  
 MILAN MO 63556-2809  
**Mailing Address** 24583 HWY 5  
 MILAN MO 63556-2809

**Telephone** (660) 265-4391  
**Level of Care** RCF  
**County** SULLIVAN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** Yes  
**Facility Number** 19990

**MINERAL POINT****HILLSIDE LIVING CENTER**

10160 RESTORATION CIRCLE ROAD  
 MINERAL POINT MO 63660-8538  
**Mailing Address** PO BOX 534  
 PARK HILLS MO 63601-0534

**Telephone** (573) 562-0303  
**Level of Care** ALF\*\*  
**County** WASHINGTON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 09270

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**SOUTH HAVEN RESIDENTIAL CARE CENTER, LLC**

10462 AIRPORT RD  
 MINERAL POINT MO 63660-9325  
**Mailing Address** 10462 AIRPORT RD  
 MINERAL POINT MO 63660-9325

**Telephone** (573) 438-4150  
**Level of Care** RCF\*  
**County** WASHINGTON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 10529

**MOBERLY****ASPIRE SENIOR LIVING MOBERLY**

700 EAST URBANDALE DR  
 MOBERLY MO 65270-1966  
**Mailing Address** 700 EAST URBANDALE DR  
 MOBERLY MO 65270-1966

**Telephone** (660) 263-9060  
**Level of Care** SNF  
**County** RANDOLPH  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12523

**COATES STREET COMFORT HOUSE**

612 WEST COATES ST  
 MOBERLY MO 65270-1319  
**Mailing Address** PO BOX 781  
 MOBERLY MO 65270-0781

**Telephone** (660) 263-6759  
**Level of Care** RCF  
**County** RANDOLPH  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08220

**MARK TWAIN ASSISTED LIVING, INC**

901 UNION AVE  
 MOBERLY MO 65270-2456  
**Mailing Address** 901 UNION AVE  
 MOBERLY MO 65270-2456

**Telephone** (660) 263-6515  
**Level of Care** ALF\*\*  
**County** RANDOLPH  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 16369

**MEADOW RIDGE SENIOR LIVING**

521 MEADOW RIDGE LANE  
 MOBERLY MO 65270-4550  
**Mailing Address** 521 MEADOW RIDGE LANE  
 MOBERLY MO 65270-4550

**Telephone** (660) 263-0550  
**Level of Care** ALF\*\*  
**County** RANDOLPH  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 28019

**NORTH VILLAGE PARK**

2041 SILVA LN  
 MOBERLY MO 65270-3658  
**Mailing Address** 2041 SILVA LN  
 MOBERLY MO 65270-3658

**Telephone** (660) 269-7300  
**Level of Care** SNF  
**County** RANDOLPH  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 184  
**DMH Licensed** No  
**Facility Number** 06481

**RAVENWOOD TERRACE - ASSISTED LIVING BY AMERICARE**

1830 RAVENWOOD  
 MOBERLY MO 65270-3002  
**Mailing Address** 1830 RAVENWOOD  
 MOBERLY MO 65270-3002

**Telephone** (660) 263-8004  
**Level of Care** ALF\*\*  
**County** RANDOLPH  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 16411

**VALLEY VIEW HEALTH & REHABILITATION**

1600 EAST ROLLINS ST  
 MOBERLY MO 65270-2478  
**Mailing Address** 1600 E ROLLINS ST  
 MOBERLY MO 65270-2478

**Telephone** (660) 263-6887  
**Level of Care** SNF  
**County** RANDOLPH  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 13167

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**MOKANE**

**RIVERVIEW NURSING CENTER**

10303 STATE RD C		<b>Telephone</b>	(573) 676-3136	<b>Alzheimer's Unit</b>	No
MOKANE	MO 65059-1211	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 10303 STATE RD C		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	No
MOKANE	MO 65059-1211	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	06730

**MONETT**

**COUNTRYSIDE CARE CENTER, LLC**

385 SOUTH EISENHOWER		<b>Telephone</b>	(417) 235-4040	<b>Alzheimer's Unit</b>	No
MONETT	MO 65708-8266	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	33
<b>Mailing Address</b> PO BOX 434		<b>County</b>	BARRY	<b>DMH Licensed</b>	Yes
MONETT	MO 65708-0434	<b>Region</b>	1	<b>Facility Number</b>	12737

**LACOBIA HOMES, INC**

850 HIGHWAY 60		<b>Telephone</b>	(417) 235-7895	<b>Alzheimer's Unit</b>	No
MONETT	MO 65708-9376	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	79
<b>Mailing Address</b> PO BOX 885		<b>County</b>	BARRY	<b>DMH Licensed</b>	No
MONETT	MO 65708-0885	<b>Region</b>	1 Medicare/Medicaid	<b>Facility Number</b>	04315

**LEISURE LIVING**

305 5TH ST		<b>Telephone</b>	(417) 235-5959	<b>Alzheimer's Unit</b>	No
MONETT	MO 65708-2312	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 305 5TH ST		<b>County</b>	BARRY	<b>DMH Licensed</b>	Yes
MONETT	MO 65708-2312	<b>Region</b>	1	<b>Facility Number</b>	18227

**OAK POINTE OF MONETT**

1011 OLD AIRPORT ROAD		<b>Telephone</b>	(417) 235-3500	<b>Alzheimer's Unit</b>	Yes
MONETT	MO 65708-1375	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 1011 OLD AIRPORT ROAD		<b>County</b>	LAWRENCE	<b>DMH Licensed</b>	No
MONETT	MO 65708-1375	<b>Region</b>	1	<b>Facility Number</b>	30206

**MONROE CITY**

**BRISTOL MANOR OF MONROE CITY**

1017 EAST LAWN ST		<b>Telephone</b>	(573) 735-3068	<b>Alzheimer's Unit</b>	No
MONROE CITY	MO 63456-1433	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1017 EAST LAWN ST		<b>County</b>	MONROE	<b>DMH Licensed</b>	Yes
MONROE CITY	MO 63456-1433	<b>Region</b>	5	<b>Facility Number</b>	20045

**MONROE CITY MANOR CARE CENTER**

1010 HIGHWAY 24 & 36 EAST		<b>Telephone</b>	(573) 735-4850	<b>Alzheimer's Unit</b>	No
MONROE CITY	MO 63456-1116	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 1010 HWY 24 & 36 EAST		<b>County</b>	MARION	<b>DMH Licensed</b>	No
MONROE CITY	MO 63456-1116	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	05473

**MONTGOMERY CITY**

**ASHBURY HEIGHTS OF MONTGOMERY CITY**

625 WEST 2ND ST		<b>Telephone</b>	(573) 564-3386	<b>Alzheimer's Unit</b>	No
MONTGOMERY CITY	MO 63361-1762	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 625 WEST 2ND ST		<b>County</b>	MONTGOMERY	<b>DMH Licensed</b>	No
MONTGOMERY CITY	MO 63361-1762	<b>Region</b>	6	<b>Facility Number</b>	20160

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**MOSCOW MILLS****FOUR SEASONS ASSISTED LIVING**

230 RAILROAD ST		<b>Telephone</b>	(636) 366-4231	<b>Alzheimer's Unit</b>	No
MOSCOW MILLS	MO 63362-1600	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 230 RAILROAD ST		<b>County</b>	LINCOLN	<b>DMH Licensed</b>	Yes
MOSCOW MILLS	MO 63362-1600	<b>Region</b>	5	<b>Facility Number</b>	02624

**FOUR SEASONS RCF I**

220 RAILROAD ST		<b>Telephone</b>	(636) 366-4231	<b>Alzheimer's Unit</b>	No
MOSCOW MILLS	MO 63362-1600	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	23
<b>Mailing Address</b> 230 RAILROAD ST		<b>County</b>	LINCOLN	<b>DMH Licensed</b>	Yes
MOSCOW MILLS	MO 63362-1600	<b>Region</b>	5	<b>Facility Number</b>	02624

**MOUND CITY****TIFFANY HEIGHTS**

1531 NEBRASKA ST		<b>Telephone</b>	(660) 442-3146	<b>Alzheimer's Unit</b>	No
MOUND CITY	MO 64470-1610	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 308		<b>County</b>	HOLT	<b>DMH Licensed</b>	No
MOUND CITY	MO 64470-0308	<b>Region</b>	4 Medicare/Medicaid	<b>Facility Number</b>	07998

**MOUNT VERNON****COMMUNITY OF AUTUMN COURT AT MT VERNON, THE**

1421 S LANDRUM ST		<b>Telephone</b>	(417) 466-3549	<b>Alzheimer's Unit</b>	No
MOUNT VERNON	MO 65712-1912	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	34
<b>Mailing Address</b> 1421 S LANDRUM ST		<b>County</b>	LAWRENCE	<b>DMH Licensed</b>	No
MOUNT VERNON	MO 65712-1912	<b>Region</b>	1	<b>Facility Number</b>	20809

**MOUNTAIN GROVE****AUTUMN OAKS CARING CENTER**

1310 HOVIS ST		<b>Telephone</b>	(417) 926-5128	<b>Alzheimer's Unit</b>	Yes
MOUNTAIN GROVE	MO 65711-1219	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1310 HOVIS ST		<b>County</b>	WRIGHT	<b>DMH Licensed</b>	No
MOUNTAIN GROVE	MO 65711-1219	<b>Region</b>	1 Medicare/Medicaid	<b>Facility Number</b>	07970

**COUNTRY LIVING ASSISTED LIVING**

2820 NORTH MAIN ST		<b>Telephone</b>	(417) 926-1955	<b>Alzheimer's Unit</b>	No
MOUNTAIN GROVE	MO 65711-1403	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	40
<b>Mailing Address</b> 2820 NORTH MAIN ST		<b>County</b>	WRIGHT	<b>DMH Licensed</b>	No
MOUNTAIN GROVE	MO 65711-1403	<b>Region</b>	1	<b>Facility Number</b>	27548

**MOUNTAIN VIEW****MOUNTAIN VIEW HEALTHCARE**

1211 NORTH ASH ST		<b>Telephone</b>	(417) 934-6818	<b>Alzheimer's Unit</b>	No
MOUNTAIN VIEW	MO 65548-7376	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	105
<b>Mailing Address</b> PO BOX 879		<b>County</b>	HOWELL	<b>DMH Licensed</b>	No
MOUNTAIN VIEW	MO 65548-0879	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	15542

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**PARK PLACE APARTMENTS**

1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	<b>Alzheimer's Unit</b>	No
MOUNTAIN VIEW	MO 65548-7376	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	18
<b>Mailing Address</b> PO BOX 879		<b>County</b> HOWELL	<b>DMH Licensed</b>	No
MOUNTAIN VIEW	MO 65548-0879	<b>Region</b> 2	<b>Facility Number</b>	15542

**MT VERNON****LAWRENCE COUNTY MANOR**

915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	<b>Alzheimer's Unit</b>	Yes
MT VERNON	MO 65712-1612	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 915 CARL ALLEN ST		<b>County</b> LAWRENCE	<b>DMH Licensed</b>	No
MT VERNON	MO 65712-1612	<b>Region</b> 1 Medicare/Medicaid	<b>Facility Number</b>	04349

**LAWRENCE COUNTY RESIDENTIAL CARE CENTER**

915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	<b>Alzheimer's Unit</b>	No
MT VERNON	MO 65712-1612	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 915 CARL ALLEN ST		<b>County</b> LAWRENCE	<b>DMH Licensed</b>	No
MT VERNON	MO 65712-1612	<b>Region</b> 1	<b>Facility Number</b>	04349

**MT VERNON NURSING**

1425 SOUTH LANDRUM		<b>Telephone</b> (417) 466-2260	<b>Alzheimer's Unit</b>	NO
MT VERNON	MO 65712-1912	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 1425 S LANDRUM		<b>County</b> LAWRENCE	<b>DMH Licensed</b>	No
MT VERNON	MO 65712-1912	<b>Region</b> 1 Medicare/Medicaid	<b>Facility Number</b>	16304

**NEOSHO****GRAN VILLAS NEOSHO**

420 LYON DR		<b>Telephone</b> (417) 451-7071	<b>Alzheimer's Unit</b>	No
NEOSHO	MO 64850-9194	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 420 LYON DR		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
NEOSHO	MO 64850-9194	<b>Region</b> 1	<b>Facility Number</b>	20156

**HENLEY PLACE OF NEOSHO, A SENIOR RESIDENCE BY AMERICARE**

1105 VILLAGE RD		<b>Telephone</b> (417) 451-1000	<b>Alzheimer's Unit</b>	No
NEOSHO	MO 64850-9076	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	50
<b>Mailing Address</b> 1105 VILLAGE RD		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
NEOSHO	MO 64850-9076	<b>Region</b> 1	<b>Facility Number</b>	20193

**MEDICALODGES NEOSHO**

400 LYON DR		<b>Telephone</b> (417) 451-2544	<b>Alzheimer's Unit</b>	Yes
NEOSHO	MO 64850-9194	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	114
<b>Mailing Address</b> 400 LYON DR		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
NEOSHO	MO 64850-9194	<b>Region</b> 1 Medicare/Medicaid	<b>Facility Number</b>	05383

**OAK POINTE OF NEOSHO**

2601 OAK RIDGE EXTENSION		<b>Telephone</b> (417) 451-8872	<b>Alzheimer's Unit</b>	Yes
NEOSHO	MO 64850-7765	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 2601 OAK RIDGE EXTENSION		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
NEOSHO	MO 64850-7765	<b>Region</b> 1	<b>Facility Number</b>	29972

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**WEBWOOD ASSISTED LIVING, LLC**

1640 WALDO HATLER DRIVE  
 NEOSHO MO 64850-8059  
**Mailing Address** 1640 WALDO HATLER DRIVE  
 NEOSHO MO 64850-8059

**Telephone** (417) 451-2997  
**Level of Care** ALF  
**County** NEWTON  
**Region** 1

**Alzheimer's Unit** NO  
**Bed Capacity** 31  
**DMH Licensed** No  
**Facility Number** 31265

**NEVADA****BRISTOL MANOR OF NEVADA**

401 EAST WALNUT  
 NEVADA MO 64772-2457  
**Mailing Address** 401 EAST WALNUT  
 NEVADA MO 64772-2457

**Telephone** (417) 667-5700  
**Level of Care** RCF  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18471

**BUNGALOWS AT NEVADA , THE**

640 EAST HIGHLAND  
 NEVADA MO 64772-1091  
**Mailing Address** 640 EAST HIGHLAND  
 NEVADA MO 64772-1091

**Telephone** (417) 667-3883  
**Level of Care** RCF  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 23732

**CLARK CARE CENTER - ONE**

1505 EAST ASHLAND ST  
 NEVADA MO 64772-4025  
**Mailing Address** PO BOX 246  
 NEVADA MO 64772-0246

**Telephone** (417) 667-3900  
**Level of Care** RCF\*\*  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 20206

**JOE CLARK RESIDENTIAL CARE HOME**

1495 EAST ASHLAND ST  
 NEVADA MO 64772-4016  
**Mailing Address** PO BOX 246  
 NEVADA MO 64772-0246

**Telephone** (417) 667-5000  
**Level of Care** ALF\*\*  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 23419

**MEDICALODGES NEVADA**

1210 W ASHLAND ST  
 NEVADA MO 64772-1906  
**Mailing Address** 1210 W ASHLAND ST  
 NEVADA MO 64772-1906

**Telephone** (417) 667-5064  
**Level of Care** SNF  
**County** VERNON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 05717

**MOORE-FEW CARE CENTER**

901 SOUTH ADAMS  
 NEVADA MO 64772-3209  
**Mailing Address** 901 SOUTH ADAMS  
 NEVADA MO 64772-3209

**Telephone** (417) 448-3841  
**Level of Care** SNF  
**County** VERNON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 05703

**NATHAN RICHARD HEALTH CARE CENTER**

700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025  
**Mailing Address** 700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025

**Telephone** (417) 667-8889  
**Level of Care** SNF  
**County** VERNON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 18210

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**PAUL L & MARTHA BARONE CARE CENTER**

2101 NORTH ASH ST  
 NEVADA MO 64772-1082  
**Mailing Address** 2101 NORTH ASH ST  
 NEVADA MO 64772-1082

**TEMPORARY CLOSURE - STAFFING**

**Telephone** (417) 448-3841 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 40  
**County** VERNON **DMH Licensed** No  
**Region 1** Medicaid **Facility Number** 16917

**NEW FLORENCE****ST ANDREW'S AT NEW FLORENCE**

515 PICNIC ST  
 NEW FLORENCE MO 63363-2223  
**Mailing Address** 515 PICNIC ST  
 NEW FLORENCE MO 63363-2223

**Telephone** (573) 415-9333 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 87  
**County** MONTGOMERY **DMH Licensed** No  
**Region 6** Medicare/Medicaid **Facility Number** 05723

**ST ANDREW'S AT NEW FLORENCE**

515 PICNIC ST  
 NEW FLORENCE MO 63363-2223  
**Mailing Address** 515 PICNIC ST  
 NEW FLORENCE MO 63363-2223

**Telephone** (573) 415-9333 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 33  
**County** MONTGOMERY **DMH Licensed** No  
**Region 6** **Facility Number** 05723

**NEW HAVEN****ARIZONA CARE CENTER**

101 ARIZONA ST  
 NEW HAVEN MO 63068-1210  
**Mailing Address** 101 ARIZONA ST  
 NEW HAVEN MO 63068-1210

**Telephone** (573) 237-4830 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 15  
**County** FRANKLIN **DMH Licensed** Yes  
**Region 6** **Facility Number** 19080

**NEW HAVEN CARE CENTER**

9503 HIGHWAY 100  
 NEW HAVEN MO 63068-1300  
**Mailing Address** 9503 HWY 100  
 NEW HAVEN MO 63068-1300

**Telephone** (573) 237-2103 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 90  
**County** FRANKLIN **DMH Licensed** No  
**Region 6** Medicare/Medicaid **Facility Number** 05738

**NEW HAVEN CARE CENTER**

9503 HIGHWAY 100  
 NEW HAVEN MO 63068-1300  
**Mailing Address** 9503 HWY 100  
 NEW HAVEN MO 63068-1300

**Telephone** (573) 237-2103 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 16  
**County** FRANKLIN **DMH Licensed** No  
**Region 6** **Facility Number** 05738

**NEW MADRID****NEW MADRID LIVING CENTER**

1050 DAWSON RD  
 NEW MADRID MO 63869-1116  
**Mailing Address** 1050 DAWSON RD  
 NEW MADRID MO 63869-1116

**Telephone** (573) 748-5622 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 112  
**County** NEW MADRID **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 04952

**NIANGUA****ANNA'S HOUSE RESIDENTIAL CARE FACILITY LLC**

194 STATE HIGHWAY MM  
 NIANGUA MO 65713-8411  
**Mailing Address** 194 STATE HWY MM  
 NIANGUA MO 65713-8411

**Telephone** (417) 473-6000 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 11  
**County** WEBSTER **DMH Licensed** No  
**Region 1** **Facility Number** 13487

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**NIXA**

**BRADFORD COURT - ASSISTED LIVING BY AMERICARE**

902 NORTH MAIN		<b>Telephone</b>	(417) 725-0177	<b>Alzheimer's Unit</b>	No
NIXA	MO 65714-9384	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	50
<b>Mailing Address</b>	902 NORTH MAIN	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
NIXA	MO 65714-9384	<b>Region 1</b>		<b>Facility Number</b>	17732

**CASTLEWOOD SENIOR LIVING THE**

1538 N OLD CASTLE ROAD		<b>Telephone</b>	(417) 724-8188	<b>Alzheimer's Unit</b>	Yes
NIXA	MO 65714-9902	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	66
<b>Mailing Address</b>	1538 N OLD CASTLE ROAD	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
NIXA	MO 65714-9902	<b>Region 1</b>		<b>Facility Number</b>	30722

**LIFE ENHANCEMENT VILLAGE OF THE OZARKS INC**

732 SOUTH GREGG ROAD		<b>Telephone</b>	(417) 725-5166	<b>Alzheimer's Unit</b>	No
NIXA	MO 65714-7419	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	44
<b>Mailing Address</b>	732 SOUTH GREGG RD	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	Yes
NIXA	MO 65714-7419	<b>Region 1</b>		<b>Facility Number</b>	14190

**NIXA NURSING & REHAB**

1104 NORTH MAIN ST		<b>Telephone</b>	(417) 725-1777	<b>Alzheimer's Unit</b>	No
NIXA	MO 65714-9316	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	82
<b>Mailing Address</b>	1104 N MAIN ST	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
NIXA	MO 65714-9316	<b>Region 1</b>	Medicare/Medicaid	<b>Facility Number</b>	13840

**PROMISE CARE CENTER, LLC**

1111 CARE AVE		<b>Telephone</b>	(417) 494-5037	<b>Alzheimer's Unit</b>	No
NIXA	MO 65714-9679	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	126
<b>Mailing Address</b>	1111 CARE AVE	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
NIXA	MO 65714-9679	<b>Region 1</b>		<b>Facility Number</b>	15935

**SPECIAL FORCE FAMILY MINISTRIES**

428 SOUTH HARRISON ST		<b>Telephone</b>	(417) 725-7917	<b>Alzheimer's Unit</b>	No
NIXA	MO 65714-7809	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b>	PO BOX 882	<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	Yes
NIXA	MO 65714-0882	<b>Region 1</b>		<b>Facility Number</b>	18764

**NORMANDY**

**AMBERWOOD ESTATES NURSING AND REHABILITATION**

5303 BERMUDA DR		<b>Telephone</b>	(314) 385-0910	<b>Alzheimer's Unit</b>	NO
NORMANDY	MO 63121-1407	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	115
<b>Mailing Address</b>	5303 BERMUDA DR	<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
NORMANDY	MO 63121-1407	<b>Region 7</b>	Medicare/Medicaid	<b>Facility Number</b>	01238

**O'FALLON**

**ABBEY SENIOR HEALTH**

206 NORTH MAIN ST		<b>Telephone</b>	(636) 240-5754	<b>Alzheimer's Unit</b>	NO
O'FALLON	MO 63366-	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	10
<b>Mailing Address</b>	206 NORTH MAIN ST	<b>County</b>	SAINT CHARLES	<b>DMH Licensed</b>	No
O'FALLON	MO 63366-2299	<b>Region 5</b>		<b>Facility Number</b>	27367

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## OAK GROVE

### ASPIRE SENIOR LIVING OAK GROVE

2108 SW MITCHELL STREET  
 OAK GROVE MO 64075-9472  
**Mailing Address** 2108 S MITCHELL  
 OAK GROVE MO 64075-9472

**Telephone** (816) 690-4118  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 05849

### BRISTOL MANOR OF OAK GROVE

300 NORTH AUSTIN  
 OAK GROVE MO 64075-8109  
**Mailing Address** 300 N AUSTIN  
 OAK GROVE MO 64075-8109

**Telephone** (816) 625-8691  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16552

## ODESSA

### ANEW HEALTHCARE ODESSA

609 GOLF ST  
 ODESSA MO 64076-1462  
**Mailing Address** 609 GOLF ST  
 ODESSA 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

### BRISTOL MANOR OF ODESSA

115 SOUTH 5TH ST  
 ODESSA MO 64076-1330  
**Mailing Address** 115 S 5TH ST  
 ODESSA 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

## O'FALLON

### ABBEY SENIOR HEALTH

206 NORTH MAIN ST  
 O'FALLON MO 63366-2299  
**Mailing Address** 206 NORTH MAIN ST  
 O'FALLON MO 63366-2299

**Telephone** (636) 240-5754  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 27367

### ASSISTED LIVING AT THE MEADOWLANDS

135 MEADOWLANDS ESTATES LN  
 O'FALLON MO 63366-4591  
**Mailing Address** 135 MEADOWLANDS ESTATES LN  
 O'FALLON MO 63366-4591

**Telephone** (636) 978-3600  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 26475

### DELMAR GARDENS OF O'FALLON

7068 SOUTH OUTER 364  
 O'FALLON MO 63368-7757  
**Mailing Address** 7068 SOUTH OUTER 364  
 O'FALLON MO 63368-7757

**Telephone** (636) 240-6100  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 240  
**DMH Licensed** No  
**Facility Number** 24291

### GARDEN VIEW CARE CENTER

700 GARDEN PATH  
 O'FALLON MO 63366-3052  
**Mailing Address** 700 GARDEN PATH  
 O'FALLON MO 63366-3052

**Telephone** (636) 240-2840  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** YES  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 13963

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**GARDEN VILLAS OF O'FALLON**

7092 SOUTH OUTER 364 ROAD  
 O'FALLON MO 63368-7757  
**Mailing Address** 7092 SOUTH OUTER 364 RD  
 O'FALLON MO 63368-7757

**Telephone** (636) 240-5560  
**Level of Care** ALF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 27793

**PARK PLACE II**

2000 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3901  
**Mailing Address** 2000 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3901

**Telephone** (636) 625-2900  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 124  
**DMH Licensed** No  
**Facility Number** 29016

**TWIN OAKS ESTATE, INC**

707 EMGE RD  
 O'FALLON MO 63366-2118  
**Mailing Address** 707 EMGE RD  
 O'FALLON MO 63366-2118

**Telephone** (636) 542-5200  
**Level of Care** RCF\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 149  
**DMH Licensed** No  
**Facility Number** 08209

**OREGON****OREGON HEALTHCARE**

501 MONROE  
 OREGON MO 64473-7800  
**Mailing Address** PO BOX 19  
 OREGON MO 64473-0019

**Telephone** (660) 446-3355  
**Level of Care** SNF  
**County** HOLT  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06097

**OSAGE BEACH****ARROWHEAD SENIOR LIVING COMMUNITY**

6100 ARROWHEAD DRIVE  
 OSAGE BEACH MO 65065-2754  
**Mailing Address** 6100 ARROWHEAD DRIVE  
 OSAGE BEACH MO 65065-2754

**Telephone** (573) 302-7111  
**Level of Care** ALF\*\*  
**County** CAMDEN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 31536

**ARROWHEAD SENIOR LIVING COMMUNITY**

6100 ARROWHEAD DRIVE  
 OSAGE BEACH MO 65065-2754  
**Mailing Address** 6100 ARROWHEAD DRIVE  
 OSAGE BEACH MO 65065-2754

**Telephone** (573) 302-7111  
**Level of Care** SNF  
**County** CAMDEN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 31536

**OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER**

844 PASSOVER RD  
 OSAGE BEACH MO 65065-2834  
**Mailing Address** 844 PASSOVER RD  
 OSAGE BEACH MO 65065-2834

**Telephone** (573) 348-2225  
**Level of Care** SNF  
**County** CAMDEN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** Yes  
**Facility Number** 06116

**OZARK REHABILITATION & HEALTH CARE CENTER**

1083 OZARK CARE DR  
 OSAGE BEACH MO 65065-3016  
**Mailing Address** PO BOX 270  
 OSAGE BEACH MO 65065-0270

**Telephone** (573) 348-1711  
**Level of Care** SNF  
**County** CAMDEN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06217

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**STONEBRIDGE LAKE OZARK**

872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408  
**Mailing Address** 872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408

**Telephone** (573) 302-0900  
**Level of Care** ALF\*\*  
**County** MILLER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20926

**STONEBRIDGE LAKE OZARK**

872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408  
**Mailing Address** 872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408

**Telephone** (573) 302-0900  
**Level of Care** SNF  
**County** MILLER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 20926

**OVERLAND****BENTLEYS EXTENDED CARE**

3060 ASHBY ROAD  
 OVERLAND MO 63114-1342  
**Mailing Address** 3060 ASHBY RD  
 OVERLAND MO 63114-1342

**Telephone** (314) 426-0433  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 22613

**BOARDING INN, THE**

9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328  
**Mailing Address** 9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328

**Telephone** (314) 426-0091  
**Level of Care** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 00709

**JANE HOWELL STUPP APARTMENTS**

2443 PROUHET AVE  
 OVERLAND MO 63114-1946  
**Mailing Address** 2443 PROUHET AVE  
 OVERLAND MO 63114-1946

**Telephone** (314) 890-7100  
**Level of Care** RCF\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 18369

**OWENSVILLE****GASCONADE MANOR NURSING HOME**

1910 NURSING HOME RD  
 OWENSVILLE MO 65066-2844  
**Mailing Address** PO BOX 520  
 OWENSVILLE MO 65066-0520

**Telephone** (573) 437-4101  
**Level of Care** SNF  
**County** GASCONADE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 79  
**DMH Licensed** No  
**Facility Number** 02804

**GASCONADE TERRACE RETIREMENT CENTER**

1930 NURSING HOME RD  
 OWENSVILLE MO 65066-2844  
**Mailing Address** PO BOX 520  
 OWENSVILLE MO 65066-0520

**Telephone** (573) 437-4833  
**Level of Care** ALF  
**County** GASCONADE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 19  
**DMH Licensed** No  
**Facility Number** 14143

**STONEBRIDGE OWENSVILLE**

1016 W HIGHWAY 28  
 OWENSVILLE MO 65066-1677  
**Mailing Address** PO BOX 593  
 OWENSVILLE MO 65066-0593

**Telephone** (573) 437-6877  
**Level of Care** SNF  
**County** GASCONADE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 131  
**DMH Licensed** No  
**Facility Number** 19051

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**VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE**

301 NORTH 7TH ST		<b>Telephone</b>	(573) 437-5396	<b>Alzheimer's Unit</b>	No
OWENSVILLE	MO 65066-1075	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 301 NORTH 7TH ST		<b>County</b>	GASCONADE	<b>DMH Licensed</b>	No
OWENSVILLE	MO 65066-1075	<b>Region</b>	6	<b>Facility Number</b>	24133

**OZARK****BAPTIST HOME, THE**

1625 WEST GARTON RD		<b>Telephone</b>	(417) 581-2101	<b>Alzheimer's Unit</b>	No
OZARK	MO 65721-6637	<b>Level of Care</b>	ICF	<b>Bed Capacity</b>	33
<b>Mailing Address</b> PO BOX 1040		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-1040	<b>Region</b>	1	<b>Facility Number</b>	21509

**BAPTIST HOME, THE**

1625 WEST GARTON RD		<b>Telephone</b>	(417) 581-2101	<b>Alzheimer's Unit</b>	No
OZARK	MO 65721-6637	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	30
<b>Mailing Address</b> PO BOX 1040		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-1040	<b>Region</b>	1	<b>Facility Number</b>	21509

**CENTURY PINES ASSISTED LIVING**

709 EAST MCCRACKEN RD		<b>Telephone</b>	(417) 581-7278	<b>Alzheimer's Unit</b>	No
OZARK	MO 65721-9499	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	23
<b>Mailing Address</b> 709 EAST MCCRACKEN RD		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-9499	<b>Region</b>	1	<b>Facility Number</b>	01200

**CENTURY PINES ASSISTED LIVING**

709 EAST MCCRACKEN RD		<b>Telephone</b>	(417) 581-7278	<b>Alzheimer's Unit</b>	No
OZARK	MO 65721-9499	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	80
<b>Mailing Address</b> 709 EAST MCCRACKEN RD		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	Yes
OZARK	MO 65721-9499	<b>Region</b>	1	<b>Facility Number</b>	01200

**COTTAGE AT CENTURY PINES, THE**

707 EAST MCCRACKEN ROAD		<b>Telephone</b>	(417) 581-7278	<b>Alzheimer's Unit</b>	Yes
OZARK	MO 65721-9499	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	24
<b>Mailing Address</b> 709 EAST MCCRACKEN ROAD		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-9499	<b>Region</b>	1	<b>Facility Number</b>	30579

**ESSEX OF OZARK, THE**

5173 NORTH 22ND		<b>Telephone</b>	(417) 485-4185	<b>Alzheimer's Unit</b>	No
OZARK	MO 65721-7637	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 5173 NORTH 22ND		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-7637	<b>Region</b>	1	<b>Facility Number</b>	24318

**HOPEDALE COTTAGE ASSISTED LIVING THE**

1314 W SCHOOL STREET		<b>Telephone</b>	(417) 581-1308	<b>Alzheimer's Unit</b>	Yes
OZARK	MO 65721-6618	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	14
<b>Mailing Address</b> 1314 W SCHOOL STREET		<b>County</b>	CHRISTIAN	<b>DMH Licensed</b>	No
OZARK	MO 65721-6618	<b>Region</b>	1	<b>Facility Number</b>	30302

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**NORTHPARK VILLAGE - ASSISTED LIVING BY AMERICARE**

4449 N STATE HIGHWAY NN  
 OZARK MO 65721-7221  
**Mailing Address** 4449 N STATE HIGHWAY NN  
 OZARK MO 65721-7221

**Telephone** (417) 581-3200  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 20003

**OAKS COTTAGE ASSISTED LIVING, THE**

5448 N 2ND AVENUE  
 OZARK MO 65721-6210  
**Mailing Address** 5448 N 2ND AVENUE  
 OZARK MO 65721-6210

**Telephone** (417) 581-0330  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 31804

**OZARK NURSING & CARE CENTER**

1486 NORTH RIVERSIDE RD  
 OZARK MO 65721-7688  
**Mailing Address** 1486 NORTH RIVERSIDE RD  
 OZARK MO 65721-7688

**Telephone** (417) 581-7126  
**Level of Care** SNF  
**County** CHRISTIAN  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 93  
**DMH Licensed** No  
**Facility Number** 06240

**OZARK RIVERVIEW MANOR**

1200 WEST HALL ST  
 OZARK MO 65721-9103  
**Mailing Address** PO BOX 157  
 OZARK MO 65721-0157

**Telephone** (417) 581-6025  
**Level of Care** SNF  
**County** CHRISTIAN  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 01426

**RIVERVIEW RESIDENTIAL PLACE**

1200 WEST HALL ST  
 OZARK MO 65721-9103  
**Mailing Address** PO BOX 157  
 OZARK MO 65721-0157

**Telephone** (417) 581-2510  
**Level of Care** RCF\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 01426

**PACIFIC****BRISTOL MANOR OF PACIFIC**

2049 ROSE LN  
 PACIFIC MO 63069-1165  
**Mailing Address** 2049 ROSE LN  
 PACIFIC MO 63069-1165

**Telephone** (636) 257-8020  
**Level of Care** RCF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20237

**PACIFIC CARE CENTER**

105 SOUTH SIXTH ST  
 PACIFIC MO 63069-1328  
**Mailing Address** 105 S SIXTH ST  
 PACIFIC MO 63069-1328

**Telephone** (636) 271-4222  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 12638

**PACIFIC CARE CENTER**

105 SOUTH SIXTH ST  
 PACIFIC MO 63069-1328  
**Mailing Address** 105 S SIXTH ST  
 PACIFIC MO 63069-1328

**Telephone** (636) 271-4222  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12638

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**PALMYRA**

**BRISTOL MANOR OF PALMYRA**

1815 SOUTH MAIN		<b>Telephone</b>	(573) 769-2127	<b>Alzheimer's Unit</b>	No
PALMYRA	MO 63461-1961	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1815 SOUTH MAIN		<b>County</b>	MARION	<b>DMH Licensed</b>	No
PALMYRA	MO 63461-1961	<b>Region</b>	5	<b>Facility Number</b>	20260

**MAPLE LAWN NURSING HOME**

1410 WEST LINE ST		<b>Telephone</b>	(573) 769-2213	<b>Alzheimer's Unit</b>	Yes
PALMYRA	MO 63461-1831	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	110
<b>Mailing Address</b> PO BOX 232		<b>County</b>	MARION	<b>DMH Licensed</b>	No
PALMYRA	MO 63461-0232	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	09961

**PARIS**

**MILLER RESIDENT CARE, INC**

210 ROCK RD		<b>Telephone</b>	(660) 327-5680	<b>Alzheimer's Unit</b>	No
PARIS	MO 65275-1282	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	40
<b>Mailing Address</b> 210 ROCK RD		<b>County</b>	MONROE	<b>DMH Licensed</b>	No
PARIS	MO 65275-1282	<b>Region</b>	5	<b>Facility Number</b>	18026

**MONROE MANOR**

200 SOUTH ST		<b>Telephone</b>	(660) 327-4125	<b>Alzheimer's Unit</b>	Yes
PARIS	MO 65275-1165	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	119
<b>Mailing Address</b> 200 SOUTH ST		<b>County</b>	MONROE	<b>DMH Licensed</b>	No
PARIS	MO 65275-1165	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	05484

**PARK HILLS**

**COUNTRY MEADOWS**

1301 N ST JOE DR		<b>Telephone</b>	(573) 431-2889	<b>Alzheimer's Unit</b>	No
PARK HILLS	MO 63601-1965	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	15
<b>Mailing Address</b> 1301 N ST JOE DR		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	No
PARK HILLS	MO 63601-1965	<b>Region</b>	2	<b>Facility Number</b>	14443

**COUNTRY MEADOWS**

1301 N ST JOE DR		<b>Telephone</b>	(573) 431-2889	<b>Alzheimer's Unit</b>	No
PARK HILLS	MO 63601-1965	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	72
<b>Mailing Address</b> 1301 N ST JOE DR		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	No
PARK HILLS	MO 63601-1965	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	14443

**SECRET GARDENS**

351 KEITH ST		<b>Telephone</b>	(573) 518-0444	<b>Alzheimer's Unit</b>	No
PARK HILLS	MO 63601-2049	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	10
<b>Mailing Address</b> PO BOX 481		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	Yes
PARK HILLS	MO 63601-0481	<b>Region</b>	2	<b>Facility Number</b>	17813

**WATTS STREET MANOR**

301 WATTS ST		<b>Telephone</b>	(573) 431-4874	<b>Alzheimer's Unit</b>	No
PARK HILLS	MO 63601-1839	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	16
<b>Mailing Address</b> PO BOX 481		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	Yes
PARK HILLS	MO 63601-0481	<b>Region</b>	2	<b>Facility Number</b>	06579

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PATTON

HERITAGE HILLS ASSISTED LIVING FACILITY

ROUTE 5, BOX 68
PATTON MO 63662-9760
Mailing Address PO BOX B
PATTON MO 63662-0010

Telephone (573) 866-2003
Level of Care ALF
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 18783

PERRYVILLE

ESTATES OF PERRYVILLE, LLC, THE

430 NORTH WEST ST
PERRYVILLE MO 63775-1359
Mailing Address 430 NORTH WEST ST
PERRYVILLE MO 63775-1359

Telephone (573) 547-1011
Level of Care SNF
County PERRY
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
Facility Number 00137

HOLIDAY RESIDENTIAL CARE

1019 OLD ST MARY'S RD
PERRYVILLE MO 63775-1298
Mailing Address 1019 OLD ST MARY'S RD
PERRYVILLE MO 63775-1298

Telephone (573) 547-7398
Level of Care RCF\*
County PERRY
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 19872

INDEPENDENCE CARE CENTER OF PERRY COUNTY

800 SOUTH KINGSHIGHWAY
PERRYVILLE MO 63775-2106
Mailing Address 800 SOUTH KINGSHWY
PERRYVILLE MO 63775-2106

Telephone (573) 547-6546
Level of Care SNF
County PERRY
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 133
DMH Licensed No
Facility Number 06393

INDEPENDENCE COURT

121 INDEPENDENCE DR
PERRYVILLE MO 63775-1496
Mailing Address 121 INDEPENDENCE DR
PERRYVILLE MO 63775-1496

Telephone (573) 547-1499
Level of Care RCF\*
County PERRY
Region 2

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 06393

PIEDMONT

CLARK'S MOUNTAIN NURSING CENTER

2100 BARNES
PIEDMONT MO 63957-1008
Mailing Address 2100 BARNES
PIEDMONT MO 63957-1008

Telephone (573) 223-4297
Level of Care SNF
County WAYNE
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 91
DMH Licensed No
Facility Number 01496

PILOT GROVE

KATY MANOR

205 PROSPECT
PILOT GROVE MO 65276-1111
Mailing Address PO BOX 8
PILOT GROVE MO 65276-0008

Telephone (660) 834-3111
Level of Care SNF
County COOPER
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14982

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**PILOT KNOB**

**MEADOWBROOK RESIDENTIAL CARE, INC**

806 WEST MULBERRY		<b>Telephone</b>	(573) 546-7065	<b>Alzheimer's Unit</b>	No
PILOT KNOB	MO 63663-	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	36
<b>Mailing Address</b> PO BOX 510		<b>County</b>	IRON	<b>DMH Licensed</b>	No
PILOT KNOB	MO 63663-0510	<b>Region</b>	2	<b>Facility Number</b>	20513

**PLATTE CITY**

**ASPIRE SENIOR LIVING PLATTE CITY**

220 O'ROURKE DRIVE		<b>Telephone</b>	(816) 858-5222	<b>Alzheimer's Unit</b>	No
PLATTE CITY	MO 64079-9360	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 1310		<b>County</b>	PLATTE	<b>DMH Licensed</b>	No
PLATTE CITY	MO 64079-1310	<b>Region</b>	4 Medicare/Medicaid	<b>Facility Number</b>	12655

**HERITAGE VILLAGE OF PLATTE CITY**

15 WALLINGFORD DR		<b>Telephone</b>	(816) 858-2182	<b>Alzheimer's Unit</b>	No
PLATTE CITY	MO 64079-9604	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 15 WALLINGFORD DR		<b>County</b>	PLATTE	<b>DMH Licensed</b>	No
PLATTE CITY	MO 64079-9604	<b>Region</b>	4	<b>Facility Number</b>	13182

**PLATTSBURG**

**NICK'S HEALTH CARE CENTER, LLC**

253 EAST HIGHWAY 116		<b>Telephone</b>	(816) 539-2376	<b>Alzheimer's Unit</b>	No
PLATTSBURG	MO 64477-1561	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	70
<b>Mailing Address</b> 253 EAST HWY 116		<b>County</b>	CLINTON	<b>DMH Licensed</b>	No
PLATTSBURG	MO 64477-1561	<b>Region</b>	4 Medicare/Medicaid	<b>Facility Number</b>	22058

**OAKRIDGE OF PLATTSBURG**

205 EAST CLAY AVE		<b>Telephone</b>	(816) 539-2128	<b>Alzheimer's Unit</b>	No
PLATTSBURG	MO 64477-8100	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 247		<b>County</b>	CLINTON	<b>DMH Licensed</b>	No
PLATTSBURG	MO 64477-0247	<b>Region</b>	4 Medicare/Medicaid	<b>Facility Number</b>	05994

**PLEASANT HILL**

**BRISTOL MANOR OF PLEASANT HILL**

2124 HIGHRIDGE		<b>Telephone</b>	(816) 987-2562	<b>Alzheimer's Unit</b>	No
PLEASANT HILL	MO 64080-1912	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 2124 HIGHRIDGE		<b>County</b>	CASS	<b>DMH Licensed</b>	No
PLEASANT HILL	MO 64080-1912	<b>Region</b>	3	<b>Facility Number</b>	16538

**PLEASANT HILL HEALTH AND REHABILITATION CENTER**

1300 BROADWAY		<b>Telephone</b>	(816) 540-2116	<b>Alzheimer's Unit</b>	Yes
PLEASANT HILL	MO 64080-1842	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 1300 BROADWAY		<b>County</b>	CASS	<b>DMH Licensed</b>	No
PLEASANT HILL	MO 64080-1842	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	15101

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**POPLAR BLUFF**

**CEDARGATE HEALTHCARE**

2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036  
**Mailing Address** 2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036

**Telephone** (573) 785-0188  
**Level of Care** SNF  
**County** BUTLER  
**Region 2 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 01182

**CEDARGATE HEALTHCARE**

2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036  
**Mailing Address** 2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036

**Telephone** (573) 785-0188  
**Level of Care** ALF  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 01182

**MANOR, THE**

2071 BARRON RD  
 POPLAR BLUFF MO 63901-1903  
**Mailing Address** 2071 BARRON RD  
 POPLAR BLUFF MO 63901-1903

**Telephone** (573) 686-1147  
**Level of Care** SNF  
**County** BUTLER  
**Region 2 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 00683

**MARK TWAIN CARING CENTER**

3001 MAY ST  
 POPLAR BLUFF MO 63901-1942  
**Mailing Address** 3001 MAY ST  
 POPLAR BLUFF MO 63901-1942

**Telephone** (573) 686-6999  
**Level of Care** SNF  
**County** BUTLER  
**Region 2 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 16013

**NEW HOPE ASSISTED LIVING LLC**

328 NORTH NEW HOPE DRIVE  
 POPLAR BLUFF MO 63901-4819  
**Mailing Address** 328 NORTH NEW HOPE DR  
 POPLAR BLUFF MO 63901-4819

**Telephone** (573) 300-4877  
**Level of Care** ALF  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** No  
**Facility Number** 32690

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care** SNF  
**County** BUTLER  
**Region 2 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 18157

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care** ALF  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 18157

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care** RCF\*  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 18157

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**OWEN ACRES RESIDENTIAL CARE FACILITY**

614 COUNTY ROAD 466  
 POPLAR BLUFF MO 63901-2964  
**Mailing Address** 614 COUNTY RD 466  
 POPLAR BLUFF MO 63901-2964

**Telephone** (573) 778-0497  
**Level of Care** RCF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 21093

**PORTIA'S RESIDENTIAL CARE**

307 NORTH BROADWAY  
 POPLAR BLUFF MO 63901-5103  
**Mailing Address** 307 N BROADWAY  
 POPLAR BLUFF MO 63901-5103

**Telephone** (573) 686-3446  
**Level of Care** RCF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 03002

**RIVER MIST - ASSISTED LIVING BY AMERICARE**

2050 WEST MAUD  
 POPLAR BLUFF MO 63901-4000  
**Mailing Address** 2050 WEST MAUD  
 POPLAR BLUFF MO 63901-4000

**Telephone** (573) 686-2833  
**Level of Care** ALF\*\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 20291

**SWIFT CREEK RESIDENTIAL CARE CENTER**

1673 HIGHWAY 53  
 POPLAR BLUFF MO 63901-4132  
**Mailing Address** 1673 HIGHWAY 53  
 POPLAR BLUFF MO 63901-4132

**Telephone** (573) 776-6501  
**Level of Care** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20386

**SWITZER RESIDENTIAL CARE**

3260 MYSTIC LANE  
 POPLAR BLUFF MO 63901-3067  
**Mailing Address** 3260 MYSTIC LANE  
 POPLAR BLUFF MO 63901-3067

**Telephone** (573) 785-9399  
**Level of Care** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 20739

**WESTWOOD HILLS HEALTH & REHABILITATION CENTER**

3100 WARRIOR LANE  
 POPLAR BLUFF MO 63901-8686  
**Mailing Address** 3100 WARRIOR LANE  
 POPLAR BLUFF MO 63901-8686

**Telephone** (573) 785-0851  
**Level of Care** SNF  
**County** BUTLER  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 08512

**WHISPERING OAKS RCF II, LLC**

203 NORTH B ST  
 POPLAR BLUFF MO 63901-5413  
**Mailing Address** 203 NORTH B ST  
 POPLAR BLUFF MO 63901-5413

**Telephone** (573) 686-4490  
**Level of Care** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 45  
**DMH Licensed** Yes  
**Facility Number** 16751

**PORTAGEVILLE****PORTAGEVILLE HEALTH CARE CENTER**

290 WEST STATE HWY 162  
 PORTAGEVILLE MO 63873-9397  
**Mailing Address** PO BOX 408  
 PORTAGEVILLE MO 63873-0408

**Telephone** (573) 379-2017  
**Level of Care** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 17119

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POTOSI

GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE

1 GEORGIAN GARDENS DR
POTOSI MO 63664-1436
Mailing Address 1 GEORGIAN GARDENS DR
POTOSI MO 63664-1436

Telephone (573) 438-6261 Alzheimer's Unit Yes
Level of Care SNF Bed Capacity 120
County WASHINGTON DMH Licensed No
Region 2 Medicare/Medicaid Facility Number 02830

POTOSI MANOR

307 SOUTH HIGHWAY 21
POTOSI MO 63664-9317
Mailing Address 307 SOUTH HIGHWAY 21
POTOSI MO 63664-9317

Telephone (573) 438-3225 Alzheimer's Unit No
Level of Care SNF Bed Capacity 90
County WASHINGTON DMH Licensed No
Region 2 Medicare/Medicaid Facility Number 21648

PRINCETON

BRISTOL MANOR OF PRINCETON

200 NORTH FULLERTON
PRINCETON MO 64673-1176
Mailing Address 200 N FULLERTON
PRINCETON MO 64673-1176

Telephone (660) 748-4354 Alzheimer's Unit No
Level of Care RCF Bed Capacity 12
County MERCER DMH Licensed No
Region 4 Facility Number 18846

PEARL'S II EDEN FOR ELDERS

611 NORTH COLLEGE
PRINCETON MO 64673-1051
Mailing Address 611 NORTH COLLEGE
PRINCETON MO 64673-1051

Telephone (660) 748-4407 Alzheimer's Unit No
Level of Care SNF Bed Capacity 60
County MERCER DMH Licensed No
Region 4 Medicare/Medicaid Facility Number 06453

PUXICO

MINGO RESIDENTIAL CARE FACILITY

24080 STATE HWY 51
PUXICO MO 63960-8114
Mailing Address 24080 STATE HWY 51
PUXICO MO 63960-8114

Telephone (573) 222-3086 Alzheimer's Unit No
Level of Care RCF\* Bed Capacity 36
County STODDARD DMH Licensed Yes
Region 2 Facility Number 24959

PUXICO NURSING & REHABILITATION CENTER

540 NORTH HIGHWAY 51
PUXICO MO 63960-9117
Mailing Address 540 NORTH HWY 51
PUXICO MO 63960-9117

Telephone (573) 222-3125 Alzheimer's Unit No
Level of Care SNF Bed Capacity 60
County STODDARD DMH Licensed No
Region 2 Medicare/Medicaid Facility Number 03163

QUEEN CITY

SCHUYLER COUNTY NURSING HOME

1306 US HIGHWAY 63
QUEEN CITY MO 63561-2251
Mailing Address 1306 US HIGHWAY 63
QUEEN CITY MO 63561-2251

Telephone (660) 766-2291 Alzheimer's Unit No
Level of Care SNF Bed Capacity 60
County SCHUYLER DMH Licensed No
Region 5 Medicare/Medicaid Facility Number 07004

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**RAYMORE**

**BENTON HOUSE OF RAYMORE**

2100 JOHNSTON DR		<b>Telephone</b>	(816) 322-2111	<b>Alzheimer's Unit</b>	Yes
RAYMORE	MO 64083-8122	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	95
<b>Mailing Address</b> 2100 JOHNSTON DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
RAYMORE	MO 64083-8122	<b>Region</b>	3	<b>Facility Number</b>	29896

**BRISTOL MANOR OF RAYMORE**

604 EAST SUNRISE DR		<b>Telephone</b>	(816) 322-6782	<b>Alzheimer's Unit</b>	No
RAYMORE	MO 64083-9037	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 604 EAST SUNRISE DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
RAYMORE	MO 64083-9037	<b>Region</b>	3	<b>Facility Number</b>	19730

**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR		<b>Telephone</b>	(816) 331-3111	<b>Alzheimer's Unit</b>	No
RAYMORE	MO 64083-9347	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	62
<b>Mailing Address</b> 1500 WEST FOXWOOD DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
RAYMORE	MO 64083-9347	<b>Region</b>	3	<b>Facility Number</b>	02649

**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR		<b>Telephone</b>	(816) 331-3111	<b>Alzheimer's Unit</b>	Yes
RAYMORE	MO 64083-9347	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	108
<b>Mailing Address</b> 1500 WEST FOXWOOD DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
RAYMORE	MO 64083-9347	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	02649

**SUNRISE NURSING & MEMORY CARE**

600 EAST SUNRISE DR		<b>Telephone</b>	(816) 322-1991	<b>Alzheimer's Unit</b>	Yes
RAYMORE	MO 64083-9037	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	152
<b>Mailing Address</b> 600 EAST SUNRISE DR		<b>County</b>	CASS	<b>DMH Licensed</b>	No
RAYMORE	MO 64083-9037	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	16170

**RAYTOWN**

**ALPINE BREEZE HEALTH AND WELLNESS**

6124 RAYTOWN RD		<b>Telephone</b>	(816) 358-8222	<b>Alzheimer's Unit</b>	Yes
RAYTOWN	MO 64133-4007	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	154
<b>Mailing Address</b> 6124 RAYTOWN RD		<b>County</b>	JACKSON	<b>DMH Licensed</b>	No
RAYTOWN	MO 64133-4007	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	00768

**EDGEWOOD MANOR HEALTH CARE CENTER**

11900 JESSICA LN		<b>Telephone</b>	(816) 358-7858	<b>Alzheimer's Unit</b>	No
RAYTOWN	MO 64138-2649	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	91
<b>Mailing Address</b> 11900 JESSICA LN		<b>County</b>	JACKSON	<b>DMH Licensed</b>	No
RAYTOWN	MO 64138-2649	<b>Region</b>	3 Medicare/Medicaid	<b>Facility Number</b>	14119

**HIDDEN LAKE CARE CENTER**

11400 HIDDEN LAKE DR		<b>Telephone</b>	(816) 737-1010	<b>Alzheimer's Unit</b>	No
RAYTOWN	MO 64133-7409	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 11400 HIDDEN LAKE DR		<b>County</b>	JACKSON	<b>DMH Licensed</b>	No
RAYTOWN	MO 64133-7409	<b>Region</b>	3	<b>Facility Number</b>	17146

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**HIDDEN LAKE CARE CENTER**

11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409  
**Mailing Address** 11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409

**Telephone** (816) 737-1010  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 112  
**DMH Licensed** No  
**Facility Number** 17146

**TRUSTWELL LIVING OF RAYTOWN**

9110 EAST 63RD ST  
 RAYTOWN MO 64133-4893  
**Mailing Address** 9110 EAST 63RD ST  
 RAYTOWN MO 64133-4893

**Telephone** (816) 353-3400  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 76  
**DMH Licensed** No  
**Facility Number** 24227

**REEDS SPRING****WEDGEWOOD GARDENS**

17996 BUSINESS 13  
 REEDS SPRING MO 65737-9663  
**Mailing Address** 17996 BUSINESS 13  
 REEDS SPRING MO 65737-9663

**Telephone** (417) 272-6666  
**Level of Care** ALF\*\*  
**County** STONE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 20615

**REPUBLIC****BRISTOL MANOR OF REPUBLIC**

634 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1124  
**Mailing Address** 634 EAST HWY 174  
 REPUBLIC MO 65738-1124

**Telephone** (417) 732-8998  
**Level of Care** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20841

**REPUBLIC NURSING & REHAB**

901 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1155  
**Mailing Address** 901 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1155

**Telephone** (417) 732-1822  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 127  
**DMH Licensed** No  
**Facility Number** 13684

**SONSHINE MANOR**

300 SOUTH COTTONWOOD AVE  
 REPUBLIC MO 65738-2093  
**Mailing Address** 300 SOUTH COTTONWOOD AVE  
 REPUBLIC MO 65738-2093

**Telephone** (417) 732-2929  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 69  
**DMH Licensed** No  
**Facility Number** 16723

**RICHLAND****RICHLAND CARE CENTER, INC**

400 TRI-COUNTY LANE  
 RICHLAND MO 65556-8582  
**Mailing Address** PO BOX 756  
 RICHLAND MO 65556-0756

**Telephone** (573) 765-3243  
**Level of Care** SNF  
**County** PULASKI  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 08100

**RICHMOND****OAK RIDGE ASSISTED LIVING**

403 CRISPIN ST  
 RICHMOND MO 64085-1212  
**Mailing Address** 403 CRISPIN ST  
 RICHMOND MO 64085-1212

**Telephone** (816) 776-3435  
**Level of Care** ALF\*\*  
**County** RAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 29711

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**SHIRKEY NURSING & REHABILITATION CENTER**

804 WOLLARD BLVD  
 RICHMOND MO 64085-2227  
**Mailing Address** 804 WOLLARD BLVD  
 RICHMOND MO 64085-2227

**Telephone** (816) 776-5403  
**Level of Care** SNF  
**County** RAY  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 197  
**DMH Licensed** No  
**Facility Number** 07289

**RICHMOND HEIGHTS****ALLEGRO**

1055 BELLEVUE AVENUE  
 RICHMOND HEIGHTS MO 63117-1827  
**Mailing Address** 1055 BELLEVUE AVENUE  
 RICHMOND HEIGHTS MO 63117-1827

**Telephone** (314) 332-8372  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 31437

**FAIRMONT ON CLAYTON**

7920 CLAYTON ROAD  
 RICHMOND HEIGHTS MO 63117-1327  
**Mailing Address** 7920 CLAYTON ROAD  
 RICHMOND HEIGHTS MO 63117-1327

**Telephone** (314) 646-7600  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 24149

**RIVERSIDE****RIVERSIDE NURSING & REHABILITATION CENTER, LLC**

4700 NW CLIFFVIEW DR  
 RIVERSIDE MO 64150-1237  
**Mailing Address** 4700 NW CLIFFVIEW DR  
 RIVERSIDE MO 64150-1237

**Telephone** (816) 741-5105  
**Level of Care** SNF  
**County** PLATTE  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** NO  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 01532

**WINDEMERE HEALTHCARE CENTER LLC**

3100 NORTH WEST VIVION RD  
 RIVERSIDE MO 64150-9436  
**Mailing Address** 3100 NORTH WEST VIVION RD  
 RIVERSIDE MO 64150-9436

**Telephone** (816) 741-0753  
**Level of Care** RCF  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** NO  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 08668

**ROCK PORT****PLEASANT VIEW NURSING HOME**

470 RAINBOW DR  
 ROCK PORT MO 64482-1641  
**Mailing Address** PO BOX 273  
 ROCK PORT MO 64482-0273

**Telephone** (660) 744-6252  
**Level of Care** SNF  
**County** ATCHISON  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06041

**ROGERSVILLE****COPPER ROCK HEALTHCARE**

712 COPPER ROCK DRIVE  
 ROGERSVILLE MO 65742-8970  
**Mailing Address** PO BOX 560  
 ROGERSVILLE MO 65742-8970

**Telephone** (417) 202-4606  
**Level of Care** SNF  
**County** WEBSTER  
**Region** 1 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 31851

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**ROLLA**

**ARBORS AT PARKSIDE - MEMORY CARE ASSISTED LIVING BY AMERICARE**

1700 EAST 10TH ST		<b>Telephone</b>	(573) 364-2602	<b>Alzheimer's Unit</b>	Yes
ROLLA	MO 65401-4600	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	22
<b>Mailing Address</b> 1700 EAST 10TH ST		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-4600	<b>Region</b>	6	<b>Facility Number</b>	13589

**AURORA HEALTH AND REHABILITATION**

1200 MCCUTCHEN RD		<b>Telephone</b>	(573) 364-2311	<b>Alzheimer's Unit</b>	No
ROLLA	MO 65401-2615	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	116
<b>Mailing Address</b> 1200 MCCUTCHEN RD		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-2615	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	08862

**CEDAR POINTE**

1800 WHITE COLUMNS DR		<b>Telephone</b>	(573) 364-7766	<b>Alzheimer's Unit</b>	Yes
ROLLA	MO 65401-2044	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	102
<b>Mailing Address</b> 1800 WHITE COLUMNS DR		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-2044	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	06801

**OAK POINTE OF ROLLA**

1000 EAST LIONS CLUB DRIVE		<b>Telephone</b>	(573) 426-2186	<b>Alzheimer's Unit</b>	Yes
ROLLA	MO 65401-4356	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	65
<b>Mailing Address</b> 1000 EAST LIONS CLUB DRIVE		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-4356	<b>Region</b>	6	<b>Facility Number</b>	31216

**PARKSIDE-ASSISTED LIVING BY AMERICARE**

2100 PARKSIDE AVE		<b>Telephone</b>	(573) 308-0834	<b>Alzheimer's Unit</b>	NO
ROLLA	MO 65401-5472	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	28
<b>Mailing Address</b> 2100 PARKSIDE AVE		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-5472	<b>Region</b>	6	<b>Facility Number</b>	31191

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA		<b>Telephone</b>	(573) 364-7336	<b>Alzheimer's Unit</b>	Yes
ROLLA	MO 65401-2512	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	37
<b>Mailing Address</b> 1200 HOMELIFE PLAZA		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-2512	<b>Region</b>	6	<b>Facility Number</b>	18727

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA		<b>Telephone</b>	(573) 364-7336	<b>Alzheimer's Unit</b>	No
ROLLA	MO 65401-2512	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 1200 HOMELIFE PLAZA		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-2512	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	18727

**ROSEWOOD RESIDENTIAL CARE**

13450 COUNTY RD 7040		<b>Telephone</b>	(573) 341-8000	<b>Alzheimer's Unit</b>	No
ROLLA	MO 65401-8122	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	9
<b>Mailing Address</b> 13450 COUNTY RD 7040		<b>County</b>	PHELPS	<b>DMH Licensed</b>	No
ROLLA	MO 65401-8122	<b>Region</b>	6	<b>Facility Number</b>	21083

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**SILVERSTONE PLACE**

2735 EAGLESON DR  
 ROLLA MO 65401-8384  
**Mailing Address** 2735 EAGLESON DR  
 ROLLA MO 65401-8384

**Telephone** (573) 426-6200  
**Level of Care** SNF  
**County** PHELPS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 29351

**SAINT ANN****ST ANN ALF CNSL OPERATION LLC**

10441 INTERNATIONAL PLAZA DR  
 SAINT ANN MO 63074-1805  
**Mailing Address** 10441 INTERNATIONAL PLAZA DR  
 SAINT ANN MO 63074-1805

**Telephone** (314) 423-1254  
**Level of Care** ALF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 21994

**SAINT CHARLES****ARBORS AT MOUNT CARMEL, THE**

723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729  
**Mailing Address** 723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729

**Telephone** (636) 946-4140  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 29396

**ASPEN POINT HEALTH AND REHABILITATION**

2840 WEST CLAY ST  
 SAINT CHARLES MO 63301-2536  
**Mailing Address** 2840 WEST CLAY ST  
 SAINT CHARLES MO 63301-2536

**Telephone** (636) 946-6100  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 01521

**BOULEVARD SENIOR LIVING OF ST CHARLES,THE**

3340 EHLMANN ROAD  
 SAINT CHARLES MO 63301-4087  
**Mailing Address** 3340 EHLMANN ROAD  
 SAINT CHARLES MO 63301-4087

**Telephone** (636) 757-5077  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 128  
**DMH Licensed** No  
**Facility Number** 31029

**CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY CARE**

1800 FIRST CAPITOL DRIVE  
 SAINT CHARLES MO 63301-1646  
**Mailing Address** 1800 FIRST CAPITOL DRIVE  
 SAINT CHARLES MO 63301-1646

**Telephone** (636) 255-8094  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 155  
**DMH Licensed** No  
**Facility Number** 30676

**HARVESTER RESIDENTIAL CARE**

35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032  
**Mailing Address** 35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032

**Telephone** (636) 939-3833  
**Level of Care** RCF\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 03411

**LAKE ST CHARLES ASSISTED LIVING APARTMENTS**

45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711  
**Mailing Address** 45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711

**Telephone** (636) 947-1100  
**Level of Care** ALF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 18030

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**LANDING OF O'FALLON, THE**

1000 LANDING CIRCLE  
 SAINT CHARLES MO 63304-7647  
**Mailing Address** 1000 LANDING CIRCLE  
 SAINT CHARLES MO 63304-7647

**Telephone** (636) 669-0780  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 142  
**DMH Licensed** No  
**Facility Number** 31181

**LEWIS & CLARK GARDENS**

1221 BOONES LICK RD  
 SAINT CHARLES MO 63301-2328  
**Mailing Address** 1221 BOONES LICK RD  
 SAINT CHARLES MO 63301-2328

**Telephone** (636) 946-6140  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 142  
**DMH Licensed** No  
**Facility Number** 01266

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 81  
**DMH Licensed** No  
**Facility Number** 20704

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 20704

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care** ALF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 20704

**MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC**

723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729  
**Mailing Address** 723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729

**Telephone** (636) 946-4140  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 07560

**NHC HEALTHCARE, ST CHARLES**

35 SUGAR MAPLE LN  
 SAINT CHARLES MO 63303-5740  
**Mailing Address** 35 SUGAR MAPLE LN  
 SAINT CHARLES MO 63303-5740

**Telephone** (636) 946-8887  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07503

**WINDSOR ESTATES OF ST CHARLES**

2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894  
**Mailing Address** 2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894

**Telephone** (636) 946-4966  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 06316

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**SAINT CLAIR**

**CRAB APPLE VILLAGE SENIOR ESTATES**

214 HARTMAN PL, SUITE 100		<b>Telephone</b> (636) 629-6161	<b>Alzheimer's Unit</b>	Yes
SAINT CLAIR	MO 63077-2458	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	65
<b>Mailing Address</b> 214 HARTMAN PL, SUITE 100		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
SAINT CLAIR	MO 63077-2458	<b>Region</b> 6	<b>Facility Number</b>	24395

**ST CLAIR NURSING CENTER**

1035 PLAZA COURT NORTH		<b>Telephone</b> (636) 629-2100	<b>Alzheimer's Unit</b>	No
SAINT CLAIR	MO 63077-1129	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	79
<b>Mailing Address</b> 1035 PLAZA CT NORTH		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
SAINT CLAIR	MO 63077-1129	<b>Region</b> 6 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	13744

**VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICARE**

160 CHARLES DR		<b>Telephone</b> (636) 322-0003	<b>Alzheimer's Unit</b>	No
SAINT CLAIR	MO 63077-1936	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 160 CHARLES DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
SAINT CLAIR	MO 63077-1936	<b>Region</b> 6	<b>Facility Number</b>	26005

**SAINT ELIZABETH**

**ST ELIZABETH CARE CENTER**

649 SOUTH WALNUT ST		<b>Telephone</b> (573) 493-2215	<b>Alzheimer's Unit</b>	No
SAINT ELIZABETH	MO 65075-2440	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	63
<b>Mailing Address</b> 649 SOUTH WALNUT ST		<b>County</b> MILLER	<b>DMH Licensed</b>	No
SAINT ELIZABETH	MO 65075-2440	<b>Region</b> 6 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	07523

**SAINT JAMES**

**CEDAR KNOLL PARTNERSHIP**

13635 STATE ROUTE V		<b>Telephone</b> (573) 265-3658	<b>Alzheimer's Unit</b>	No
SAINT JAMES	MO 65559-8331	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	32
<b>Mailing Address</b> 13635 STATE ROUTE V		<b>County</b> PHELPS	<b>DMH Licensed</b>	Yes
SAINT JAMES	MO 65559-8331	<b>Region</b> 6	<b>Facility Number</b>	01142

**COUNTRY VALLEY HOME**

15750 COUNTY RD 2430		<b>Telephone</b> (573) 265-8250	<b>Alzheimer's Unit</b>	No
SAINT JAMES	MO 65559-8211	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	23
<b>Mailing Address</b> 15750 COUNTY RD 2430		<b>County</b> PHELPS	<b>DMH Licensed</b>	Yes
SAINT JAMES	MO 65559-8211	<b>Region</b> 6	<b>Facility Number</b>	01852

**FERNDALE, INC**

15677 COUNTY RD 2430		<b>Telephone</b> (573) 265-3344	<b>Alzheimer's Unit</b>	No
SAINT JAMES	MO 65559-8210	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	32
<b>Mailing Address</b> 15677 COUNTY RD 2430		<b>County</b> PHELPS	<b>DMH Licensed</b>	Yes
SAINT JAMES	MO 65559-8210	<b>Region</b> 6	<b>Facility Number</b>	02526

**ST JAMES LIVING CENTER**

415 SIDNEY ST		<b>Telephone</b> (573) 265-8921	<b>Alzheimer's Unit</b>	Yes
SAINT JAMES	MO 65559-1070	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> PO BOX 69		<b>County</b> PHELPS	<b>DMH Licensed</b>	No
SAINT JAMES	MO 65559-0069	<b>Region</b> 6 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	05238

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**ADVANCED CARE OF ST JOSEPH**

3002 N 18TH ST  
 SAINT JOSEPH MO 64505-1872  
**Mailing Address** 3002 N 18TH ST  
 SAINT JOSEPH MO 64505-1872

**Telephone** (816) 364-4200  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 08000

**BELLEVIEW CARE CENTER**

1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527  
**Mailing Address** 1616 WEISENBORN RD  
 SAINT JOSEPH MO 64508-2527

**Telephone** (816) 749-3919  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 10346

**BELLEVIEW CARE CENTER**

1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527  
**Mailing Address** 1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527

**Telephone** (816) 749-3919  
**Level of Care** ALF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** Yes  
**Facility Number** 10346

**CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER**

4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864  
**Mailing Address** 4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864

**Telephone** (816) 364-1526  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 01061

**CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER**

4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864  
**Mailing Address** 4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864

**Telephone** (816) 364-1526  
**Level of Care** RCF\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 01061

**FIELD POINTE ASSISTED LIVING BY AMERICARE**

5002 GENE FIELD ROAD  
 SAINT JOSEPH MO 64506-2056  
**Mailing Address** 5002 GENE FIELD ROAD  
 SAINT JOSEPH MO 64506-2056

**Telephone** (816) 688-4001  
**Level of Care** ALF\*\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 32538

**HEARTLAND II RESIDENTIAL CARE FACILITY, INC**

117 SOUTH 15TH ST  
 SAINT JOSEPH MO 64501-2904  
**Mailing Address** 117 SOUTH 15TH ST  
 SAINT JOSEPH MO 64501-2904

**Telephone** (816) 676-1506  
**Level of Care** RCF\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** Yes  
**Facility Number** 18620

**HEARTLAND III RCF**

1606 SOUTH 38TH ST  
 SAINT JOSEPH MO 64507-2216  
**Mailing Address** PO BOX 8923  
 SAINT JOSEPH MO 64508-8923

**Telephone** (816) 390-8941  
**Level of Care** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 00920

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**HEARTLAND RESIDENTIAL CARE FACILITY, INC**

1311 FRANCIS ST  
 SAINT JOSEPH MO 64501-2318  
**Mailing Address** 1311 FRANCIS ST  
 SAINT JOSEPH MO 64501-2318

**Telephone** (816) 233-5779  
**Level of Care** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 02491

**LIVING COMMUNITY OF ST JOSEPH**

1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200  
**Mailing Address** 1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200

**Telephone** (816) 671-8500  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 24179

**LIVING COMMUNITY OF ST JOSEPH**

1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200  
**Mailing Address** 1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200

**Telephone** (816) 671-8500  
**Level of Care** ALF\*\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 24179

**MCDONALD BOARDING HOME**

438 NORTH 17TH ST  
 SAINT JOSEPH MO 64501-2015  
**Mailing Address** 438 NORTH 17TH ST  
 SAINT JOSEPH MO 64501-2015

**Telephone** (816) 233-7060  
**Level of Care** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** Yes  
**Facility Number** 05170

**ST JOSEPH CHATEAU**

811 NORTH 9TH ST  
 SAINT JOSEPH MO 64501-1651  
**Mailing Address** 811 NORTH 9TH ST  
 SAINT JOSEPH MO 64508-1651

**Telephone** (816) 233-5164  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 69  
**DMH Licensed** No  
**Facility Number** 07532

**ST JOSEPH MANOR HEALTH & REHABILITATION**

1317 NORTH 36TH ST  
 SAINT JOSEPH MO 64506-2359  
**Mailing Address** 1317 NORTH 36TH ST  
 SAINT JOSEPH MO 64506-2359

**Telephone** (816) 676-1630  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 00526

**THOMAS RESIDENTIAL CARE FACILITY 3**

1415 OLIVE ST  
 SAINT JOSEPH MO 64503-2443  
**Mailing Address** 1415 OLIVE ST  
 SAINT JOSEPH MO 64503-2443

**Telephone** (816) 273-5070  
**Level of Care** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 06076

**VINTAGE GARDENS ASSISTED LIVING**

3302 NORTH WOODBINE ROAD  
 SAINT JOSEPH MO 64505-9323  
**Mailing Address** 3302 NORTH WOODBINE RD  
 SAINT JOSEPH MO 64505-9323

**Telephone** (816) 279-3330  
**Level of Care** ALF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 51  
**DMH Licensed** No  
**Facility Number** 22959

**VINTAGE GARDENS ASSISTED LIVING**

3302 NORTH WOODBINE ROAD  
 SAINT JOSEPH MO 64505-9323  
**Mailing Address** 3302 N WOODBINE ROAD  
 SAINT JOSEPH MO 64505-9323

**Telephone** (816) 279-3330  
**Level of Care** ALF\*\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 22959

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**SAINT LOUIS**

**AKINS HEALTH CARE, INC**

4432 WEST BELLE PL  
 SAINT LOUIS MO 63108-2617  
**Mailing Address** 4432 WEST BELLE PL  
 SAINT LOUIS MO 63108-2617

**Telephone** (314) 652-8908  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 00078

**APPLEGATE RH CNSL OPERATION LLC**

1204 TELEGRAPH RD  
 SAINT LOUIS MO 63125-2528  
**Mailing Address** 1204 TELEGRAPH RD  
 SAINT LOUIS MO 63125-2528

**Telephone** (314) 631-2003  
**Level of Care** RCF\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 14409

**ASCENSION LIVING SHERBROOKE VILLAGE**

4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378  
**Mailing Address** 4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378

**Telephone** (314) 544-1111  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** YES  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 15436

**ASCENSION LIVING SHERBROOKE VILLAGE**

4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378  
**Mailing Address** 4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378

**Telephone** (314) 544-1111  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 149  
**DMH Licensed** No  
**Facility Number** 15436

**ASSISTED LIVING AT CHARLESS VILLAGE**

5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715  
**Mailing Address** 5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715

**Telephone** (314) 846-2002  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 05586

**ATRIUM PLACE HEALTH AND REHABILITATION**

2600 REDMAN RD  
 SAINT LOUIS MO 63136-5863  
**Mailing Address** 2600 REDMAN RD  
 SAINT LOUIS MO 63136-5863

**Telephone** (314) 355-8585  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 18697

**AUTUMN VIEW GARDENS AT SCHUETZ ROAD**

11210 SCHUETZ RD  
 SAINT LOUIS MO 63146-4933  
**Mailing Address** 11210 SCHUETZ RD  
 SAINT LOUIS MO 63146-4933

**Telephone** (314) 993-9888  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 22909

**AVALON GARDEN**

4359 TAFT AVE  
 SAINT LOUIS MO 63116-1533  
**Mailing Address** 4359 TAFT AVE  
 SAINT LOUIS MO 63116-1533

**Telephone** (314) 752-2022  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 77  
**DMH Licensed** No  
**Facility Number** 00244

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**AVALON MEMORY CARE**

5342 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152  
**Mailing Address** 5342 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152

**Telephone** (314) 849-2985  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 30425

**BARNES-JEWISH EXTENDED CARE**

401 CORPORATE PARK DR  
 SAINT LOUIS MO 63105-4201  
**Mailing Address** 401 CORPORATE PARK DR  
 SAINT LOUIS MO 63105-4201

**Telephone** (314) 725-7447  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 15878

**BEAUVAIS REHAB AND HEALTHCARE CENTER**

3625 MAGNOLIA AVE  
 SAINT LOUIS MO 63110-4048  
**Mailing Address** 3625 MAGNOLIA AVE  
 SAINT LOUIS MO 63110-4048

**Telephone** (314) 771-2990  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 184  
**DMH Licensed** No  
**Facility Number** 09528

**BELLEFONTAINE GARDENS NURSING & REHAB**

9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336  
**Mailing Address** 9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336

**TEMPORARY CLOSURE - STAFFING**

**Telephone** (314) 388-0796  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 02598

**BENEDICT JOSEPH LABRE CENTER**

3863 CLEVELAND  
 SAINT LOUIS MO 63110-4009  
**Mailing Address** 3863 CLEVELAND  
 SAINT LOUIS MO 63110-4009

**Telephone** (314) 664-3927  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 21163

**BERNARD CARE CENTER**

4335 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2205  
**Mailing Address** 4335 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2205

**Telephone** (314) 371-0200  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 141  
**DMH Licensed** No  
**Facility Number** 00436

**BETHESDA DILWORTH**

9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521  
**Mailing Address** 9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521

**Telephone** (314) 968-5460  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 400  
**DMH Licensed** No  
**Facility Number** 00508

**BETHESDA HAWTHORNE PLACE**

1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598  
**Mailing Address** 1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598

**Telephone** (314) 942-5750  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 30509

**BETHESDA SOUTHGATE**

5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715  
**Mailing Address** 5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715

**Telephone** (314) 846-2000  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 192  
**DMH Licensed** No  
**Facility Number** 05586

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**BLUE CIRCLE REHAB AND NURSING**

2939 MAGAZINE STREET  
 SAINT LOUIS MO 63106-1245  
**Mailing Address** 2939 MAGAZINE STREET  
 SAINT LOUIS MO 63106-1245

**Telephone** (314) 531-0500  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15258

**BRENTMOOR RETIREMENT COMMUNITY**

8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973  
**Mailing Address** 8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973

**Telephone** (314) 995-3811  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 19968

**CARONDELET RETIREMENT MANOR**

6811 MICHIGAN  
 SAINT LOUIS MO 63111-2834  
**Mailing Address** PO BOX 37073  
 SAINT LOUIS MO 63141-1573

**Telephone** (314) 353-9552  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** Yes  
**Facility Number** 01058

**CARRIE ELLIGSON GIETNER HOME**

5000 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2015  
**Mailing Address** 5000 S BROADWAY  
 SAINT LOUIS MO 63111-2015

**Telephone** (314) 752-0000  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 02877

**CEDARHURST OF DES PERES**

12826 DAYLIGHT CIRCLE  
 SAINT LOUIS MO 63131-1890  
**Mailing Address** 12826 DAYLIGHT CIRCLE  
 SAINT LOUIS MO 63131-1890

**Telephone** (314) 916-6614  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 76  
**DMH Licensed** No  
**Facility Number** 30351

**CEDARHURST OF TESSON HEIGHTS**

12335 WEST BEND DR  
 SAINT LOUIS MO 63128-2160  
**Mailing Address** 12335 WEST BEND DR  
 SAINT LOUIS MO 63128-2160

**Telephone** (314) 849-1366  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 79  
**DMH Licensed** No  
**Facility Number** 13663

**CENTRAL RESIDENCE CNSL OPERATION LLC**

5143 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103  
**Mailing Address** 5143 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103

**Telephone** (314) 367-5620  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 41  
**DMH Licensed** Yes  
**Facility Number** 02785

**CHATEAU ANN MARIE**

7700 MINNESOTA AVE  
 SAINT LOUIS MO 63111-3336  
**Mailing Address** 7700 MINNESOTA AVE  
 SAINT LOUIS MO 63111-3336

**Telephone** (314) 449-1497  
**Level of Care** ALF  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** Yes  
**Facility Number** 14711

**CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC**

3409 MISSOURI AVE  
 SAINT LOUIS MO 63118-3236  
**Mailing Address** 3409 MISSOURI AVE  
 SAINT LOUIS MO 63118-3236

**Telephone** (314) 771-8360  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** Yes  
**Facility Number** 14047

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**CHESTNUT REHAB AND NURSING**

10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018  
**Mailing Address** 10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018

**Telephone** (314) 843-4242  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 167  
**DMH Licensed** No  
**Facility Number** 03182

**CHRISTIAN EXTENDED CARE & REHABILITATION**

11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159  
**Mailing Address** 11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159

**Telephone** (314) 355-8010  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 08300

**COMMUNITY CARE CENTER OF LEMAY, INC**

9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600  
**Mailing Address** 9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600

**Telephone** (314) 631-0540  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01732

**COOPER HOUSE**

4385 MARYLAND AVE  
 SAINT LOUIS MO 63108-2703  
**Mailing Address** 4385 MARYLAND AVE  
 SAINT LOUIS MO 63108-2703

**Telephone** (314) 535-1919  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 21439

**CREVE COEUR MANOR**

1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482  
**Mailing Address** 1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482

**Telephone** (314) 434-8361  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 149  
**DMH Licensed** No  
**Facility Number** 02417

**DELHAVEN MANOR**

5460 DELMAR BLVD  
 SAINT LOUIS MO 63112-3104  
**Mailing Address** 5460 DELMAR BLVD  
 SAINT LOUIS MO 63112-3104

**Telephone** (314) 361-2902  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 156  
**DMH Licensed** No  
**Facility Number** 02089

**DELMAR GARDENS SOUTH**

5300 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152  
**Mailing Address** 5300 BUTLER HILL RD  
 SAINT LOUIS MO 63128-4152

**Telephone** (314) 842-0588  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 250  
**DMH Licensed** No  
**Facility Number** 12909

**DOLAN MEMORY CARE AT CALAIS**

1225 TENNANT RD  
 SAINT LOUIS MO 63146-5523  
**Mailing Address** 11300 DOLAN WAY  
 SAINT LOUIS MO 63146-

**Telephone** (314) 993-9500  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 27755

**DOLAN MEMORY CARE AT FRONTIER**

11566 FRONTIER DR  
 SAINT LOUIS MO 63146-4873  
**Mailing Address** 11300 DOLAN WAY  
 ST LOUIS MO 63146-

**Telephone** (314) 995-5331  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 25162

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**DOLAN MEMORY CARE AT MASON MANOR**

12740 MASON MANOR  
 SAINT LOUIS MO 63141-7350  
**Mailing Address** 11300 DOLAN WAY  
 SAINT LOUIS MO 63146-

**Telephone** (314) 576-6200  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 19861

**DOLAN MEMORY CARE AT SCHUETZ**

1706 SCHUETZ RD  
 SAINT LOUIS MO 63146-4931  
**Mailing Address** 11300 DOLAN WAY  
 SAINT LOUIS MO 63146-

**Telephone** (314) 989-1782  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 23805

**DOLAN MEMORY CARE AT WATERFORD CROSSING**

11350 DOLAN WAY  
 SAINT LOUIS MO 63146-5533  
**Mailing Address** 11300 DOLAN WAY  
 ST LOUIS MO 63006-

**Telephone** (314) 993-9500  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 31366

**DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE**

2929 DOUGHERTY FERRY RD  
 SAINT LOUIS MO 63122-3368  
**Mailing Address** 2929 DOUGHERTY FERRY RD  
 SAINT LOUIS MO 63122-3368

**Telephone** (636) 825-6665  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 30034

**DUNN-DUNN HOUSE LLC**

2133 JANNETTE DR  
 SAINT LOUIS MO 63136-4020  
**Mailing Address** 2133 JANNETTE DR  
 SAINT LOUIS MO 63136-4020

**Telephone** (314) 869-2431  
**Level of Care** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** Yes  
**Facility Number** 14694

**DUTCHTOWN CARE CENTER**

3421 GASCONADE ST  
 SAINT LOUIS MO 63118-4201  
**Mailing Address** 3421 GASCONADE ST  
 SAINT LOUIS MO 63118-4201

**Telephone** (314) 832-4700  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 21455

**ESTATES OF HIDDEN LAKE THE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 18442

**ESTATES OF HIDDEN LAKE THE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 18442

**ESTATES OF HIDDEN LAKE THE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care** ALF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 18442

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**ESTATES OF SPANISH LAKE, THE**

610 PRIGGE ROAD  
 SAINT LOUIS MO 63138-3543  
**Mailing Address** 610 PRIGGE ROAD  
 SAINT LOUIS MO 63138-3543

**Telephone** (314) 741-9393  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 15265

**ESTATES OF ST LOUIS, LLC, THE**

2115 KAPPEL DR  
 SAINT LOUIS MO 63136-4115  
**Mailing Address** 2115 KAPPEL DR  
 SAINT LOUIS MO 63136-4115

**Telephone** (314) 867-7474  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 05340

**FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE**

12777 POINTE DR  
 SAINT LOUIS MO 63127-1757  
**Mailing Address** 12777 POINTE DR  
 SAINT LOUIS MO 63127-1757

**Telephone** (314) 270-7111  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 84  
**DMH Licensed** No  
**Facility Number** 02703

**FRIENDSHIP VILLAGE SUNSET HILLS**

12651 VILLAGE CIRCLE DR  
 SAINT LOUIS MO 63127-1778  
**Mailing Address** 12651 VILLAGE CIRCLE DR  
 SAINT LOUIS MO 63127-1778

**Telephone** (314) 270-7777  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 144  
**DMH Licensed** No  
**Facility Number** 02703

**GABLES AT BRADY CIRCLE, LLC THE**

11 BRADY CIRCLE  
 SAINT LOUIS MO 63114-1110  
**Mailing Address** 11 BRADY CIRCLE  
 SAINT LOUIS MO 63114-1110

**Telephone** (314) 890-2230  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 30048

**GARDEN VILLAS SOUTH**

13457 TESSON FERRY RD  
 SAINT LOUIS MO 63128-4010  
**Mailing Address** 13457 TESSON FERRY RD  
 SAINT LOUIS MO 63128-4010

**Telephone** (314) 843-7788  
**Level of Care** ALF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 83  
**DMH Licensed** No  
**Facility Number** 28964

**GRAND MANOR NURSING & REHABILITATION CENTER**

3645 COOK AVE  
 SAINT LOUIS MO 63113-3801  
**Mailing Address** 3645 COOK AVE  
 SAINT LOUIS MO 63113-3801

**Telephone** (314) 531-2352  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 13324

**GREEN PARK SENIOR LIVING COMMUNITY**

9350 GREEN PARK ROAD  
 SAINT LOUIS MO 63123-7211  
**Mailing Address** 9350 GREEN PARK RD  
 SAINT LOUIS MO 63123-7211

**Telephone** (314) 845-0900  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 188  
**DMH Licensed** No  
**Facility Number** 17565

**HERITAGE CARE CENTER**

4401 NORTH HANLEY RD  
 SAINT LOUIS MO 63134-2710  
**Mailing Address** 4401 NORTH HANLEY RD  
 SAINT LOUIS MO 63134-2710

**Telephone** (314) 521-7471  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 00411

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**HILLSIDE REHAB AND HEALTHCARE CENTER**

1265 MCLARAN AVE  
 SAINT LOUIS MO 63147-1606  
**Mailing Address** 1265 MCLARAN AVE  
 SAINT LOUIS MO 63147-1606

**Telephone** (314) 388-4121  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 208  
**DMH Licensed** No  
**Facility Number** 04687

**HOLLY HILLS RETIREMENT HOME**

6421 MINNESOTA  
 SAINT LOUIS MO 63111-2808  
**Mailing Address** 6421 MINNESOTA  
 SAINT LOUIS MO 63111-2808

**Telephone** (314) 351-0767  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 03678

**KASEY PAIGE HEALTH CARE CENTER**

3715 JAMIESON AVE  
 SAINT LOUIS MO 63109-1109  
**Mailing Address** 3715 JAMIESON AVE  
 SAINT LOUIS MO 63109-1109

**Telephone** (314) 781-0222  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 111  
**DMH Licensed** Yes  
**Facility Number** 04650

**LACLEDE COMMONS**

727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911  
**Mailing Address** 727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911

**Telephone** (314) 968-5570  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 242  
**DMH Licensed** No  
**Facility Number** 17713

**LANSDOWNE VILLAGE**

4624 LANSDOWNE AVE  
 SAINT LOUIS MO 63116-1523  
**Mailing Address** 4624 LANSDOWNE AVE  
 SAINT LOUIS MO 63116-1523

**Telephone** (314) 351-6888  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 145  
**DMH Licensed** No  
**Facility Number** 14557

**LIFE CARE CENTER OF ST LOUIS**

3520 CHOUTEAU AVE  
 SAINT LOUIS MO 63103-2916  
**Mailing Address** 3520 CHOUTEAU AVE  
 SAINT LOUIS MO 63103-2916

**Telephone** (314) 771-2100  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 19823

**LINDEN MANOR CNSL OPERATION LLC**

4336 LINDELL BLVD  
 SAINT LOUIS MO 63108-2702  
**Mailing Address** PO BOX 525  
 CUBA MO 65453-

**Telephone** (314) 652-4828  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 10470

**LIVING LIFE LONG RESIDENTIAL CARE, LLC**

5076 WATERMAN  
 SAINT LOUIS MO 63108-1102  
**Mailing Address** 303 UNION BLVD  
 SAINT LOUIS MO 63108-4400

**Telephone** (314) 495-5498  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 05212

**MATTIS POINTE - ASSISTED LIVING BY AMERICARE**

4962 MATTIS ROAD  
 SAINT LOUIS MO 63128-2795  
**Mailing Address** 4962 MATTIS ROAD  
 SAINT LOUIS MO 63128-2795

**Telephone** (314) 328-4084  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 30805

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**MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE**

THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 997-5333  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 23542

**MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE**

THREE MCKNIGHT PLACE  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** THREE MCKNIGHT PLACE  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 993-3333  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 23542

**MCKNIGHT PLACE EXTENDED CARE**

TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 993-2221  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 18914

**MOTHER OF GOOD COUNSEL HOME**

6825 NATURAL BRIDGE RD  
 SAINT LOUIS MO 63121-5314  
**Mailing Address** 6825 NATURAL BRIDGE RD  
 SAINT LOUIS MO 63121-5314

**Telephone** (314) 383-4765  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 114  
**DMH Licensed** No  
**Facility Number** 05568

**MOTHER OF PERPETUAL HELP RESIDENCE, INC**

7609 WATSON ROAD  
 SAINT LOUIS MO 63119-5001  
**Mailing Address** 7609 WATSON ROAD  
 SAINT LOUIS MO 63119-5001

**Telephone** (314) 918-2260  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 160  
**DMH Licensed** No  
**Facility Number** 21111

**NAZARETH LIVING CENTER**

2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600  
**Mailing Address** 2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600

**Telephone** (314) 487-3950  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 121  
**DMH Licensed** No  
**Facility Number** 17458

**NAZARETH LIVING CENTER**

2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600  
**Mailing Address** 2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600

**Telephone** (314) 487-3950  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 114  
**DMH Licensed** No  
**Facility Number** 17458

**NEWSTEAD PLACE**

19 NORTH NEWSTEAD  
 SAINT LOUIS MO 63108-2260  
**Mailing Address** 19 N NEWSTEAD  
 SAINT LOUIS MO 63108-2260

**Telephone** (314) 286-4510  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 19169

**NORMANDY NURSING CENTER**

7301 SAINT CHARLES ROCK RD  
 SAINT LOUIS MO 63133-1737  
**Mailing Address** 7301 SAINT CHARLES ROCK RD  
 SAINT LOUIS MO 63133-1737

**Telephone** (314) 862-0555  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 01118

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**OAK PARK CARE CENTER**

6637 BERTHOLD AVE  
 SAINT LOUIS MO 63139-3318  
**Mailing Address** 6637 BERTHOLD AVE  
 SAINT LOUIS MO 63139-3318

**Telephone** (314) 781-3444  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 05914

**OASIS RESIDENTIAL CARE FACILITY**

3508 PRAIRIE AVE  
 SAINT LOUIS MO 63107-2214  
**Mailing Address** 3508 PRAIRIE AVE  
 SAINT LOUIS MO 63107-2214

**Telephone** (314) 534-3355  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 15415

**PARC PROVENCE**

605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603  
**Mailing Address** 605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603

**Telephone** (314) 542-2500  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 140  
**DMH Licensed** No  
**Facility Number** 24122

**PEACE HAVEN ASSOCIATION**

12630 ROTT RD  
 SAINT LOUIS MO 63127-1214  
**Mailing Address** 12630 ROTT RD  
 SAINT LOUIS MO 63127-1214

**Telephone** (314) 965-3833  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 06369

**PROMENADE SENIOR LIVING**

8825 EAGER ROAD  
 SAINT LOUIS MO 63144-1205  
**Mailing Address** 8825 EAGER ROAD  
 SAINT LOUIS MO 63144-1205

**Telephone** (314) 325-7699  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 30363

**PROVISION OF PROMISE**

4528 NORTH MARKET ST  
 SAINT LOUIS MO 63113-2113  
**Mailing Address** 4528 NORTH MARKET ST  
 SAINT LOUIS MO 63113-2113

**Telephone** (314) 535-5509  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 17937

**RICHMOND TERRACE ASSISTED LIVING**

1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038  
**Mailing Address** 1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038

**Telephone** (314) 646-8000  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 22269

**RIVER CROSSING REHAB AND HEALTHCARE CENTER**

11278 SCHUETZ RD  
 SAINT LOUIS MO 63146-4957  
**Mailing Address** 11278 SCHUETZ RD  
 SAINT LOUIS MO 63146-4957

**Telephone** (314) 991-4066  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 16378

**SILVER SPUR**

3300 TEXAS AVE  
 SAINT LOUIS MO 63118-3111  
**Mailing Address** 3300 TEXAS AVE  
 SAINT LOUIS MO 63118-3111

**Telephone** (314) 773-3408  
**Level of Care** ALF  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** Yes  
**Facility Number** 00185

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**SMILEY MANOR LLC**

5415 THEKLA AVE  
 SAINT LOUIS MO 63120-2513  
**Mailing Address** 5415 THEKLA AVE  
 SAINT LOUIS MO 63120-2513

**Telephone** (314) 932-1360  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 04078

**SMILEY MANOR WEST, LLC**

1119 GOODFELLOW BLVD  
 SAINT LOUIS MO 63112-2513  
**Mailing Address** 1119 GOODFELLOW BLVD  
 SAINT LOUIS MO 63112-2513

**Telephone** (314) 833-3238  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 31147

**SPRING MANOR**

3610 PALM ST  
 SAINT LOUIS MO 63107-2505  
**Mailing Address** 3610 PALM ST  
 SAINT LOUIS MO 63107-2505

**Telephone** (314) 533-3111  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** Yes  
**Facility Number** 28552

**ST ELIZABETH HALL**

325 NORTH NEWSTEAD AVE  
 SAINT LOUIS MO 63108-2707  
**Mailing Address** 325 N NEWSTEAD AVE  
 SAINT LOUIS MO 63108-2707

**Telephone** (314) 652-9525  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** Yes  
**Facility Number** 07516

**ST JOHNS PLACE**

3333 BROWN ROAD  
 SAINT LOUIS MO 63114-4327  
**Mailing Address** 3333 BROWN RD  
 SAINT LOUIS MO 63114-4327

**Telephone** (314) 426-2211  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 18454

**ST LOUIS ALTENHEIM**

5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023  
**Mailing Address** 5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023

**Telephone** (314) 353-7225  
**Level of Care** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 07585

**ST LOUIS ALTENHEIM**

5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023  
**Mailing Address** 5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023

**Telephone** (314) 353-7225  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 07585

**ST LOUIS HILLS ASSISTED LIVING AND MEMORY CARE**

6543 CHIPPEWA ST  
 SAINT LOUIS MO 63109-4100  
**Mailing Address** 6543 CHIPPEWA ST  
 SAINT LOUIS MO 63109-4100

**Telephone** (314) 647-6600  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 181  
**DMH Licensed** No  
**Facility Number** 07594

**SUNRISE OF WEBSTER GROVES**

45 EAST LOCKWOOD  
 SAINT LOUIS MO 63119-3050  
**Mailing Address** 45 EAST LOCKWOOD  
 SAINT LOUIS MO 63119-3050

**Telephone** (314) 918-7300  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 28242

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**SUPERIOR MANOR OF DOWNTOWN, LLC**

1501 CLINTON STREET  
 SAINT LOUIS MO 63106-4100  
**Mailing Address** 1501 CLINTON STREET  
 SAINT LOUIS MO 63106-4100

**Telephone** (314) 921-2625  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 30136

**SYLVAN HOUSE**

30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125  
**Mailing Address** 30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125

**Telephone** (314) 892-2212  
**Level of Care** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 15078

**U-CITY FOREST MANOR**

1301 PARTRIDGE AVE  
 SAINT LOUIS MO 63130-1944  
**Mailing Address** 1301 PARTRIDGE AVE  
 SAINT LOUIS MO 63130-1944

**Telephone** (314) 862-5556  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 15454

**UNION MANOR, LLC**

2711 NORTH UNION BLVD  
 SAINT LOUIS MO 63113-1003  
**Mailing Address** 2711 NORTH UNION BLVD  
 SAINT LOUIS MO 63113-1003

**Telephone** (314) 383-7310  
**Level of Care** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** Yes  
**Facility Number** 11002

**WEST PINE GROUP HOME**

4232 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2840  
**Mailing Address** 4232 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2840

**Telephone** (314) 531-9450  
**Level of Care** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** Yes  
**Facility Number** 05948

**SAINT MARY****MARIAN CLIFF RESIDENTIAL CARE CENTER LLC**

381 ELM ST  
 SAINT MARY MO 63673-9330  
**Mailing Address** PO BOX 272  
 FARMINGTON MO 63640-0272

**Telephone** (573) 543-2218  
**Level of Care** RCF\*  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** Yes  
**Facility Number** 05058

**SAINT PETERS****CHESTNUT GLENN - ASSISTED LIVING BY AMERICARE**

121 KLONDIKE CROSSING  
 SAINT PETERS MO 63376-5394  
**Mailing Address** 121 KLONDIKE CROSSING  
 SAINT PETERS MO 63376-5394

**Telephone** (636) 928-4200  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 74  
**DMH Licensed** No  
**Facility Number** 25446

**CLARENDALE OF ST PETERS**

10 DUBRAY DRIVE  
 SAINT PETERS MO 63376-3558  
**Mailing Address** 10 DUBRAY DRIVE  
 SAINT PETERS MO 63376-3558

**Telephone** (636)706-5100  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 32095

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**MCCLAY SENIOR CARE**

3801 MCCLAY ROAD  
 SAINT PETERS MO 63376-7327  
**Mailing Address** 3801 MCCLAY ROAD  
 SAINT PETERS MO 63376-7327

**Telephone** (636) 244-3323  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 29933

**SPENCER PLACE - ASSISTED LIVING BY AMERICARE**

265 SPENCER RD  
 SAINT PETERS MO 63376-2430  
**Mailing Address** 265 SPENCER RD  
 SAINT PETERS MO 63376-2430

**Telephone** (636) 441-6662  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 74  
**DMH Licensed** No  
**Facility Number** 13294

**ST PETERS POST ACUTE**

5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594  
**Mailing Address** 5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594

**Telephone** (636) 922-7600  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 26014

**ST PETERS POST ACUTE**

5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594  
**Mailing Address** 5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594

**Telephone** (636) 922-7600  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 26014

**ST PETERS REHAB AND HEALTHCARE CENTER**

230 SPENCER RD  
 SAINT PETERS MO 63376-2425  
**Mailing Address** 230 SPENCER RD  
 SAINT PETERS MO 63376-2425

**Telephone** (636) 441-2750  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 07613

**VILLAGES OF ST PETERS MEMORY CARE**

5300 EXECUTIVE CENTER PARKWAY  
 SAINT PETERS MO 63376-3182  
**Mailing Address** 5300 EXECUTIVE CENTER PARKWAY  
 SAINT PETERS MO 63376-3182

**Telephone** (636) 477-6955  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 29889

**SAINTE GENEVIEVE****HIDDEN ACRES ASSISTED LIVING**

19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213  
**Mailing Address** 19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213

**Telephone** (573) 756-8141  
**Level of Care** ALF  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 19721

**HIDDEN ACRES ASSISTED LIVING II LLC**

19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213  
**Mailing Address** 19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213

**Telephone** (573) 756-8141  
**Level of Care** ALF  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 11134

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**PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE**

805 PARKWOOD DR		<b>Telephone</b> (573) 883-3883	<b>Alzheimer's Unit</b>	Yes
SAINTE GENEVIEVE	MO 63670-1858	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 805 PARKWOOD DR		<b>County</b> SAINTE GENEVIEVE	<b>DMH Licensed</b>	No
SAINTE GENEVIEVE	MO 63670-1858	<b>Region 2</b>	<b>Facility Number</b>	23234

**RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER**

1100 PROGRESS PARKWAY		<b>Telephone</b> (573) 883-3454	<b>Alzheimer's Unit</b>	Yes
SAINTE GENEVIEVE	MO 63670-9232	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1100 PROGRESS PARKWAY		<b>County</b> SAINTE GENEVIEVE	<b>DMH Licensed</b>	No
SAINTE GENEVIEVE	MO 63670-9232	<b>Region 2 Medicare/Medicaid</b>	<b>Facility Number</b>	06729

**ST GENEVIEVE NURSING**

1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	<b>Alzheimer's Unit</b>	No
SAINTE GENEVIEVE	MO 63670-1447	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> PO BOX 426		<b>County</b> SAINTE GENEVIEVE	<b>DMH Licensed</b>	No
SAINTE GENEVIEVE	MO 63670-0426	<b>Region 2 Medicare/Medicaid</b>	<b>Facility Number</b>	03254

**SALEM****SALEM CARE CENTER**

1203 NORTH JACKSON		<b>Telephone</b> (573) 729-6649	<b>Alzheimer's Unit</b>	No
SALEM	MO 65560-1076	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 1203 NORTH JACKSON		<b>County</b> DENT	<b>DMH Licensed</b>	No
SALEM	MO 65560-1076	<b>Region 6 Medicaid</b>	<b>Facility Number</b>	02354

**SALEM RESIDENTIAL CARE**

1207 EAST ROOSEVELT ST		<b>Telephone</b> (573) 729-9449	<b>Alzheimer's Unit</b>	No
SALEM	MO 65560-9676	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	35
<b>Mailing Address</b> 1207 EAST ROOSEVELT ST		<b>County</b> DENT	<b>DMH Licensed</b>	No
SALEM	MO 65560-9676	<b>Region 6</b>	<b>Facility Number</b>	19746

**SEVILLE CARE CENTER**

35625 HIGHWAY 72		<b>Telephone</b> (573) 729-6141	<b>Alzheimer's Unit</b>	No
SALEM	MO 65560-7217	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 35625 HIGHWAY 72		<b>County</b> DENT	<b>DMH Licensed</b>	No
SALEM	MO 65560-0746	<b>Region 6 Medicare/Medicaid</b>	<b>Facility Number</b>	07110

**SALISBURY****BRISTOL MANOR OF SALISBURY**

102 NORTH WILLIE ST		<b>Telephone</b> (660) 388-5728	<b>Alzheimer's Unit</b>	No
SALISBURY	MO 65281-1458	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 102 NORTH WILLIE ST		<b>County</b> CHARITON	<b>DMH Licensed</b>	No
SALISBURY	MO 65281-1458	<b>Region 5</b>	<b>Facility Number</b>	18325

**CHARITON PARK HEALTH CARE CENTER**

902 MANOR DR		<b>Telephone</b> (660) 388-6486	<b>Alzheimer's Unit</b>	No
SALISBURY	MO 65281-1236	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 902 MANOR DR		<b>County</b> CHARITON	<b>DMH Licensed</b>	No
SALISBURY	MO 65281-1236	<b>Region 5 Medicare/Medicaid</b>	<b>Facility Number</b>	06469

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**SARCOXIE**

**ANEW HEALTHCARE OPERATIONS-SARCOXIE, LLC**

1505 MINER		<b>Telephone</b>	(417) 548-3434	<b>Alzheimer's Unit</b>	No
SARCOXIE	MO 64862-9211	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	40
<b>Mailing Address</b> 1505 MINER		<b>County</b>	JASPER	<b>DMH Licensed</b>	No
SARCOXIE	MO 64862-0248	<b>Region 1</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	06864

**SAVANNAH**

**ANEW HEALTHCARE SAVANNAH**

13277 STATE ROUTE D		<b>Telephone</b>	(816) 324-5991	<b>Alzheimer's Unit</b>	Yes
SAVANNAH	MO 64485-9431	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	88
<b>Mailing Address</b> 13277 STATE ROUTE D		<b>County</b>	ANDREW	<b>DMH Licensed</b>	No
SAVANNAH	MO 64485-9431	<b>Region 4</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	07147

**LAVERNA MANOR HEALTH & REHABILITATION**

904 SOUTH HALL AVE		<b>Telephone</b>	(816) 324-3185	<b>Alzheimer's Unit</b>	Yes
SAVANNAH	MO 64485-1952	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 904 SOUTH HALL AVE		<b>County</b>	ANDREW	<b>DMH Licensed</b>	No
SAVANNAH	MO 64485-1952	<b>Region 4</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	04478

**SCOTT CITY**

**COUNTRY PLACE**

28601 US HIGHWAY 61		<b>Telephone</b>	(573) 264-1555	<b>Alzheimer's Unit</b>	No
SCOTT CITY	MO 63780-9143	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	24
<b>Mailing Address</b> 28601 US HIGHWAY 61		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SCOTT CITY	MO 63780-9143	<b>Region 2</b>		<b>Facility Number</b>	25934

**SUNSHINE VILLA**

2520 JAMES ST		<b>Telephone</b>	(573) 264-2424	<b>Alzheimer's Unit</b>	No
SCOTT CITY	MO 63780-1219	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	26
<b>Mailing Address</b> 2520 JAMES ST		<b>County</b>	SCOTT	<b>DMH Licensed</b>	Yes
SCOTT CITY	MO 63780-1219	<b>Region 2</b>		<b>Facility Number</b>	07039

**SEDALIA**

**BRISTOL MANOR OF SEDALIA**

1208 EAST 24TH ST		<b>Telephone</b>	(660) 827-2028	<b>Alzheimer's Unit</b>	No
SEDALIA	MO 65301-8231	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1208 EAST 24TH ST		<b>County</b>	PETTIS	<b>DMH Licensed</b>	No
SEDALIA	MO 65301-8231	<b>Region 6</b>		<b>Facility Number</b>	15808

**E W THOMPSON HEALTH & REHABILITATION CENTER**

975 MITCHELL ROAD		<b>Telephone</b>	(660) 851-0668	<b>Alzheimer's Unit</b>	Yes
SEDALIA	MO 65301-2133	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 975 MITCHELL ROAD		<b>County</b>	PETTIS	<b>DMH Licensed</b>	No
SEDALIA	MO 65301-2133	<b>Region 6</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	30182

**ESSEX BY BRISTOL, THE**

301 EAST 3RD		<b>Telephone</b>	(660) 829-1758	<b>Alzheimer's Unit</b>	No
SEDALIA	MO 65301-4335	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	24
<b>Mailing Address</b> 301 EAST 3RD		<b>County</b>	PETTIS	<b>DMH Licensed</b>	No
SEDALIA	MO 65301-4335	<b>Region 6</b>		<b>Facility Number</b>	23020

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**FAIR VIEW NURSING HOME**

1714 WEST 16TH ST  
 SEDALIA MO 65301-5273  
**Mailing Address** 1714 WEST 16TH ST  
 SEDALIA MO 65301-5273

**Telephone** (660) 827-1594  
**Level of Care** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 75  
**DMH Licensed** No  
**Facility Number** 02469

**FOUR SEASONS LIVING CENTER**

2800 HIGHWAY TT  
 SEDALIA MO 65301-1410  
**Mailing Address** 2800 HIGHWAY TT  
 SEDALIA MO 65301-1410

**Telephone** (660) 826-8803  
**Level of Care** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 239  
**DMH Licensed** No  
**Facility Number** 00836

**LOVING ARMS MEMORY CARE AND ASSISTED LIVING**

1300 EAST 24TH ST  
 SEDALIA MO 65301-8233  
**Mailing Address** 1300 EAST 24TH STREET  
 SEDALIA MO 65301-8233

**Telephone** (660) 851-2266  
**Level of Care** ALF\*\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** yes  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 15971

**PETTIS COUNTY ASSISTED LIVING, LLC**

3017 BROOKING PARK AVENUE  
 SEDALIA MO 65301-9327  
**Mailing Address** 3017 BROOKING PARK AVE  
 SEDALIA MO 65301-9327

**Telephone** (660) 827-3222  
**Level of Care** ALF\*\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 139  
**DMH Licensed** Yes  
**Facility Number** 30112

**PRIMROSE OF SEDALIA**

3761 WEST 10TH ST  
 SEDALIA MO 65301-2524  
**Mailing Address** 3761 WEST 10TH ST  
 SEDALIA MO 65301-2524

**Telephone** (660) 527-7054  
**Level of Care** ALF\*\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 25967

**REST HAVEN CONVALESCENT & RETIREMENT HOME**

1800 SOUTH INGRAM  
 SEDALIA MO 65301-7538  
**Mailing Address** 1800 S INGRAM  
 SEDALIA MO 65301-7538

**Telephone** (660) 827-0845  
**Level of Care** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 06582

**STONE RIDGE VILLAGE**

25023 BOTHWELL PARK RD  
 SEDALIA MO 65301-0084  
**Mailing Address** 25023 BOTHWELL PARK RD  
 SEDALIA MO 65301-0084

**Telephone** (660) 827-3993  
**Level of Care** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 81  
**DMH Licensed** No  
**Facility Number** 05035

**SUNNY MEADOWS LIVING CENTER**

419 NORTH PROSPECT AVE  
 SEDALIA MO 65301-2729  
**Mailing Address** 419 N PROSPECT AVE  
 SEDALIA MO 65301-2729

**Telephone** (660) 826-5353  
**Level of Care** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 06527

**SYLVIA G THOMPSON RESIDENCE CENTER, INC**

3333 WEST TENTH ST  
 SEDALIA MO 65301-2113  
**Mailing Address** 3333 WEST TENTH ST  
 SEDALIA MO 65301-2113

**Telephone** (660) 826-2118  
**Level of Care** SNF  
**County** PETTIS  
**Region** 6 **Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 17278

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**SENATH****SENATH SOUTH HEALTH CARE CENTER**

300 EAST HORNBECK ST		<b>Telephone</b> (573) 738-2627	<b>Alzheimer's Unit</b>	No
SENATH	MO 63876-9225	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	150
<b>Mailing Address</b> PO BOX 940		<b>County</b> DUNKLIN	<b>DMH Licensed</b>	No
SENATH	MO 63876-0940	<b>Region 2</b> Medicare/Medicaid	<b>Facility Number</b>	16147

**SENECA****SENECA HOME PLACE**

2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053	<b>Alzheimer's Unit</b>	No
SENECA	MO 64865-9323	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 2400 SOUTH CHEROKEE AVE		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
SENECA	MO 64865-9323	<b>Region 1</b>	<b>Facility Number</b>	17571

**SENECA NURSING**

914 CHICKESAW ST		<b>Telephone</b> (417) 776-8041	<b>Alzheimer's Unit</b>	No
SENECA	MO 64865-9281	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	80
<b>Mailing Address</b> 914 CHICKESAW ST		<b>County</b> NEWTON	<b>DMH Licensed</b>	No
SENECA	MO 64865-9281	<b>Region 1</b> Medicare/Medicaid	<b>Facility Number</b>	17090

**SEYMOUR****GLENWOOD HEALTHCARE**

851 THOROUGHFARE		<b>Telephone</b> (417) 935-2992	<b>Alzheimer's Unit</b>	Yes
SEYMOUR	MO 65746-8767	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 851 THOROUGHFARE		<b>County</b> WEBSTER	<b>DMH Licensed</b>	No
SEYMOUR	MO 65746-8767	<b>Region 1</b> Medicare/Medicaid	<b>Facility Number</b>	16944

**SHELBY****SALT RIVER COMMUNITY CARE**

142 SHELBY PLAZA RD		<b>Telephone</b> (573) 588-4175	<b>Alzheimer's Unit</b>	Yes
SHELBY	MO 63468-1065	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 529		<b>County</b> SHELBY	<b>DMH Licensed</b>	No
SHELBY	MO 63468-0529	<b>Region 5</b> Medicare/Medicaid	<b>Facility Number</b>	06934

**SHELBY VILLA LIFECARE**

218 EAST SHELBY AVE		<b>Telephone</b> (573) 588-4115	<b>Alzheimer's Unit</b>	No
SHELBY	MO 63468-4328	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	68
<b>Mailing Address</b> 218 EAST SHELBY AVE		<b>County</b> SHELBY	<b>DMH Licensed</b>	No
SHELBY	MO 63468-4328	<b>Region 5</b>	<b>Facility Number</b>	18584

**SHREWSBURY****MARY, QUEEN AND MOTHER CENTER**

7601 WATSON RD		<b>Telephone</b> (314) 961-8000	<b>Alzheimer's Unit</b>	NO
SHREWSBURY	MO 63119-5001	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	230
<b>Mailing Address</b> 7601 WATSON RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
SHREWSBURY	MO 63119-5001	<b>Region 7</b> Medicare/Medicaid	<b>Facility Number</b>	05103

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**SIKESTON**

**ARBORS AT WESTRIDGE PLACE - MEMORY CARE BY AMERICARE, THE**

539 NORTH WEST ST		<b>Telephone</b>	(573) 471-6484	<b>Alzheimer's Unit</b>	Yes
SIKESTON	MO 63801-5443	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	28
<b>Mailing Address</b> 539 NORTH WEST ST		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-5443	<b>Region 2</b>		<b>Facility Number</b>	12693

**CLEARVIEW NURSING CENTER**

430 SALCEDO ROAD		<b>Telephone</b>	(573) 471-2565	<b>Alzheimer's Unit</b>	No
SIKESTON	MO 63801-4802	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	98
<b>Mailing Address</b> PO BOX 707		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-0707	<b>Region 2</b>	Medicare/Medicaid	<b>Facility Number</b>	19913

**COLONIAL MANOR, LLC**

907 WEST MALONE ST		<b>Telephone</b>	(573) 471-5541	<b>Alzheimer's Unit</b>	No
SIKESTON	MO 63801-2425	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 907 WEST MALONE ST		<b>County</b>	SCOTT	<b>DMH Licensed</b>	Yes
SIKESTON	MO 63801-2425	<b>Region 2</b>		<b>Facility Number</b>	13255

**DAYBREAK NURSING CENTER**

410 H ROAD		<b>Telephone</b>	(573) 471-7683	<b>Alzheimer's Unit</b>	No
SIKESTON	MO 63801-5350	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	70
<b>Mailing Address</b> 410 H ROAD		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-0430	<b>Region 2</b>	Medicare/Medicaid	<b>Facility Number</b>	11496

**DELTA SOUTH NURSING & REHABILITATION**

640 COLONEL GEORGE E DAY PARKWAY		<b>Telephone</b>	(573) 471-3400	<b>Alzheimer's Unit</b>	NO
SIKESTON	MO 63801-0624	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 640 COLONEL GEORGE E DAY PARKWAY		<b>County</b>	NEW MADRID	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-0624	<b>Region 2</b>	Medicare/Medicaid	<b>Facility Number</b>	30584

**HUNTER ACRES CARING CENTER**

628 NORTH WEST ST		<b>Telephone</b>	(573) 471-7130	<b>Alzheimer's Unit</b>	Yes
SIKESTON	MO 63801-4738	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 628 NORTH WEST ST		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-4738	<b>Region 2</b>	Medicare/Medicaid	<b>Facility Number</b>	07345

**LA BONNE MAISON-ASSISTED LIVING BY AMERICARE**

226 PLAZA DR		<b>Telephone</b>	(573) 472-2546	<b>Alzheimer's Unit</b>	No
SIKESTON	MO 63801-5105	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	30
<b>Mailing Address</b> 226 PLAZA DR		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-5105	<b>Region 2</b>		<b>Facility Number</b>	28804

**SIKESTON CONVALESCENT CENTER**

103 KENNEDY DR		<b>Telephone</b>	(573) 471-6900	<b>Alzheimer's Unit</b>	Yes
SIKESTON	MO 63801-5126	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 103 KENNEDY DR		<b>County</b>	SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-5126	<b>Region 2</b>	Medicare/Medicaid	<b>Facility Number</b>	07331

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**SILEX**

**SILEX COMMUNITY CARE**

111 DUNCAN MANSION RD  
 SILEX MO 63377-2229  
**Mailing Address** 111 DUNCAN MANSION RD  
 SILEX MO 63377-2229

**Telephone** (573) 384-5218  
**Level of Care** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06838

**SILEX RESIDENTIAL HOME, LLC**

145 DUNCAN MANSION RD  
 SILEX MO 63377-2229  
**Mailing Address** 145 DUNCAN MANSION RD  
 SILEX MO 63377-2229

**Telephone** (573) 384-5213  
**Level of Care** RCF\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 20982

**SLATER**

**BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237  
**Level of Care** RCF\*  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 00546

**BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237  
**Level of Care** ICF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00546

**SMITHVILLE**

**BRISTOL MANOR OF SMITHVILLE**

1502 SOUTH COMMERCIAL  
 SMITHVILLE MO 64089-8474  
**Mailing Address** 1502 S COMMERCIAL  
 SMITHVILLE MO 64089-8474

**Telephone** (816) 532-4490  
**Level of Care** RCF  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17515

**SPRINGFIELD**

**BIRCH POINTE HEALTH AND REHABILITATION**

3705 S JEFFERSON AVE  
 SPRINGFIELD MO 65807-5880  
**Mailing Address** 3705 S JEFFERSON AVE  
 SPRINGFIELD MO 65807-5880

**Telephone** (417) 889-0773  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 31013

**BROOKHAVEN NURSING & REHAB**

3405 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241  
**Mailing Address** 3405 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241

**Telephone** (417) 874-9600  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 09512

**BUNGALOWS AT CHESTERFIELD VILLAGE, THE**

2410 WEST CHESTERFIELD BLVD  
 SPRINGFIELD MO 65807-8631  
**Mailing Address** 2410 W CHESTERFIELD BLVD  
 SPRINGFIELD MO 65807-8631

**Telephone** (417) 886-4000  
**Level of Care** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 22584

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**BUNGALOWS AT SPRINGFIELD EAST, THE**

3540 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2828  
**Mailing Address** 3540 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2828

**Telephone** (417) 889-2222  
**Level of Care** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 21025

**CEDARHURST OF SPRINGFIELD**

1146 EAST LAKEWOOD ST  
 SPRINGFIELD MO 65810-2614  
**Mailing Address** 1146 E LAKEWOOD ST  
 SPRINGFIELD MO 65810-2614

**Telephone** (417) 885-9050  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 28295

**FREMONT SENIOR LIVING, THE**

1520 EAST BATES ST  
 SPRINGFIELD MO 65804-8401  
**Mailing Address** 1520 EAST BATES ST  
 SPRINGFIELD MO 65804-8401

**Telephone** (417) 881-0500  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 28782

**GARDENS, THE**

1302 WEST SUNSET  
 SPRINGFIELD MO 65807-5943  
**Mailing Address** 1302 WEST SUNSET  
 SPRINGFIELD MO 65807-5943

**Telephone** (417) 889-7600  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 148  
**DMH Licensed** No  
**Facility Number** 20288

**GLENDALE GARDENS NURSING & REHAB**

3535 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2829  
**Mailing Address** 3535 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2829

**Telephone** (417) 889-9955  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 16735

**GOLDEN ESTATE RESIDENTIAL CARE**

1134 WEST NORTON RD  
 SPRINGFIELD MO 65803-1070  
**Mailing Address** 1134 WEST NORTON RD  
 SPRINGFIELD MO 65803-1070

**Telephone** (417) 833-4440  
**Level of Care** RCF\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 31  
**DMH Licensed** Yes  
**Facility Number** 02984

**JACOBS CARE CENTER, LLC**

932 WEST STATE  
 SPRINGFIELD MO 65806-2846  
**Mailing Address** 932 WEST STATE  
 SPRINGFIELD MO 65806-2846

**Telephone** (417) 865-6140  
**Level of Care** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 06229

**JAMES RIVER NURSING AND REHABILITATION**

3550 EAST BATTLEFIELD  
 SPRINGFIELD MO 65809-3400  
**Mailing Address** 3550 EAST BATTLEFIELD  
 SPRINGFIELD MO 65809-3400

**Telephone** (417) 889-9500  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 17645

**JOY ASSISTED LIVING FOR SENIORS**

2030 W MOUNT VERNON ST  
 SPRINGFIELD MO 65802-4846  
**Mailing Address** PO BOX 9655  
 SPRINGFIELD MO 65801-9655

**Telephone** (417) 864-8805  
**Level of Care** ALF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 74  
**DMH Licensed** Yes  
**Facility Number** 19668

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**LAKEWOOD - ASSISTED LIVING BY AMERICARE**

4685 ROBBERSON AVE  
 SPRINGFIELD MO 65810-1785  
**Mailing Address** 4685 ROBBERSON AVE  
 SPRINGFIELD MO 65810-1785

**Telephone** (417) 881-1411  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 23613

**LODGES, THE**

2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967  
**Mailing Address** 2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967

**Telephone** (417) 864-4545  
**Level of Care** RCF\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** Yes  
**Facility Number** 09756

**MAGNOLIA SQUARE NURSING AND REHAB**

1502 WEST EDGEWOOD  
 SPRINGFIELD MO 65807-3567  
**Mailing Address** 1502 WEST EDGEWOOD  
 SPRINGFIELD MO 65807-3567

**Telephone** (417) 877-7545  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 23400

**MANOR AT ELFINDALE, THE**

1707 WEST ELFINDALE ST  
 SPRINGFIELD MO 65807-1246  
**Mailing Address** 1707 WEST ELFINDALE ST  
 SPRINGFIELD MO 65807-1246

**Telephone** (417) 831-2273  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 17371

**MAPLES HEALTH AND REHABILITATION, THE**

610 WEST SUNSET ST  
 SPRINGFIELD MO 65807-3696  
**Mailing Address** 610 WEST SUNSET ST  
 SPRINGFIELD MO 65807-3696

**Telephone** (417) 891-1700  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06441

**MARANATHA VILLAGE, INC**

233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633  
**Mailing Address** 233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633

**Telephone** (417) 833-0016  
**Level of Care** RCF  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 29  
**DMH Licensed** No  
**Facility Number** 04907

**MARANATHA VILLAGE, INC**

233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633  
**Mailing Address** 233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633

**Telephone** (417) 833-0016  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 04907

**MISSION RIDGE**

4349 S KANSAS AVE  
 SPRINGFIELD MO 65810-1413  
**Mailing Address** 4349 S KANSAS AVE  
 SPRINGFIELD MO 65810-1413

**Telephone** (417) 520-7020  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** NO  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 33342

**NEIGHBORHOODS AT QUAIL CREEK, THE**

1514 WEST LARK  
 SPRINGFIELD MO 65810-2270  
**Mailing Address** 1514 WEST LARK  
 SPRINGFIELD MO 65810-2270

**Telephone** (417) 889-1275  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 24701

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**QUALITY RESIDENTIAL CARE**

2034 WEST COLLEGE  
 SPRINGFIELD MO 65806-1524  
**Mailing Address** PO BOX 8127  
 SPRINGFIELD MO 65801-8127

**Telephone** (417) 831-6466  
**Level of Care** RCF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** Yes  
**Facility Number** 13150

**RAVENWOOD - ASSISTED LIVING BY AMERICARE**

1950 EAST REPUBLIC RD  
 SPRINGFIELD MO 65804-6763  
**Mailing Address** 1950 E REPUBLIC RD  
 SPRINGFIELD MO 65804-6763

**Telephone** (417) 890-6000  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 20791

**SPRING RIDGE - ASSISTED LIVING BY AMERICARE**

2828 SOUTH MEADOWBROOK  
 SPRINGFIELD MO 65807-5925  
**Mailing Address** 2828 SOUTH MEADOWBROOK  
 SPRINGFIELD MO 65807-5925

**Telephone** (417) 889-7100  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 19713

**SPRING VALLEY ASSISTED LIVING**

2915 SOUTH FREMONT AVE  
 SPRINGFIELD MO 65804-3608  
**Mailing Address** 2915 SOUTH FREMONT AVE  
 SPRINGFIELD MO 65804-3608

**Telephone** (417) 883-4022  
**Level of Care** ALF  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 00144

**SPRING VALLEY HEALTH & REHABILITATION CENTER**

2915 SOUTH FREMONT AVE  
 SPRINGFIELD MO 65804-3608  
**Mailing Address** 2915 SOUTH FREMONT AVE  
 SPRINGFIELD MO 65804-3608

**Telephone** (417) 883-4022  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 194  
**DMH Licensed** No  
**Facility Number** 00144

**SPRINGFIELD REHABILITATION & HEALTH CARE CENTER**

2800 S FORT AVE  
 SPRINGFIELD MO 65807-3480  
**Mailing Address** PO BOX 3438 GS  
 SPRINGFIELD MO 65808-3438

**Telephone** (417) 882-0035  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 146  
**DMH Licensed** No  
**Facility Number** 07460

**SPRINGFIELD SKILLED CARE CENTER**

2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967  
**Mailing Address** 2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967

**Telephone** (417) 864-4545  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 09756

**SPRINGFIELD VILLA**

1100 EAST MONTCLAIR  
 SPRINGFIELD MO 65807-5076  
**Mailing Address** 1100 EAST MONTCLAIR  
 SPRINGFIELD MO 65807-5076

**Telephone** (417) 820-8500  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 146  
**DMH Licensed** No  
**Facility Number** 05280

**SPRINGHOUSE VILLAGE EAST, LLC**

3877 EAST FARM ROAD 132  
 SPRINGFIELD MO 65802-  
**Mailing Address** 3877 EAST FARM ROAD 132  
 SPRINGFIELD MO 65802-

**Telephone** (417) 877-1717  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 32469

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**SUNTERRA SPRINGS SPRINGFIELD**

4935 S NATIONAL AVE  
 SPRINGFIELD MO 65810-2989  
**Mailing Address** 4935 S NATIONAL AVE  
 SPRINGFIELD MO 65810-2989

**Telephone** (417) 720-8050  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 31273

**TURNERS ROCK**

3911 EAST HIGHWAY D  
 SPRINGFIELD MO 65809-  
**Mailing Address** 3911 EAST HIGHWAY D  
 SPRINGFIELD MO 65809-

**Telephone** (417) 459-4070  
**Level of Care** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 32441

**VSL SPRINGFIELD ASSISTED LIVING, LLC**

1401 WEST ELFINDALE STREET  
 SPRINGFIELD MO 65807-1295  
**Mailing Address** 1401 WEST ELFINDALE STREET  
 SPRINGFIELD MO 65807-1295

**Telephone** (417) 831-3828  
**Level of Care** ALF  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 32492

**WILSON'S CREEK NURSING & REHAB**

3403 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241  
**Mailing Address** 3403 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241

**Telephone** (417) 864-5600  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 172  
**DMH Licensed** No  
**Facility Number** 05579

**WOODLAND MANOR**

1347 EAST VALLEY WATERMILL RD  
 SPRINGFIELD MO 65803-3739  
**Mailing Address** 1347 EAST VALLEY WATERMILL RD  
 SPRINGFIELD MO 65803-3739

**Telephone** (417) 833-1220  
**Level of Care** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 05794

**STANBERRY****PINE VIEW MANOR, INC**

307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509  
**Mailing Address** 307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509

**Telephone** (660) 783-2118  
**Level of Care** SNF  
**County** GENTRY  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 05832

**PINE VIEW MANOR, INC**

307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509  
**Mailing Address** 307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509

**Telephone** (660) 783-2118  
**Level of Care** ALF\*\*  
**County** GENTRY  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 05832

**STEELE****RIVER OAKS CARE CENTER**

1001 NORTH WALNUT  
 STEELE MO 63877-1355  
**Mailing Address** 1001 N WALNUT  
 STEELE MO 63877-1355

**Telephone** (573) 695-2121  
**Level of Care** SNF  
**County** PEMISCOT  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 06672

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**STEELVILLE**

**STEELVILLE SENIOR LIVING**

311 NORTH SPRING ST		<b>Telephone</b>	(573) 260-8850	<b>Alzheimer's Unit</b>	No
STEELVILLE	MO 65565-5089	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	21
<b>Mailing Address</b> 311 NORTH SPRING ST		<b>County</b>	CRAWFORD	<b>DMH Licensed</b>	No
STEELVILLE	MO 65565-5089	<b>Region</b>	6	<b>Facility Number</b>	02860

**STEELVILLE SENIOR LIVING**

311 NORTH SPRING ST		<b>Telephone</b>	(573) 260-8850	<b>Alzheimer's Unit</b>	No
STEELVILLE	MO 65565-5089	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	72
<b>Mailing Address</b> 311 NORTH SPRING ST		<b>County</b>	CRAWFORD	<b>DMH Licensed</b>	No
STEELVILLE	MO 65565-5089	<b>Region</b>	6	<b>Facility Number</b>	02860

**STOCKTON**

**LAKE STOCKTON HEALTHCARE FACILITY**

1523 3RD ROAD		<b>Telephone</b>	(417) 276-5126	<b>Alzheimer's Unit</b>	Yes
STOCKTON	MO 65785-9608	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> PO BOX 945		<b>County</b>	CEDAR	<b>DMH Licensed</b>	No
STOCKTON	MO 65785-0945	<b>Region</b>	1	<b>Facility Number</b>	07680

**STOVER**

**BRISTOL MANOR OF STOVER**

607 WEST 4TH ST		<b>Telephone</b>	(573) 377-4519	<b>Alzheimer's Unit</b>	No
STOVER	MO 65078-0807	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 607 WEST 4TH ST		<b>County</b>	MORGAN	<b>DMH Licensed</b>	No
STOVER	MO 65078-0807	<b>Region</b>	6	<b>Facility Number</b>	18863

**GOLDEN AGE LIVING CENTER**

404 E THIRD ST		<b>Telephone</b>	(573) 377-4521	<b>Alzheimer's Unit</b>	Yes
STOVER	MO 65078-0947	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	61
<b>Mailing Address</b> PO BOX 307		<b>County</b>	MORGAN	<b>DMH Licensed</b>	No
STOVER	MO 65078-0307	<b>Region</b>	6	<b>Facility Number</b>	02949

**STRAFFORD**

**STRAFFORD CARE CENTER**

505 WEST EVERGREEN		<b>Telephone</b>	(417) 736-9332	<b>Alzheimer's Unit</b>	Yes
STRAFFORD	MO 65757-8625	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	78
<b>Mailing Address</b> 505 WEST EVERGREEN		<b>County</b>	GREENE	<b>DMH Licensed</b>	No
STRAFFORD	MO 65757-8625	<b>Region</b>	1	<b>Facility Number</b>	21285

**STURGEON**

**STURGEON RESIDENTIAL CARE**

315 E STONE ST		<b>Telephone</b>	(573) 687-3012	<b>Alzheimer's Unit</b>	No
STURGEON	MO 65284-8907	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> PO BOX 328		<b>County</b>	BOONE	<b>DMH Licensed</b>	No
STURGEON	MO 65284-0328	<b>Region</b>	6	<b>Facility Number</b>	07733

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**SULLIVAN**

**ARBORS AT DUNSFORD COURT- MEMORY CARE ASSISTED LIVING BY AMERICARE**

775 DUNSFORD ROAD		<b>Telephone</b>	(573) 468-2600	<b>Alzheimer's Unit</b>	Yes
SULLIVAN	MO 63080-1270	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	50
<b>Mailing Address</b> 775 DUNSFORD RD		<b>County</b>	FRANKLIN	<b>DMH Licensed</b>	No
SULLIVAN	MO 63080-1270	<b>Region</b>	6	<b>Facility Number</b>	16094

**LIFE CARE CENTER OF SULLIVAN**

875 DUNSFORD DR		<b>Telephone</b>	(573) 468-3128	<b>Alzheimer's Unit</b>	No
SULLIVAN	MO 63080-1238	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 875 DUNSFORD DR		<b>County</b>	FRANKLIN	<b>DMH Licensed</b>	No
SULLIVAN	MO 63080-1238	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	07744

**MERAMEC NURSING CENTER**

940 MATTOX DR		<b>Telephone</b>	(573) 468-7733	<b>Alzheimer's Unit</b>	No
SULLIVAN	MO 63080-2364	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 940 MATTOX DR		<b>County</b>	CRAWFORD	<b>DMH Licensed</b>	No
SULLIVAN	MO 63080-2364	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	18277

**RIDGEWAY RESIDENTIAL CARE**

431 RUSSELL		<b>Telephone</b>	(573) 468-4318	<b>Alzheimer's Unit</b>	No
SULLIVAN	MO 63080-2228	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> PO BOX 267		<b>County</b>	FRANKLIN	<b>DMH Licensed</b>	Yes
SULLIVAN	MO 63080-0267	<b>Region</b>	6	<b>Facility Number</b>	06668

**VICTORIAN PLACE OF SULLIVAN, ASSISTED LIVING BY AMERICARE**

1250 EAST SPRINGFIELD RD		<b>Telephone</b>	(573) 468-5217	<b>Alzheimer's Unit</b>	No
SULLIVAN	MO 63080-1358	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 1250 EAST SPRINGFIELD RD		<b>County</b>	FRANKLIN	<b>DMH Licensed</b>	No
SULLIVAN	MO 63080-1358	<b>Region</b>	6	<b>Facility Number</b>	26324

**SUNSET HILLS**

**GRANDE AT LAUMEIER PARK THE**

12470 ROTT ROAD		<b>Telephone</b>	(314) 462-0222	<b>Alzheimer's Unit</b>	Yes
SUNSET HILLS	MO 63127-1247	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	98
<b>Mailing Address</b> 12470 ROTT ROAD		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
SUNSET HILLS	MO 63127-1247	<b>Region</b>	7	<b>Facility Number</b>	30466

**SWEET SPRINGS**

**ROYAL OAKS CARE CENTER LLC**

507 EAST MARSHALL		<b>Telephone</b>	(660) 530-3168	<b>Alzheimer's Unit</b>	No
SWEET SPRINGS	MO 65351-9759	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	51
<b>Mailing Address</b> PO BOX 204		<b>County</b>	SALINE	<b>DMH Licensed</b>	Yes
SWEET SPRINGS	MO 65351-0204	<b>Region</b>	5	<b>Facility Number</b>	14953

**SWEET SPRINGS VILLA**

518 E MARSHALL		<b>Telephone</b>	(660) 335-6391	<b>Alzheimer's Unit</b>	No
SWEET SPRINGS	MO 65351-9756	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 518 E MARSHALL		<b>County</b>	SALINE	<b>DMH Licensed</b>	No
SWEET SPRINGS	MO 65351-9756	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	05378

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**TARKIO**

**TARKIO REHABILITATION & HEALTH CARE**

300 CEDAR ST		<b>Telephone</b>	(660) 736-4116	<b>Alzheimer's Unit</b>	No
TARKIO	MO 64491-1174	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	95
<b>Mailing Address</b>	300 CEDAR ST	<b>County</b>	ATCHISON	<b>DMH Licensed</b>	No
TARKIO	MO 64491-1174	<b>Region</b>	4 Medicare/Medicaid	<b>Facility Number</b>	00494

**THAYER**

**SHADY OAKS HEALTHCARE CENTER**

335 BUSINESS ROUTE 63		<b>Telephone</b>	(417) 264-7256	<b>Alzheimer's Unit</b>	No
THAYER	MO 65791-1415	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b>	335 BUSINESS ROUTE 63	<b>County</b>	OREGON	<b>DMH Licensed</b>	No
THAYER	MO 65791-1415	<b>Region</b>	2 Medicare/Medicaid	<b>Facility Number</b>	01364

**TIPTON**

**ASHBURY HEIGHTS OF TIPTON**

908 SOUTH PARK		<b>Telephone</b>	(660) 433-6496	<b>Alzheimer's Unit</b>	No
TIPTON	MO 65081-8408	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b>	908 SOUTH PARK	<b>County</b>	MONITEAU	<b>DMH Licensed</b>	No
TIPTON	MO 65081-8408	<b>Region</b>	6	<b>Facility Number</b>	16506

**TIPTON OAK MANOR**

601 WEST MORGAN ST		<b>Telephone</b>	(660) 433-5574	<b>Alzheimer's Unit</b>	Yes
TIPTON	MO 65081-8214	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	66
<b>Mailing Address</b>	601 WEST MORGAN ST	<b>County</b>	MONITEAU	<b>DMH Licensed</b>	No
TIPTON	MO 65081-8214	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	08036

**TOWN AND COUNTRY**

**ATHENE NURSING AND REHABILITATION**

13995 CLAYTON RD		<b>Telephone</b>	(636) 227-5070	<b>Alzheimer's Unit</b>	Yes
TOWN AND COUNTRY	MO 63017-8400	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	282
<b>Mailing Address</b>	13995 CLAYTON RD	<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
TOWN AND COUNTRY	MO 63017-8400	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	01508

**DELMAR GARDENS WEST**

13550 SOUTH OUTER 40 RD		<b>Telephone</b>	(314) 878-1330	<b>Alzheimer's Unit</b>	No
TOWN AND COUNTRY	MO 63017-5812	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	321
<b>Mailing Address</b>	13550 SOUTH OUTER 40 RD	<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
TOWN AND COUNTRY	MO 63017-5812	<b>Region</b>	7 Medicare/Medicaid	<b>Facility Number</b>	02120

**GARDEN VILLAS**

13590 SOUTH OUTER 40 RD		<b>Telephone</b>	(314) 434-2520	<b>Alzheimer's Unit</b>	No
TOWN AND COUNTRY	MO 63017-5823	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	46
<b>Mailing Address</b>	13590 SOUTH OUTER 40 RD	<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
TOWN AND COUNTRY	MO 63017-5823	<b>Region</b>	7	<b>Facility Number</b>	28978

**MARI DE VILLA RETIREMENT CENTER, INC**

13900 CLAYTON RD		<b>Telephone</b>	(636) 227-5347	<b>Alzheimer's Unit</b>	No
TOWN AND COUNTRY	MO 63017-8406	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	224
<b>Mailing Address</b>	13900 CLAYTON RD	<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
TOWN AND COUNTRY	MO 63017-8406	<b>Region</b>	7	<b>Facility Number</b>	05047

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**TOWN & COUNTRY SENIOR LIVING,THE**

1020 WOODS MILL ROAD  
TOWN AND COUNTRY MO 63017-0603  
**Mailing Address** 1020 WOODS MILL ROAD  
TOWN AND COUNTRY MO 63017-0603

**Telephone** (636) 527-4444  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 30612

**TRENTON****BRISTOL MANOR OF TRENTON**

1701 EAST 28TH ST  
TRENTON MO 64683-1177  
**Mailing Address** 1701 EAST 28TH ST  
TRENTON MO 64683-1177

**Telephone** (660) 359-5599  
**Level of Care** RCF  
**County** GRUNDY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18597

**EASTVIEW MANOR CARE CENTER**

1622 EAST 28TH ST  
TRENTON MO 64683-1104  
**Mailing Address** 1622 EAST 28TH ST  
TRENTON MO 64683-1104

**Telephone** (660) 359-2251  
**Level of Care** SNF  
**County** GRUNDY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 18267

**SUNNYVIEW NURSING HOME & APARTMENTS**

1311 EAST 28TH ST  
TRENTON MO 64683-1103  
**Mailing Address** 1311 EAST 28TH ST  
TRENTON MO 64683-1103

**Telephone** (660) 359-5647  
**Level of Care** RCF\*  
**County** GRUNDY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 18509

**SUNNYVIEW NURSING HOME & APARTMENTS**

1311 EAST 28TH ST  
TRENTON MO 64683-1103  
**Mailing Address** 1311 EAST 28TH ST  
TRENTON MO 64683-1103

**Telephone** (660) 359-5647  
**Level of Care** SNF  
**County** GRUNDY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 154  
**DMH Licensed** No  
**Facility Number** 18509

**TROY****LINCOLN COUNTY NURSING & REHAB**

1145 EAST CHERRY ST  
TROY MO 63379-1520  
**Mailing Address** PO BOX 130  
TROY MO 63379-0130

**Telephone** (636) 528-5712  
**Level of Care** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15750

**SSTAR LLC**

125 ANNA AVE, #18  
TROY MO 63379-2402  
**Mailing Address** 125 ANNA AVE, #18  
TROY MO 63379-2402

**Telephone** (636) 462-6979  
**Level of Care** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 16992

**SUGAR CREEK - ASSISTED LIVING BY AMERICARE**

161 PROFESSIONAL PARKWAY  
TROY MO 63379-2829  
**Mailing Address** 161 PROFESSIONAL PRKWY  
TROY MO 63379-2829

**Telephone** (636) 528-3136  
**Level of Care** ALF\*\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 26349

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**TROY MANOR**

200 THOMPSON DR  
 TROY MO 63379-2308  
**Mailing Address** 200 THOMPSON DR  
 TROY MO 63379-2308

**Telephone** (636) 528-8446  
**Level of Care** ALF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 05397

**TROY MANOR**

200 THOMPSON DR  
 TROY MO 63379-2308  
**Mailing Address** 200 THOMPSON DR  
 TROY MO 63379-2308

**Telephone** (636) 528-8446  
**Level of Care** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 05397

**TROY RH CNSL OPERATION LLC**

350 CAP AU GRIS  
 TROY MO 63379-1761  
**Mailing Address** PO BOX 271  
 TROY MO 63379-0271

**Telephone** (636) 462-4915  
**Level of Care** RCF\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 08129

**TUSCUMBIA****MILLER COUNTY CARE AND REHABILITATION CENTER**

1157 HIGHWAY 17  
 TUSCUMBIA MO 65082-2100  
**Mailing Address** 1157 HWY 17  
 TUSCUMBIA MO 65082-2100

**Telephone** (573) 369-2318  
**Level of Care** SNF  
**County** MILLER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 05422

**UNION****SUNSET HEALTH CARE CENTER**

400 WEST PARK AVE  
 UNION MO 63084-1140  
**Mailing Address** 400 WEST PARK AVE  
 UNION MO 63084-1140

**Telephone** (636) 583-2252  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07831

**UNION CARE CENTER**

1080 MARIE LANE  
 UNION MO 63084-1056  
**Mailing Address** 1080 MARIE LANE  
 UNION MO 63084-1056

**Telephone** (636) 206-8585  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 31476

**VICTORIAN PLACE OF UNION, ASSISTED LIVING BY AMERICARE**

1320 W MAIN  
 UNION MO 63084-1084  
**Mailing Address** 1320 W MAIN  
 UNION MO 63084-1084

**Telephone** (636) 584-0085  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 24408

**WILLOW BROOKE - ASSISTED LIVING BY AMERICARE**

#1 NORTH POTOMAC CT  
 UNION MO 63084-1113  
**Mailing Address** 1 NORTH POTOMAC CT  
 UNION MO 63084-1113

**Telephone** (636) 583-2799  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 13596

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**UNIONVILLE**

**BRISTOL MANOR OF UNIONVILLE**

715 NORTH 22ND ST, HWY 5 NORTH  
 UNIONVILLE MO 63565-1142  
**Mailing Address** 715 NORTH 22ND ST, HWY 5 NORTH  
 UNIONVILLE MO 63565-1142

**Telephone** (660) 947-2151  
**Level of Care** RCF  
**County** PUTNAM  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19153

**PUTNAM COUNTY CARE CENTER**

1814 OAK ST  
 UNIONVILLE MO 63565-1275  
**Mailing Address** 1814 OAK ST  
 UNIONVILLE MO 63565-1275

**Telephone** (660) 947-2492  
**Level of Care** SNF  
**County** PUTNAM  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06516

**UNIVERSITY CITY**

**ACKERT PARK SKILLED NURSING & REHABILITATION CENTER**

894 LELAND AVE  
 UNIVERSITY CITY MO 63130-3239  
**Mailing Address** 894 LELAND AVE  
 UNIVERSITY CITY MO 63130-3239

**Telephone** (314) 726-4767  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 02100

**KINGSLAND WALK SENIOR LIVING**

868 KINGSLAND AVENUE  
 UNIVERSITY CITY MO 63130-3181  
**Mailing Address** 868 KINGSLAND AVENUE  
 UNIVERSITY CITY MO 63130-3181

**Telephone** (314) 955-6884  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 32203

**URBANA**

**URBANA GROUP HOME**

310 WALNUT ST  
 URBANA MO 65767-9208  
**Mailing Address** 310 WALNUT ST  
 URBANA MO 65767-9208

**Telephone** (800) 993-5141  
**Level of Care** RCF  
**County** DALLAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08242

**VALLEY PARK**

**BIG BEND WOODS HEALTHCARE CENTER**

110 HIGHLAND AVE  
 VALLEY PARK MO 63088-1422  
**Mailing Address** 110 HIGHLAND AVE  
 VALLEY PARK MO 63088-1422

**Telephone** (636) 529-8300  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 135  
**DMH Licensed** No  
**Facility Number** 01170

**CAPE ALBEON**

3300 LAKE BEND DR  
 VALLEY PARK MO 63088-2524  
**Mailing Address** 3300 LAKE BEND DR  
 VALLEY PARK MO 63088-2524

**Telephone** (636) 861-3200  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 22838

**GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY**

13612 BIG BEND RD  
 VALLEY PARK MO 63088-1447  
**Mailing Address** 13612 BIG BEND RD  
 VALLEY PARK MO 63088-1447

**Telephone** (636) 861-0500  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 23101

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**VAN BUREN**

**RIVERWAYS MANOR**

403 WATERCRESS RD  
 VAN BUREN MO 63965-9100  
**Mailing Address** PO BOX 969  
 VAN BUREN MO 63965-0969

**Telephone** (573) 323-4282  
**Level of Care** SNF  
**County** CARTER  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06744

**SKYLINE ASSISTED LIVING LLC**

100 HARD ROCK RD  
 VAN BUREN MO 63965-7259  
**Mailing Address** PO BOX 780  
 VAN BUREN MO 63965-0780

**Telephone** (573) 323-2108  
**Level of Care** ALF\*\*  
**County** CARTER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** Yes  
**Facility Number** 29947

**VANDALIA**

**BAPTIST HOMES, TRI-COUNTY**

601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252  
**Mailing Address** 601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252

**Telephone** (573) 594-6467  
**Level of Care** RCF  
**County** AUDRAIN  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 08096

**BAPTIST HOMES, TRI-COUNTY**

601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252  
**Mailing Address** 601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252

**Telephone** (573) 594-6467  
**Level of Care** SNF  
**County** AUDRAIN  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** YES  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 08096

**VERONA**

**POPA GOOD SAMARITAN SERVICES, LLC**

16979 HWY 39  
 VERONA MO 65769-6319  
**Mailing Address** 16979 HWY 39  
 VERONA MO 65769-6319

**Telephone** (417) 353-4448  
**Level of Care** ALF\*\*  
**County** LAWRENCE  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 30440

**VERSAILLES**

**GOOD SHEPHERD CARE CENTER**

1101 WEST CLAY RD  
 VERSAILLES MO 65084-1177  
**Mailing Address** 1101 WEST CLAY RD  
 VERSAILLES MO 65084-1177

**Telephone** (573) 378-5411  
**Level of Care** SNF  
**County** MORGAN  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 21631

**KIDWELL HOME**

1000 KIDWELL DR  
 VERSAILLES MO 65084-1177  
**Mailing Address** 1000 KIDWELL DR  
 VERSAILLES MO 65084-1177

**Telephone** (573) 378-5175  
**Level of Care** RCF\*  
**County** MORGAN  
**Region 6**

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 21631

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**VIBURNUM**

**STONECREST HEALTHCARE**

2 HIGHWAY Y		<b>Telephone</b>	(573) 244-3171	<b>Alzheimer's Unit</b>	No
VIBURNUM	MO 65566-0707	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 707		<b>County</b>	IRON	<b>DMH Licensed</b>	No
VIBURNUM	MO 65566-0707	<b>Region 2</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	16689

**VIENNA**

**MARIES MANOR**

174 BALLPARK RD		<b>Telephone</b>	(573) 422-3177	<b>Alzheimer's Unit</b>	No
VIENNA	MO 65582-8043	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	98
<b>Mailing Address</b> 174 BALLPARK RD		<b>County</b>	MARIES	<b>DMH Licensed</b>	No
VIENNA	MO 65582-8043	<b>Region 6</b>	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	10491

**VIENNA POINTE RESIDENTIAL CARE**

112 PARKWAY DR		<b>Telephone</b>	(573) 422-3230	<b>Alzheimer's Unit</b>	No
VIENNA	MO 65582-8003	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 112 PARKWAY DR		<b>County</b>	MARIES	<b>DMH Licensed</b>	No
VIENNA	MO 65582-8003	<b>Region 6</b>		<b>Facility Number</b>	23333

**WAPPAPELLO**

**FAMILY COUNSELING CENTER INC**

18408 WAYNE ROUTE D		<b>Telephone</b>	(573) 222-8676	<b>Alzheimer's Unit</b>	No
WAPPAPELLO	MO 63966-	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	27
<b>Mailing Address</b> 18408 WAYNE ROUTE D		<b>County</b>	WAYNE	<b>DMH Licensed</b>	Yes
WAPPAPELLO	MO 63966-	<b>Region 2</b>		<b>Facility Number</b>	23584

**WARDSVILLE**

**AUBURN RIDGE LIVING CENTER**

1425 ASHBURY WAY		<b>Telephone</b>	(573) 634-2031	<b>Alzheimer's Unit</b>	No
WARDSVILLE	MO 65101-1007	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	24
<b>Mailing Address</b> 1425 ASHBURY WAY		<b>County</b>	COLE	<b>DMH Licensed</b>	No
WARDSVILLE	MO 65101-1007	<b>Region 6</b>		<b>Facility Number</b>	31832

**WARRENSBURG**

**ARBORS AT HARMONY GARDENS-MEMORY CARE ASSISTED LIVING BY AMERICARE THE**

539 EAST YOUNG AVENUE		<b>Telephone</b>	(660) 429-0034	<b>Alzheimer's Unit</b>	Yes
WARRENSBURG	MO 64093-1228	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	24
<b>Mailing Address</b> 539 EAST YOUNG AVENUE		<b>County</b>	JOHNSON	<b>DMH Licensed</b>	No
WARRENSBURG	MO 64093-1228	<b>Region 3</b>		<b>Facility Number</b>	31389

**BRISTOL MANOR OF WARRENSBURG**

603 CREACH		<b>Telephone</b>	(660) 747-8319	<b>Alzheimer's Unit</b>	No
WARRENSBURG	MO 64093-1994	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 603 CREACH		<b>County</b>	JOHNSON	<b>DMH Licensed</b>	No
WARRENSBURG	MO 64093-1994	<b>Region 3</b>		<b>Facility Number</b>	16599

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**COUNTRY CLUB REHAB AND HEALTHCARE CENTER**

503 REGENT DR  
 WARRENSBURG MO 64093-3231  
**Mailing Address** 503 REGENT DR  
 WARRENSBURG MO 64093-3231

**Telephone** (660) 429-4444  
**Level of Care** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 73  
**DMH Licensed** No  
**Facility Number** 20892

**COUNTRY CLUB REHAB AND HEALTHCARE CENTER**

503 REGENT DR  
 WARRENSBURG MO 64093-3231  
**Mailing Address** 503 REGENT DR  
 WARRENSBURG MO 64093-3231

**Telephone** (660) 429-4444  
**Level of Care** RCF\*  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20892

**HARMONY GARDENS - ASSISTED LIVING BY AMERICARE**

503 BURKARTH ROAD  
 WARRENSBURG MO 64093-3145  
**Mailing Address** 503 BURKARTH RD  
 WARRENSBURG MO 64093-3145

**Telephone** (660) 747-5411  
**Level of Care** ALF\*\*  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 18615

**JOHNSON COUNTY CARE CENTER**

122 EAST MARKET ST  
 WARRENSBURG MO 64093-1818  
**Mailing Address** 122 EAST MARKET ST  
 WARRENSBURG MO 64093-1818

**Telephone** (660) 747-8101  
**Level of Care** ICF  
**County** JOHNSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 87  
**DMH Licensed** No  
**Facility Number** 05309

**MOOREVIEW RESIDENTIAL**

130 WEST CULTON  
 WARRENSBURG MO 64093-1720  
**Mailing Address** 130 WEST CULTON  
 WARRENSBURG MO 64093-1720

**Telephone** (660) 429-1587  
**Level of Care** RCF  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 11225

**RIDGE CREST NURSING CENTER**

706 SOUTH MITCHELL  
 WARRENSBURG MO 64093-2828  
**Mailing Address** 706 SOUTH MITCHELL  
 WARRENSBURG MO 64093-2828

**Telephone** (660) 429-2177  
**Level of Care** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06640

**WARRENSBURG MANOR CARE CENTER**

400 CARE CENTER DR  
 WARRENSBURG MO 64093-3100  
**Mailing Address** 400 CARE CENTER DR  
 WARRENSBURG MO 64093-3100

**Telephone** (660) 747-2216  
**Level of Care** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 08383

**WARRENTON****BRISTOL MANOR OF WARRENTON**

815 WOOLF ROAD  
 WARRENTON MO 63383-6184  
**Mailing Address** 815 WOOLF RD  
 WARRENTON MO 63383-6184

**Telephone** (636) 456-1437  
**Level of Care** RCF  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19954

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**HARTON SENIOR LIVING**

1054 SOUTH HWY 47  
 WARRENTON MO 63383-2625  
**Mailing Address** 1054 SOUTH HWY 47  
 WARRENTON MO 63383-2625

**Telephone** (636) 377-4444  
**Level of Care** RCF  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 30144

**OAK POINTE OF WARRENTON**

700 FORREST AVE  
 WARRENTON MO 63383-7040  
**Mailing Address** 700 FORREST AVE  
 WARRENTON MO 63383-7040

**Telephone** (636) 456-6464  
**Level of Care** ALF\*\*  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 71  
**DMH Licensed** No  
**Facility Number** 25045

**WARSAW****BRISTOL MANOR OF WARSAW**

1600 ESTATE DR  
 WARSAW MO 65355-3061  
**Mailing Address** 1600 ESTATE DR  
 WARSAW MO 65355-3061

**Telephone** (660) 438-7173  
**Level of Care** RCF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16343

**WARSAW HEALTH AND REHABILITATION CENTER**

1609 SUNCHASE DR  
 WARSAW MO 65355-3059  
**Mailing Address** 1609 SUNCHASE DR  
 WARSAW MO 65355-3059

**Telephone** (660) 438-2970  
**Level of Care** SNF  
**County** BENTON  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15243

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

2701 RABBIT TRAIL DR  
 WASHINGTON MO 63090-6711  
**Mailing Address** 2701 RABBIT TRAIL DR  
 WASHINGTON MO 63090-6711

**Telephone** (636) 390-9500  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 28065

**ASPEN VALLEY**

1888 EAST 9TH STREET  
 WASHINGTON MO 63090-3549  
**Mailing Address** 1888 EAST 9TH STREET  
 WASHINGTON MO 63090-3549

**Telephone** (696) 346-9634  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 14  
**DMH Licensed** No  
**Facility Number** 32779

**BRISTOL MANOR OF WASHINGTON**

100 WEST 12TH ST  
 WASHINGTON MO 63090-4445  
**Mailing Address** 100 WEST 12TH ST  
 WASHINGTON MO 63090-4445

**Telephone** (636) 390-0050  
**Level of Care** RCF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20138

**GRANDVIEW HEALTHCARE CENTER**

201 GRAND AVE  
 WASHINGTON MO 63090-1209  
**Mailing Address** 201 GRAND AVE  
 WASHINGTON MO 63090-1209

**Telephone** (636) 239-9190  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 102  
**DMH Licensed** No  
**Facility Number** 15045

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**HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY, THE**

1481 MARBACH DRIVE		<b>Telephone</b> (636) 239-1941	<b>Alzheimer's Unit</b>	No
WASHINGTON	MO 63090-4636	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	36
<b>Mailing Address</b> 1481 MARBACH DRIVE		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-4636	<b>Region</b> 6	<b>Facility Number</b>	32345

**OAK POINTE OF WASHINGTON**

1650 HIGH STREET		<b>Telephone</b> (636) 390-3290	<b>Alzheimer's Unit</b>	Yes
WASHINGTON	MO 63090-4354	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	65
<b>Mailing Address</b> 1650 HIGH STREET		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-4354	<b>Region</b> 6	<b>Facility Number</b>	32114

**SOUTH POINTE - ASSISTED LIVING BY AMERICARE**

5125 OLD HWY 100		<b>Telephone</b> (636) 239-0670	<b>Alzheimer's Unit</b>	Yes
WASHINGTON	MO 63090-3855	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	72
<b>Mailing Address</b> 5125 OLD HWY 100		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-3855	<b>Region</b> 6	<b>Facility Number</b>	13735

**VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE**

2800 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-9500	<b>Alzheimer's Unit</b>	No
WASHINGTON	MO 63090-6737	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 2800 RABBIT TRAIL DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-6737	<b>Region</b> 6	<b>Facility Number</b>	27659

**WAVERLY****APPLE RIDGE CARE CENTER**

100 WEST THOMAS AVE		<b>Telephone</b> (660) 493-2232	<b>Alzheimer's Unit</b>	Yes
WAVERLY	MO 64096-9143	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 188		<b>County</b> LAFAYETTE	<b>DMH Licensed</b>	No
WAVERLY	MO 64096-0188	<b>Region</b> 3 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	08823

**WAYNESVILLE****LIFE CARE CENTER OF WAYNESVILLE**

700 BIRCH LN		<b>Telephone</b> (573) 774-6456	<b>Alzheimer's Unit</b>	Yes
WAYNESVILLE	MO 65583-2275	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 700 BIRCH LN		<b>County</b> PULASKI	<b>DMH Licensed</b>	No
WAYNESVILLE	MO 65583-2275	<b>Region</b> 6 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	04592

**WEBB CITY****BRISTOL MANOR OF WEBB CITY**

1803 NORTH MAIN, HIGHWAY D		<b>Telephone</b> (417) 673-4231	<b>Alzheimer's Unit</b>	No
WEBB CITY	MO 64870-1193	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1803 NORTH MAIN, HIGHWAY D		<b>County</b> JASPER	<b>DMH Licensed</b>	No
WEBB CITY	MO 64870-1193	<b>Region</b> 1	<b>Facility Number</b>	20537

**FOX BERRY TERRACE - ASSISTED LIVING BY AMERICARE**

4316 NORTH ST LOUIS AVE		<b>Telephone</b> (417) 625-1000	<b>Alzheimer's Unit</b>	Yes
WEBB CITY	MO 64870-9550	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	46
<b>Mailing Address</b> 4316 NORTH ST LOUIS AVE		<b>County</b> JASPER	<b>DMH Licensed</b>	No
WEBB CITY	MO 64870-9550	<b>Region</b> 1	<b>Facility Number</b>	25428

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**WEBB CITY HEALTH AND REHABILITATION CENTER**

2077 STADIUM DR		<b>Telephone</b> (417) 673-1933	<b>Alzheimer's Unit</b>	Yes
WEBB CITY	MO 64870-9743	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 2077 STADIUM DR		<b>County</b> JASPER	<b>DMH Licensed</b>	No
WEBB CITY	MO 64870-9743	<b>Region 1</b> Medicare/Medicaid	<b>Facility Number</b>	12286

**WEBSTER GROVES****LUTHERAN CONVALESCENT HOME**

723 SOUTH LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	<b>Alzheimer's Unit</b>	No
WEBSTER GROVES	MO 63119-4911	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	286
<b>Mailing Address</b> 723 SOUTH LACLEDE STATION RD		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
WEBSTER GROVES	MO 63119-4911	<b>Region 7</b> Medicare/Medicaid	<b>Facility Number</b>	04695

**WELLSVILLE****ANEW HEALTHCARE AND REHAB-WELLSVILLE**

250 E LOCUST		<b>Telephone</b> (573) 684-2002	<b>Alzheimer's Unit</b>	No
WELLSVILLE	MO 63384-1422	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	112
<b>Mailing Address</b> 250 E LOCUST		<b>County</b> MONTGOMERY	<b>DMH Licensed</b>	No
WELLSVILLE	MO 63384-1422	<b>Region 6</b> Medicare/Medicaid	<b>Facility Number</b>	02740

**WENTZVILLE****BOULEVARD SENIOR LIVING OF WENTZVILLE, THE**

120 PERRY CATE BOULEVARD		<b>Telephone</b> (636) 698-9458	<b>Alzheimer's Unit</b>	Yes
WENTZVILLE	MO 63385-4719	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	62
<b>Mailing Address</b> 120 PERRY CATE BOULEVARD		<b>County</b> SAINT CHARLES	<b>DMH Licensed</b>	No
WENTZVILLE	MO 63385-4719	<b>Region 5</b>	<b>Facility Number</b>	31404

**BRISTOL MANOR OF WENTZVILLE**

840 WEST NORTHVIEW		<b>Telephone</b> (636) 639-6777	<b>Alzheimer's Unit</b>	No
WENTZVILLE	MO 63385-1036	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 840 W NORTHVIEW		<b>County</b> SAINT CHARLES	<b>DMH Licensed</b>	No
WENTZVILLE	MO 63385-1036	<b>Region 5</b>	<b>Facility Number</b>	20397

**HAMPTON MANOR OF WENTZVILLE**

21 MIDLAND PARK DR		<b>Telephone</b> (636) 538-6700	<b>Alzheimer's Unit</b>	YES
WENTZVILLE	MO 63385-8100	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	85
<b>Mailing Address</b> 21 MIDLAND PARK DR		<b>County</b> SAINT CHARLES	<b>DMH Licensed</b>	No
WENTZVILLE	MO 63385-8100	<b>Region 5</b>	<b>Facility Number</b>	33289

**TWIN OAKS AT HERITAGE POINTE**

228 SAVANNAH TERRACE		<b>Telephone</b> (636) 542-5200	<b>Alzheimer's Unit</b>	Yes
WENTZVILLE	MO 63385-3741	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	70
<b>Mailing Address</b> 228 SAVANNAH TERRACE		<b>County</b> SAINT CHARLES	<b>DMH Licensed</b>	No
WENTZVILLE	MO 63385-3741	<b>Region 5</b>	<b>Facility Number</b>	26877

**VILLAGE CENTER CARE OF WENTZVILLE**

909 E PITMAN AVE		<b>Telephone</b> (636) 327-1907	<b>Alzheimer's Unit</b>	No
WENTZVILLE	MO 63385-1818	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	22
<b>Mailing Address</b> 909 E PITMAN AVE		<b>County</b> SAINT CHARLES	<b>DMH Licensed</b>	No
WENTZVILLE	MO 63385-1818	<b>Region 5</b>	<b>Facility Number</b>	28026

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**WEST PLAINS**

**BROOKE HAVEN HEALTHCARE**

1410 NORTH KENTUCKY AVE  
 WEST PLAINS MO 65775-1822  
**Mailing Address** 1410 NORTH KENTUCKY AVE  
 WEST PLAINS MO 65775-1822

**Telephone** (417) 256-7975  
**Level of Care** SNF  
**County** HOWELL  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06253

**CEDARHURST OF WEST PLAINS**

1521 US HIGHWAY 63  
 WEST PLAINS MO 65775-9809  
**Mailing Address** 1521 US HIGHWAY 63  
 WEST PLAINS MO 65775-9809

**Telephone** (417) 372-8940  
**Level of Care** ALF\*\*  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** YES  
**Bed Capacity** 84  
**DMH Licensed** No  
**Facility Number** 32028

**LAMPLIGHT VILLAGE**

309 LOCUST ST  
 WEST PLAINS MO 65775-3906  
**Mailing Address** PO BOX 166  
 WEST PLAINS MO 65775-0166

**Telephone** (417) 256-2749  
**Level of Care** RCF\*  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 21563

**NHC HEALTHCARE, WEST PLAINS**

211 DAVIS DR  
 WEST PLAINS MO 65775-2242  
**Mailing Address** PO BOX 497  
 WEST PLAINS MO 65775-0497

**Telephone** (417) 256-0798  
**Level of Care** SNF  
**County** HOWELL  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 114  
**DMH Licensed** No  
**Facility Number** 08434

**PLEASANT VALLEY MANOR**

213 DAVIS DR  
 WEST PLAINS MO 65775-2274  
**Mailing Address** 213 DAVIS DR  
 WEST PLAINS MO 65775-2274

**Telephone** (417) 257-0179  
**Level of Care** RCF\*  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 13641

**SOUTH VIEW HEALTH CARE, LLC**

951 CREAMERY ROAD  
 WEST PLAINS MO 65775-6052  
**Mailing Address** PO BOX 88  
 WEST PLAINS MO 65775-0088

**Telephone** (417) 255-9322  
**Level of Care** RCF\*  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 23567

**WEST VUE NURSING AND REHABILITATION CENTER**

210 DAVIS DR  
 WEST PLAINS MO 65775-2241  
**Mailing Address** 210 DAVIS DR  
 WEST PLAINS MO 65775-2241

**Telephone** (417) 256-2152  
**Level of Care** SNF  
**County** HOWELL  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 21733

**WESTON**

**BRISTOL MANOR OF WESTON**

178 WALNUT  
 WESTON MO 64098-1328  
**Mailing Address** 178 WALNUT  
 WESTON MO 64098-1328

**Telephone** (816) 386-5507  
**Level of Care** RCF  
**County** PLATTE  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16741

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**WESTPHALIA**

**STONEBRIDGE WESTPHALIA**

1899 HIGHWAY 63		<b>Telephone</b>	(573) 455-2280	<b>Alzheimer's Unit</b>	No
WESTPHALIA	MO 65085-2215	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	64
<b>Mailing Address</b> 1899 HWY 63		<b>County</b>	OSAGE	<b>DMH Licensed</b>	No
WESTPHALIA	MO 65085-2215	<b>Region</b> 6	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	18653

**STONEBRIDGE WESTPHALIA**

1899 HIGHWAY 63		<b>Telephone</b>	(573) 455-2280	<b>Alzheimer's Unit</b>	No
WESTPHALIA	MO 65085-2215	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	28
<b>Mailing Address</b> 1899 HWY 63		<b>County</b>	OSAGE	<b>DMH Licensed</b>	No
WESTPHALIA	MO 65085-2215	<b>Region</b> 6		<b>Facility Number</b>	18653

**WILDWOOD**

**AEGIS HEALTH AND REHABILITATION**

1441 CHARIC DR		<b>Telephone</b>	(636) 394-2522	<b>Alzheimer's Unit</b>	No
WILDWOOD	MO 63021-2001	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 1441 CHARIC DR		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
WILDWOOD	MO 63021-2001	<b>Region</b> 7	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	17887

**PLAZA AT WILDWOOD SENIOR LIVING,THE**

251 PLAZA DRIVE		<b>Telephone</b>	(636) 273-3900	<b>Alzheimer's Unit</b>	Yes
WILDWOOD	MO 63040-1203	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	94
<b>Mailing Address</b> 251 PLAZA DRIVE		<b>County</b>	SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
WILDWOOD	MO 63040-1203	<b>Region</b> 7		<b>Facility Number</b>	31049

**WILLARD**

**BRISTOL MANOR OF WILLARD**

511 WATSON		<b>Telephone</b>	(417) 742-0090	<b>Alzheimer's Unit</b>	No
WILLARD	MO 65781-8314	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 511 WATSON		<b>County</b>	GREENE	<b>DMH Licensed</b>	No
WILLARD	MO 65781-8314	<b>Region</b> 1		<b>Facility Number</b>	20838

**WILLARD CARE CENTER**

400 WEST WALNUT LN		<b>Telephone</b>	(417) 742-3593	<b>Alzheimer's Unit</b>	Yes
WILLARD	MO 65781-9432	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 400 W WALNUT LN		<b>County</b>	GREENE	<b>DMH Licensed</b>	No
WILLARD	MO 65781-9432	<b>Region</b> 1	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	16393

**WILLOW SPRINGS**

**WILLOW CARE NURSING HOME**

2646 STATE ROUTE 76		<b>Telephone</b>	(417) 469-3152	<b>Alzheimer's Unit</b>	Yes
WILLOW SPRINGS	MO 65793-8254	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	105
<b>Mailing Address</b> PO BOX 309		<b>County</b>	HOWELL	<b>DMH Licensed</b>	No
WILLOW SPRINGS	MO 65793-0309	<b>Region</b> 2	<b>Medicare/Medicaid</b>	<b>Facility Number</b>	08614

**WILLOW WEST APARTMENTS**

2644 STATE ROUTE 76		<b>Telephone</b>	(417) 469-3152	<b>Alzheimer's Unit</b>	No
WILLOW SPRINGS	MO 65793-8254	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	36
<b>Mailing Address</b> PO BOX 309		<b>County</b>	HOWELL	<b>DMH Licensed</b>	No
WILLOW SPRINGS	MO 65793-0309	<b>Region</b> 2		<b>Facility Number</b>	08614

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

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

**WINDSOR**

**WINDSOR HEALTHCARE & REHAB CENTER**

809 WEST BENTON		<b>Telephone</b> (660) 647-3102	<b>Alzheimer's Unit</b>	No
WINDSOR	MO 65360-1239	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 5		<b>County</b> HENRY	<b>DMH Licensed</b>	No
WINDSOR	MO 65360-0005	<b>Region 1</b> Medicare/Medicaid	<b>Facility Number</b>	21715

**WINFIELD**

**WINFIELD RESIDENTIAL CARE**

220 WEST WALNUT ST		<b>Telephone</b> (636) 668-8110	<b>Alzheimer's Unit</b>	No
WINFIELD	MO 63389-1122	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 220 WEST WALNUT ST		<b>County</b> LINCOLN	<b>DMH Licensed</b>	Yes
WINFIELD	MO 63389-1122	<b>Region 5</b>	<b>Facility Number</b>	08729

**WRIGHT CITY**

**WARRENTON MANOR**

65 STATE HIGHWAY AA		<b>Telephone</b> (636) 456-8700	<b>Alzheimer's Unit</b>	Yes
WRIGHT CITY	MO 63383-3301	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 65 STATE HIGHWAY AA		<b>County</b> WARREN	<b>DMH Licensed</b>	No
WRIGHT CITY	MO 63390-3301	<b>Region 6</b> Medicare/Medicaid	<b>Facility Number</b>	02505

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