

# Missouri Long Term Care Facilities Directory

## ADAIR

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

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

### HIGHLAND CREST - ASSISTED LIVING BY AMERICARE

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

### KIRKSVILLE MANOR CARE CENTER

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

### PREFERRED FAMILY HEALTHCARE, INC

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

### TWIN PINES ADULT CARE CENTER

1900 S JAMISON		<b>Telephone</b>	(660) 665-2887	<b>Alzheimer's Unit</b>	Yes
KIRKSVILLE	MO 63501-5302	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1900 S JAMISON		<b>County</b>	ADAIR	<b>DMH Licensed</b>	No
KIRKSVILLE	MO 63501-5302	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	08218

## ANDREW

### 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</b>	4 Medicare/Medicaid	<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</b>	4 Medicare/Medicaid	<b>Facility Number</b>	04478

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## ATCHISON

### PLEASANT VIEW NURSING HOME

470 RAINBOW DR		<b>Telephone</b>	(660) 744-6252	<b>Alzheimer's Unit</b>	No
ROCK PORT	MO 64482-1641	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> PO BOX 273		<b>County</b>	ATCHISON	<b>DMH Licensed</b>	No
ROCK PORT	MO 64482-0273	<b>Region 4</b>	Medicare/Medicaid	<b>Facility Number</b>	06041

### 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 4</b>	Medicare/Medicaid	<b>Facility Number</b>	00494

## AUDRAIN

### ARBORS AT LAKEVIEW BEND - ASSISTED LIVING BY AMERICARE, THE

1700 ASBURY CIRCLE WEST		<b>Telephone</b>	(573) 581-8777	<b>Alzheimer's Unit</b>	Yes
MEXICO	MO 65265-1400	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	39
<b>Mailing Address</b> 1722 HUNTINGFIELD DR		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
MEXICO	MO 65265-3808	<b>Region 5</b>		<b>Facility Number</b>	13544

### BAPTIST HOMES, TRI-COUNTY

601 NORTH GALLOWAY RD		<b>Telephone</b>	(573) 594-6467	<b>Alzheimer's Unit</b>	No
VANDALIA	MO 63382-1252	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 601 NORTH GALLOWAY RD		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
VANDALIA	MO 63382-1252	<b>Region 5</b>		<b>Facility Number</b>	08096

### BAPTIST HOMES, TRI-COUNTY

601 NORTH GALLOWAY RD		<b>Telephone</b>	(573) 594-6467	<b>Alzheimer's Unit</b>	YES
VANDALIA	MO 63382-1252	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 601 NORTH GALLOWAY RD		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
VANDALIA	MO 63382-1252	<b>Region 5</b>	Medicare/Medicaid	<b>Facility Number</b>	08096

### ESSEX OF MEXICO, THE

1109 OLD FARM RD WEST		<b>Telephone</b>	(573) 581-5223	<b>Alzheimer's Unit</b>	No
MEXICO	MO 65265-3250	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 1109 OLD FARM RD WEST		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
MEXICO	MO 65265-3250	<b>Region 5</b>		<b>Facility Number</b>	24425

### KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST		<b>Telephone</b>	(573) 581-1577	<b>Alzheimer's Unit</b>	No
MEXICO	MO 65265-2199	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 620 WEST BOULEVARD ST		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
MEXICO	MO 65265-2199	<b>Region 5</b>		<b>Facility Number</b>	04146

### KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST		<b>Telephone</b>	(573) 581-1577	<b>Alzheimer's Unit</b>	No
MEXICO	MO 65265-2199	<b>Level of Care</b>	ICF	<b>Bed Capacity</b>	36
<b>Mailing Address</b> 620 WEST BOULEVARD ST		<b>County</b>	AUDRAIN	<b>DMH Licensed</b>	No
MEXICO	MO 65265-2199	<b>Region 5</b>		<b>Facility Number</b>	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

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

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

**Telephone** (417) 847-3386  
**Level of Care** SNF  
**County** BARRY  
**Region** 1 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01097

**CEDAR RIDGE CARE CENTER, LLC**

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

**Telephone** (417) 847-5546  
**Level of Care** RCF\*  
**County** BARRY  
**Region** 1

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

**COUNTRYSIDE CARE CENTER, LLC**

385 SOUTH EISENHOWER  
 MONETT MO 65708-8266  
**Mailing Address** PO BOX 434  
 MONETT MO 65708-0434

**Telephone** (417) 235-4040  
**Level of Care** RCF\*  
**County** BARRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** Yes  
**Facility Number** 12737

**LACOBA HOMES, INC**

850 HIGHWAY 60  
 MONETT MO 65708-9376  
**Mailing Address** PO BOX 885  
 MONETT MO 65708-0885

**Telephone** (417) 235-7895  
**Level of Care** SNF  
**County** BARRY  
**Region** 1 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 79  
**DMH Licensed** No  
**Facility Number** 04315

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**LEISURE LIVING**

305 5TH ST  
 MONETT MO 65708-2312  
**Mailing Address** 305 5TH ST  
 MONETT MO 65708-2312

**Telephone** (417) 235-5959  
**Level of Care** RCF  
**County** BARRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 18227

**ROARING RIVER HEALTH AND REHABILITATION**

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

**Telephone** (417) 847-2184  
**Level of Care** SNF  
**County** BARRY  
**Region** 1 Medicare/Medicaid

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

**BARTON****BRISTOL MANOR OF LAMAR**

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

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

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

**MAPLE SENIOR LIVING LLC**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 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

**BATES****BAPTIST HOMES OF ADRIAN**

402 WEST 1ST STREET  
 ADRIAN MO 64720-9277  
**Mailing Address** 402 WEST 1ST STREET  
 ADRIAN MO 64720-9277

**Telephone** (816) 297-8901  
**Level of Care** SNF  
**County** BATES  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 00032

**BRISTOL MANOR OF BUTLER**

411 SOUTH DELAWARE  
 BUTLER MO 64730-2311  
**Mailing Address** 411 S DELAWARE  
 BUTLER MO 64730-2311

**Telephone** (660) 679-3661  
**Level of Care** RCF  
**County** BATES  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18817

**BUTLER REHAB AND HEALTHCARE CENTER**

416 SOUTH HIGH ST  
 BUTLER MO 64730-1827  
**Mailing Address** 416 S HIGH ST  
 BUTLER MO 64730-1827

**Telephone** (660) 679-6158  
**Level of Care** SNF  
**County** BATES  
**Region** 3 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 08627

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**MEDICALODGES BUTLER**

103 EAST NURSERY  
 BUTLER MO 64730-2331  
**Mailing Address** 103 EAST NURSERY  
 BUTLER MO 64730-2331

**Telephone** (660) 679-3179  
**Level of Care** SNF  
**County** BATES  
**Region** 3 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 05319

**BENTON****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

**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

**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

**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

**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

**WARSAW HEALTH AND REHABILITATION CENTER**

1609 SUNCHASE DR  
 WARSAW MO 65355-3059  
**Mailing Address** 1609 SUNCHASE DR  
 WARSAW MO 65355-3059

**Telephone** (660) 438-2970  
**Level of Care** SNF  
**County** BENTON  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15243

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## BOLLINGER

### 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

### 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

### 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

### 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

## BOONE

### 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**

### TEMPORARY CLOSURE - STAFFING

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

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**ASHLAND VILLA - ASSISTED LIVING BY AMERICARE**

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

**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

**BRISTOL MANOR OF CENTRALIA**

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

**Telephone** (573) 682-5913  
**Level of Care** RCF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18286

**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

**HERITAGE HALL NURSING CENTER**

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

**Telephone** (573) 682-5551  
**Level of Care** SNF  
**County** BOONE  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03069

**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

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

3003 FALLING LEAF COURT		<b>Telephone</b> (573) 256-4620	<b>Alzheimer's Unit</b>	No
COLUMBIA	MO 65201-3549	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 3003 FALLING LEAF COURT		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65201-3549	<b>Region</b> 6 Medicare/Medicaid	<b>Facility Number</b>	24341

**PARKSIDE MANOR**

1201 HUNT AVE		<b>Telephone</b> (573) 449-1448	<b>Alzheimer's Unit</b>	Yes
COLUMBIA	MO 65202-1367	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1201 HUNT AVE		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65202-1367	<b>Region</b> 6 Medicare/Medicaid	<b>Facility Number</b>	11262

**SOUTH HAMPTON PLACE**

4700 BRANDON WOODS		<b>Telephone</b> (573) 874-3674	<b>Alzheimer's Unit</b>	No
COLUMBIA	MO 65203-7169	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	100
<b>Mailing Address</b> 4700 BRANDON WOODS		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65203-7169	<b>Region</b> 6 Medicare/Medicaid	<b>Facility Number</b>	19799

**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</b> 6	<b>Facility Number</b>	10146

**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

**TIGER PLACE**

2910 BLUFF CREEK DR		<b>Telephone</b> (573) 256-4620	<b>Alzheimer's Unit</b>	No
COLUMBIA	MO 65201-3522	<b>Level of Care</b> ICF	<b>Bed Capacity</b>	112
<b>Mailing Address</b> 2910 BLUFF CREEK DR		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65201-3522	<b>Region</b> 6	<b>Facility Number</b>	24341

**VILLA AT BLUE RIDGE, THE**

701 BLUE RIDGE ROAD		<b>Telephone</b> (573) 474-6111	<b>Alzheimer's Unit</b>	No
COLUMBIA	MO 65201-3734	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	97
<b>Mailing Address</b> 701 BLUE RIDGE ROAD		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65201-3734	<b>Region</b> 6 Medicare/Medicaid	<b>Facility Number</b>	01706

**WESTBURY SENIOR LIVING THE**

550 STONE VALLEY PARKWAY		<b>Telephone</b> (573) 818-7030	<b>Alzheimer's Unit</b>	Yes
COLUMBIA	MO 65203-5567	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 550 STONE VALLEY PARKWAY		<b>County</b> BOONE	<b>DMH Licensed</b>	No
COLUMBIA	MO 65203-5567	<b>Region</b> 6	<b>Facility Number</b>	32666

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## BUCHANAN

### 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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 180  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 08000

### 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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 100  
**County** BUCHANAN **DMH Licensed** Yes  
**Region** 4 **Facility Number** 10346

### 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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 90  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 32  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 130  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 65  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **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 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 52  
**County** BUCHANAN **DMH Licensed** Yes  
**Region** 4 **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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 18  
**County** BUCHANAN **DMH Licensed** Yes  
**Region** 4 **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** ALF\*\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 24179

**LIVING COMMUNITY OF ST JOSEPH**

1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200  
**Mailing Address** 1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200

**Telephone** (816) 671-8500  
**Level of Care** SNF  
**County** BUCHANAN  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 24179

**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 JOSPEH 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

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**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

**BUTLER****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** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 18157

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**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care** ALF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 18157

**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

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## CALDWELL

### GOLDEN AGE NURSING HOME

12498 SE HWY 116		<b>Telephone</b>	(660) 645-2243	<b>Alzheimer's Unit</b>	No
BRAYMER	MO 64624-9107	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	83
<b>Mailing Address</b> 12498 SE HWY 116		<b>County</b>	CALDWELL	<b>DMH Licensed</b>	No
BRAYMER	MO 64624-9107	<b>Region 4</b>	Medicare/Medicaid	<b>Facility Number</b>	02957

### 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

### 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>	SNF	<b>Bed Capacity</b>	90
<b>Mailing Address</b> 801 SOUTH COLBY		<b>County</b>	CALDWELL	<b>DMH Licensed</b>	No
HAMILTON	MO 64644-8287	<b>Region 4</b>	Medicare/Medicaid	<b>Facility Number</b>	03315

## CALLAWAY

### ASHBURY HEIGHTS OF FULTON

704 WEST CHESTNUT		<b>Telephone</b>	(573) 642-2015	<b>Alzheimer's Unit</b>	No
FULTON	MO 65251-1254	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 704 WEST CHESTNUT		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	No
FULTON	MO 65251-1254	<b>Region 6</b>		<b>Facility Number</b>	23923

### BRIDGEWAY RESIDENTIAL CARE FACILITY

828 JEFFERSON ST		<b>Telephone</b>	(573) 642-7770	<b>Alzheimer's Unit</b>	No
FULTON	MO 65251-1877	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	94
<b>Mailing Address</b> 828 JEFFERSON ST		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	Yes
FULTON	MO 65251-1877	<b>Region 6</b>		<b>Facility Number</b>	13522

### BRISTOL MANOR OF FULTON

750 SIGN PAINTER ROAD		<b>Telephone</b>	(573) 642-7557	<b>Alzheimer's Unit</b>	No
FULTON	MO 65251-2514	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 750 SIGN PAINTER RD		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	No
FULTON	MO 65251-2514	<b>Region 6</b>		<b>Facility Number</b>	18575

### CHURCHILL TERRACE - ASSISTED LIVING BY AMERICARE

120 HOSPITAL DR		<b>Telephone</b>	(573) 642-5222	<b>Alzheimer's Unit</b>	No
FULTON	MO 65251-2511	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	57
<b>Mailing Address</b> 120 HOSPITAL DR		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	No
FULTON	MO 65251-2511	<b>Region 6</b>		<b>Facility Number</b>	20783

### FULTON MANOR CARE CENTER

520 MANOR DR		<b>Telephone</b>	(573) 642-6834	<b>Alzheimer's Unit</b>	No
FULTON	MO 65251-2429	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	52
<b>Mailing Address</b> 520 MANOR DR		<b>County</b>	CALLAWAY	<b>DMH Licensed</b>	No
FULTON	MO 65251-2429	<b>Region 6</b>	Medicare/Medicaid	<b>Facility Number</b>	02725

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**FULTON NURSING & REHAB**

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

**Telephone** (573) 642-0202 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 100  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 36  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 18735

**KINGDOM CARE SENIOR LIVING LLC**

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

**Telephone** (573) 642-6646 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 41  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Facility Number** 18735

**RIVERVIEW NURSING CENTER**

10303 STATE RD C  
 MOKANE MO 65059-1211  
**Mailing Address** 10303 STATE RD C  
 MOKANE MO 65059-1211

**Telephone** (573) 676-3136 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 06730

**SUMMIT VILLA LIFECARE**

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

**Telephone** (573) 896-8567 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 50  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Facility Number** 21318

**TIMBERS, THE**

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

**Telephone** (573) 415-0390 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 50  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Facility Number** 30384

**VALLEY PARK NORTH**

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

**Telephone** (573) 592-4995 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 19  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Facility Number** 29982

**VALLEY PARK RETIREMENT CENTER**

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

**Telephone** (573) 896-0208 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 22  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Facility Number** 27986

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## CAMDEN

### 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

### BRISTOL MANOR OF CAMDENTON

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

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

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

### CAMDENTON WINDSOR ESTATES

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

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

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

### LAKE PARKE SENIOR LIVING

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

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

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

### 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

## 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

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**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

**CAPETOWN ASSISTED LIVING**

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

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

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

**CHATEAU GIRARDEAU**

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

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

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

**CHATEAU GIRARDEAU**

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

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

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

**FOUNTAINBLEAU LODGE**

2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2193  
**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

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**JACKSON MANOR**

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

**Telephone** (573) 243-3101 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 90  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 03438

**LIFE CARE CENTER OF CAPE GIRARDEAU**

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

**Telephone** (573) 335-2086 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 01032

**LUTHERAN HOME ASSISTED LIVING**

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

**Telephone** (573) 335-0158 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 115  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** **Facility Number** 13536

**LUTHERAN HOME, THE**

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

**Telephone** (573) 335-0158 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 274  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** Medicare/Medicaid **Facility Number** 13536

**MAPLE CREST MANOR**

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

**Telephone** (573) 334-2662 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 48  
**County** CAPE GIRARDEAU **DMH Licensed** Yes  
**Region 2** **Facility Number** 03628

**MONTICELLO HOUSE**

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

**Telephone** (573) 243-8989 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 105  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** Medicare/Medicaid **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 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 32  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** **Facility Number** 14454

**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 **Alzheimer's Unit** YES  
**Level of Care** ALF\*\* **Bed Capacity** 94  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** **Facility Number** 33246

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

**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

**CARROLL****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

**CARTER****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

**CASS****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

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**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

**BENTON HOUSE OF RAYMORE**

2100 JOHNSTON DR  
 RAYMORE MO 64083-8122  
**Mailing Address** 2100 JOHNSTON DR  
 RAYMORE MO 64083-8122

**Telephone** (816) 322-2111  
**Level of Care** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 29896

**BRISTOL MANOR OF PLEASANT HILL**

2124 HIGHRIDGE  
 PLEASANT HILL MO 64080-1912  
**Mailing Address** 2124 HIGHRIDGE  
 PLEASANT HILL MO 64080-1912

**Telephone** (816) 987-2562  
**Level of Care** RCF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16538

**BRISTOL MANOR OF RAYMORE**

604 EAST SUNRISE DR  
 RAYMORE MO 64083-9037  
**Mailing Address** 604 EAST SUNRISE DR  
 RAYMORE MO 64083-9037

**Telephone** (816) 322-6782  
**Level of Care** RCF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19730

**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

**CARNEGIE VILLAGE SENIOR LIVING COMMUNITY**

103 BERNARD DR  
 BELTON MO 64012-6182  
**Mailing Address** 103 BERNARD DR  
 BELTON MO 64012-6182

**Telephone** (816) 322-0844  
**Level of Care** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 85  
**DMH Licensed** No  
**Facility Number** 25482

**CROWN REHAB AND HEALTHCARE CENTER**

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

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

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

**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347  
**Mailing Address** 1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347

**Telephone** (816) 331-3111  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 02649

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347  
**Mailing Address** 1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347

**Telephone** (816) 331-3111  
**Level of Care** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 02649

**GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE**

2001 JEFFERSON PARKWAY  
 HARRISONVILLE MO 64701-3714  
**Mailing Address** 2001 JEFFERSON PARKWAY  
 HARRISONVILLE MO 64701-3714

**Telephone** (816) 380-4731  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 128  
**DMH Licensed** No  
**Facility Number** 12458

**MEADOW VIEW HEALTH & REHABILITATION**

2203 EAST MECHANIC ST  
 HARRISONVILLE MO 64701-2060  
**Mailing Address** 2203 EAST MECHANIC ST  
 HARRISONVILLE MO 64701-2060

**Telephone** (816) 380-2622  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 00968

**PLEASANT HILL HEALTH AND REHABILITATION CENTER**

1300 BROADWAY  
 PLEASANT HILL MO 64080-1842  
**Mailing Address** 1300 BROADWAY  
 PLEASANT HILL MO 64080-1842

**Telephone** (816) 540-2116  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15101

**SUNRISE NURSING & MEMORY CARE**

600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037  
**Mailing Address** 600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037

**Telephone** (816) 322-1991  
**Level of Care** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 152  
**DMH Licensed** No  
**Facility Number** 16170

**CEDAR****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

**LAKE STOCKTON HEALTHCARE FACILITY**

1523 3RD ROAD  
 STOCKTON MO 65785-9608  
**Mailing Address** PO BOX 945  
 STOCKTON MO 65785-0945

**Telephone** (417) 276-5126  
**Level of Care** SNF  
**County** CEDAR  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 07680

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

### BRISTOL MANOR OF SALISBURY

102 NORTH WILLIE ST  
 SALISBURY MO 65281-1458  
**Mailing Address** 102 NORTH WILLIE ST  
 SALISBURY MO 65281-1458

**Telephone** (660) 388-5728  
**Level of Care** RCF  
**County** CHARITON  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18325

### 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

### CHARITON PARK HEALTH CARE CENTER

902 MANOR DR  
 SALISBURY MO 65281-1236  
**Mailing Address** 902 MANOR DR  
 SALISBURY MO 65281-1236

**Telephone** (660) 388-6486  
**Level of Care** SNF  
**County** CHARITON  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06469

### 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

## CHRISTIAN

### BAPTIST HOME, THE

1625 WEST GARTON RD  
 OZARK MO 65721-6637  
**Mailing Address** PO BOX 1040  
 OZARK MO 65721-1040

**Telephone** (417) 581-2101  
**Level of Care** ICF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 21509

### BAPTIST HOME, THE

1625 WEST GARTON RD  
 OZARK MO 65721-6637  
**Mailing Address** PO BOX 1040  
 OZARK MO 65721-1040

**Telephone** (417) 581-2101  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 21509

### BRADFORD COURT - ASSISTED LIVING BY AMERICARE

902 NORTH MAIN  
 NIXA MO 65714-9384  
**Mailing Address** 902 NORTH MAIN  
 NIXA MO 65714-9384

**Telephone** (417) 725-0177  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 17732

### CASTLEWOOD SENIOR LIVING THE

1538 N OLD CASTLE ROAD  
 NIXA MO 65714-9902  
**Mailing Address** 1538 N OLD CASTLE ROAD  
 NIXA MO 65714-9902

**Telephone** (417) 724-8188  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 30722

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**CENTURY PINES ASSISTED LIVING**

709 EAST MCCRACKEN RD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCRACKEN RD  
 OZARK MO 65721-9499

**Telephone** (417) 581-7278  
**Level of Care** ALF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** Yes  
**Facility Number** 01200

**CENTURY PINES ASSISTED LIVING**

709 EAST MCCRACKEN RD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCRACKEN RD  
 OZARK MO 65721-9499

**Telephone** (417) 581-7278  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 01200

**COTTAGE AT CENTURY PINES, THE**

707 EAST MCCRACKEN ROAD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCRACKEN ROAD  
 OZARK MO 65721-9499

**Telephone** (417) 581-7278  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 30579

**ESSEX OF OZARK, THE**

5173 NORTH 22ND  
 OZARK MO 65721-7637  
**Mailing Address** 5173 NORTH 22ND  
 OZARK MO 65721-7637

**Telephone** (417) 485-4185  
**Level of Care** RCF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24318

**HOPEDALE COTTAGE ASSISTED LIVING THE**

1314 W SCHOOL STREET  
 OZARK MO 65721-6618  
**Mailing Address** 1314 W SCHOOL STREET  
 OZARK MO 65721-6618

**Telephone** (417) 581-1308  
**Level of Care** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 14  
**DMH Licensed** No  
**Facility Number** 30302

**LIFE ENHANCEMENT VILLAGE OF THE OZARKS INC**

732 SOUTH GREGG ROAD  
 NIXA MO 65714-7419  
**Mailing Address** 732 SOUTH GREGG RD  
 NIXA MO 65714-7419

**Telephone** (417) 725-5166  
**Level of Care** RCF\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** Yes  
**Facility Number** 14190

**NIXA NURSING & REHAB**

1104 NORTH MAIN ST  
 NIXA MO 65714-9316  
**Mailing Address** 1104 N MAIN ST  
 NIXA MO 65714-9316

**Telephone** (417) 725-1777  
**Level of Care** SNF  
**County** CHRISTIAN  
**Region** 1 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 82  
**DMH Licensed** No  
**Facility Number** 13840

**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

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**OAKS COTTAGE ASSISTED LIVING, THE**

5448 N 2ND AVENUE  
 OZARK MO 65721-6210  
**Mailing Address** 5448 N 2ND AVENUE  
 OZARK MO 65721-6210

**Telephone** (417) 581-0330  
**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

**PROMISE CARE CENTER, LLC**

1111 CARE AVE  
 NIXA MO 65714-9679  
**Mailing Address** 1111 CARE AVE  
 NIXA MO 65714-9679

**Telephone** (417) 494-5037  
**Level of Care** RCF  
**County** CHRISTIAN  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 126  
**DMH Licensed** No  
**Facility Number** 15935

**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

**SPECIAL FORCE FAMILY MINISTRIES**

428 SOUTH HARRISON ST  
 NIXA MO 65714-7809  
**Mailing Address** PO BOX 882  
 NIXA MO 65714-0882

**Telephone** (417) 725-7917  
**Level of Care** RCF  
**County** CHRISTIAN  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18764

**CLARK****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

**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

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## CLAY

### 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

### 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

### 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

### 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

### 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

### 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

### 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

### 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

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**HERITAGE VILLAGE OF GLADSTONE**

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

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

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

**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

**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

**MCCRITTE 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

**MCCRITTE 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

**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

**NEW MARK CARE CENTER**

11221 NORTH NASHUA DR  
 KANSAS CITY MO 64155-1159  
**Mailing Address** 11221 N NASHUA DR  
 KANSAS CITY MO 64155-1159

**Telephone** (816) 734-4433  
**Level of Care** SNF  
**County** CLAY  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 199  
**DMH Licensed** No  
**Facility Number** 12688

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**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

**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

**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

**OAK POINTE OF KEARNEY**

200 MEADOWBROOK DR  
 KEARNEY MO 64060-8788  
**Mailing Address** 200 MEADOWBROOK DR  
 KEARNEY MO 64060-8788

**Telephone** (816) 628-0075  
**Level of Care** ALF\*\*  
**County** CLAY  
**Region 4**

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 29803

**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

**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

**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

**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

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**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

**WESTBROOK CARE CENTER, INC**

401 S PLATTE CLAY WAY  
 KEARNEY MO 64060-7714  
**Mailing Address** 401 S PLATTE CLAY WAY  
 KEARNEY MO 64060-7714

**Telephone** (816) 628-2222  
**Level of Care** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 19757

**CLINTON****BRISTOL MANOR OF CAMERON**

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

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

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

**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

**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

**NICK'S HEALTH CARE CENTER, LLC**

253 EAST HIGHWAY 116  
 PLATTSBURG MO 64477-1561  
**Mailing Address** 253 EAST HWY 116  
 PLATTSBURG MO 64477-1561

**Telephone** (816) 539-2376  
**Level of Care** SNF  
**County** CLINTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 22058

**OAKRIDGE OF PLATTSBURG**

205 EAST CLAY AVE  
 PLATTSBURG MO 64477-8100  
**Mailing Address** PO BOX 247  
 PLATTSBURG MO 64477-0247

**Telephone** (816) 539-2128  
**Level of Care** SNF  
**County** CLINTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05994

**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

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**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

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

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

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

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

**ASHBURY HEIGHTS OF JEFFERSON CITY**

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

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

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

**AUBURN RIDGE LIVING CENTER**

1425 ASHBURY WAY  
 WARDSVILLE MO 65101-1007  
**Mailing Address** 1425 ASHBURY WAY  
 WARDSVILLE MO 65101-1007

**Telephone** (573) 634-2031  
**Level of Care** RCF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 31832

**BRISTOL MANOR OF JEFFERSON CITY**

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

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

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

**HEISINGER BLUFFS HEALTHCARE WESTERN CAMPUS**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 69  
**DMH Licensed** No  
**Facility Number** 07572

**HEISINGER BLUFFS REHAB AND HEALTHCARE CENTER**

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

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

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

**HEISINGER BLUFFS SENIOR LIVING**

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

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

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

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**JEFFERSON CITY MANOR CARE CENTER**

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

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

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

**JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC**

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

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

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

**MAPLEWOOD, INC**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**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** 13  
**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

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**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 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 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

**WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE**

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

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

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

**COOPER****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

**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

**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

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**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** SNF  
**County** COOPER  
**Region** 6 Medicare/Medicaid

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

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

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

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

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

**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

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

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

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

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

**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

**CUBA MANOR, INC**

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

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

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

**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

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

940 MATTOX DR  
 SULLIVAN MO 63080-2364  
**Mailing Address** 940 MATTOX DR  
 SULLIVAN MO 63080-2364

**Telephone** (573) 468-7733  
**Level of Care** SNF  
**County** CRAWFORD  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 18277

**STEELVILLE SENIOR LIVING**

311 NORTH SPRING ST  
 STEELVILLE MO 65565-5089  
**Mailing Address** 311 NORTH SPRING ST  
 STEELVILLE MO 65565-5089

**Telephone** (573) 260-8850  
**Level of Care** ALF  
**County** CRAWFORD  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 21  
**DMH Licensed** No  
**Facility Number** 02860

**STEELVILLE SENIOR LIVING**

311 NORTH SPRING ST  
 STEELVILLE MO 65565-5089  
**Mailing Address** 311 NORTH SPRING ST  
 STEELVILLE MO 65565-5089

**Telephone** (573) 260-8850  
**Level of Care** SNF  
**County** CRAWFORD  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 02860

**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

**DADE****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

**DALLAS****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

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**BUFFALO PRAIRIE CENTER FOR REHAB AND HEALTHCARE**

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

**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

**URBANA GROUP HOME**

310 WALNUT ST		<b>Telephone</b> (800) 993-5141	<b>Alzheimer's Unit</b>	No
URBANA	MO 65767-9208	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	20
<b>Mailing Address</b> 310 WALNUT ST		<b>County</b> DALLAS	<b>DMH Licensed</b>	Yes
URBANA	MO 65767-9208	<b>Region 1</b>	<b>Facility Number</b>	08242

**DAVIESS****DAVIESS COUNTY NURSING AND REHABILITATION**

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

**DEKALB****QUAIL RUN HEALTH CARE CENTER**

1405 WEST GRAND AVE		<b>Telephone</b> (816) 632-2151	<b>Alzheimer's Unit</b>	No
CAMERON	MO 64429-1118	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	84
<b>Mailing Address</b> PO BOX 525		<b>County</b> DEKALB	<b>DMH Licensed</b>	No
CAMERON	MO 64429-0525	<b>Region 4</b> Medicare/Medicaid	<b>Facility Number</b>	03829

**SUNSET HOME**

1201 SOUTH POLK		<b>Telephone</b> (816) 449-2158	<b>Alzheimer's Unit</b>	No
MAYSVILLE	MO 64469-4028	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 1201 S POLK		<b>County</b> DEKALB	<b>DMH Licensed</b>	No
MAYSVILLE	MO 64469-4028	<b>Region 4</b> Medicare/Medicaid	<b>Facility Number</b>	07798

**DENT****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</b> Medicaid	<b>Facility Number</b>	02354

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**SALEM RESIDENTIAL CARE**

1207 EAST ROOSEVELT ST  
 SALEM MO 65560-9676  
**Mailing Address** 1207 EAST ROOSEVELT ST  
 SALEM MO 65560-9676

**Telephone** (573) 729-9449  
**Level of Care** RCF\*  
**County** DENT  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 19746

**SEVILLE CARE CENTER**

35625 HIGHWAY 72  
 SALEM MO 65560-7217  
**Mailing Address** 35625 HIGHWAY 72  
 SALEM MO 65560-0746

**Telephone** (573) 729-6141  
**Level of Care** SNF  
**County** DENT  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 07110

**DOUGLAS****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

**DUNKLIN****ASPIRE SENIOR LIVING MALDEN**

1209 STOKELAN  
 MALDEN MO 63863-1335  
**Mailing Address** 1209 STOKELAN  
 MALDEN MO 63863-1335

**Telephone** (573) 276-5115  
**Level of Care** SNF  
**County** DUNKLIN  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 12465

**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

**HAMPTON HOUSE RESIDENTIAL CARE**

201 N DECATUR STREET  
 MALDEN MO 63863-2017  
**Mailing Address** 201 N DECATUR STREET  
 MALDEN MO 63863-2017

**Telephone** (573) 276-6054  
**Level of Care** RCF\*  
**County** DUNKLIN  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** Yes  
**Facility Number** 03331

**HAVEN, THE**

614 SOUTH BY-PASS  
 KENNETT MO 63857-3240  
**Mailing Address** 612 SOUTH BY-PASS  
 KENNETT MO 63857-3240

**Telephone** (573) 888-1201  
**Level of Care** RCF\*  
**County** DUNKLIN  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** Yes  
**Facility Number** 27620

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**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 2</b> Medicare/Medicaid	<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 2</b> Medicare/Medicaid	<b>Facility Number</b>	04268

**RIDGEVIEW LIVING COMMUNITY**

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

**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

**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 2</b>	<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 2</b>	<b>Facility Number</b>	18903

**FRANKLIN****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 6</b>	<b>Facility Number</b>	16094

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

2701 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-9500	<b>Alzheimer's Unit</b>	Yes
WASHINGTON	MO 63090-6711	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	32
<b>Mailing Address</b> 2701 RABBIT TRAIL DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-6711	<b>Region 6</b>	<b>Facility Number</b>	28065

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**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  
**Level of Care** ALF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 19080

**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 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

**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

**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

**CRAB APPLE VILLAGE SENIOR ESTATES**

214 HARTMAN PL, SUITE 100  
 SAINT CLAIR MO 63077-2458  
**Mailing Address** 214 HARTMAN PL, SUITE 100  
 SAINT CLAIR MO 63077-2458

**Telephone** (636) 629-6161  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 24395

**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

**HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY, THE**

1481 MARBACH DRIVE  
 WASHINGTON MO 63090-4636  
**Mailing Address** 1481 MARBACH DRIVE  
 WASHINGTON MO 63090-4636

**Telephone** (636) 239-1941  
**Level of Care** ALF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 32345

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**LIFE CARE CENTER OF SULLIVAN**

875 DUNSFORD DR  
 SULLIVAN MO 63080-1238  
**Mailing Address** 875 DUNSFORD DR  
 SULLIVAN MO 63080-1238

**Telephone** (573) 468-3128  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07744

**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  
**Level of Care** SNF  
**County** FRANKLIN  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**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  
**Level of Care** ALF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 05738

**OAK POINTE OF WASHINGTON**

1650 HIGH STREET  
 WASHINGTON MO 63090-4354  
**Mailing Address** 1650 HIGH STREET  
 WASHINGTON MO 63090-4354

**Telephone** (636) 390-3290  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 32114

**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

**RIDGEWAY RESIDENTIAL CARE**

431 RUSSELL  
 SULLIVAN MO 63080-2228  
**Mailing Address** PO BOX 267  
 SULLIVAN MO 63080-0267

**Telephone** (573) 468-4318  
**Level of Care** ALF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 06668

**SOUTH POINTE - ASSISTED LIVING BY AMERICARE**

5125 OLD HWY 100  
 WASHINGTON MO 63090-3855  
**Mailing Address** 5125 OLD HWY 100  
 WASHINGTON MO 63090-3855

**Telephone** (636) 239-0670  
**Level of Care** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 13735

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**ST CLAIR NURSING CENTER**

1035 PLAZA COURT NORTH  
 SAINT CLAIR MO 63077-1129  
**Mailing Address** 1035 PLAZA CT NORTH  
 SAINT CLAIR MO 63077-1129

**Telephone** (636) 629-2100 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 79  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 13744

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 31476

**VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICARE**

160 CHARLES DR  
 SAINT CLAIR MO 63077-1936  
**Mailing Address** 160 CHARLES DR  
 SAINT CLAIR MO 63077-1936

**Telephone** (636) 322-0003 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 48  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Facility Number** 26005

**VICTORIAN PLACE OF SULLIVAN, ASSISTED LIVING BY AMERICARE**

1250 EAST SPRINGFIELD RD  
 SULLIVAN MO 63080-1358  
**Mailing Address** 1250 EAST SPRINGFIELD RD  
 SULLIVAN MO 63080-1358

**Telephone** (573) 468-5217 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 48  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Facility Number** 26324

**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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 48  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Facility Number** 24408

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

2800 RABBIT TRAIL DR  
 WASHINGTON MO 63090-6737  
**Mailing Address** 2800 RABBIT TRAIL DR  
 WASHINGTON MO 63090-6737

**Telephone** (636) 390-9500 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 48  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Facility Number** 27659

**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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 50  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Facility Number** 13596

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## GASCONADE

### GASCONADE MANOR NURSING HOME

1910 NURSING HOME RD		<b>Telephone</b>	(573) 437-4101	<b>Alzheimer's Unit</b>	No
OWENSVILLE	MO 65066-2844	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	79
<b>Mailing Address</b> PO BOX 520		<b>County</b>	GASCONADE	<b>DMH Licensed</b>	No
OWENSVILLE	MO 65066-0520	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	02804

### GASCONADE TERRACE RETIREMENT CENTER

1930 NURSING HOME RD		<b>Telephone</b>	(573) 437-4833	<b>Alzheimer's Unit</b>	No
OWENSVILLE	MO 65066-2844	<b>Level of Care</b>	ALF	<b>Bed Capacity</b>	19
<b>Mailing Address</b> PO BOX 520		<b>County</b>	GASCONADE	<b>DMH Licensed</b>	No
OWENSVILLE	MO 65066-0520	<b>Region</b>	6	<b>Facility Number</b>	14143

### 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>	ALF	<b>Bed Capacity</b>	18
<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>Facility Number</b>	02690

### 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 Medicare/Medicaid	<b>Facility Number</b>	02690

### STONEBRIDGE OWENSVILLE

1016 W HIGHWAY 28		<b>Telephone</b>	(573) 437-6877	<b>Alzheimer's Unit</b>	Yes
OWENSVILLE	MO 65066-1677	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	131
<b>Mailing Address</b> PO BOX 593		<b>County</b>	GASCONADE	<b>DMH Licensed</b>	No
OWENSVILLE	MO 65066-0593	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	19051

### VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE

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

### 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

## GENTRY

### PINE VIEW MANOR, INC

307 NORTH PINEVIEW ST		<b>Telephone</b>	(660) 783-2118	<b>Alzheimer's Unit</b>	No
STANBERRY	MO 64489-1509	<b>Level of Care</b>	ALF**	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 307 NORTH PINEVIEW ST		<b>County</b>	GENTRY	<b>DMH Licensed</b>	No
STANBERRY	MO 64489-1509	<b>Region</b>	4	<b>Facility Number</b>	05832

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**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

**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

**GREENE****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

**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

**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

**BRISTOL MANOR OF WILLARD**

511 WATSON  
 WILLARD MO 65781-8314  
**Mailing Address** 511 WATSON  
 WILLARD MO 65781-8314

**Telephone** (417) 742-0090  
**Level of Care** RCF  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20838

**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

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**JOY ASSISTED LIVING FOR SENIORS**

2030 W MOUNT VERNON ST  
 SPRINGFIELD MO 65802-4846  
**Mailing Address** PO BOX 9655  
 SPRINGFIELD MO 65801-9655

**Telephone** (417) 864-8805  
**Level of Care** ALF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 74  
**DMH Licensed** Yes  
**Facility Number** 19668

**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** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**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** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 29  
**DMH Licensed** No  
**Facility Number** 04907

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**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

**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

**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

**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

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**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 194  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 146  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 146  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 100  
**County** GREENE **DMH Licensed** No  
**Region 1** **Facility Number** 32469

**STRAFFORD CARE CENTER**

505 WEST EVERGREEN  
 STRAFFORD MO 65757-8625  
**Mailing Address** 505 WEST EVERGREEN  
 STRAFFORD MO 65757-8625

**Telephone** (417) 736-9332 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 78  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **Facility Number** 21285

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 38  
**County** GREENE **DMH Licensed** No  
**Region 1** Medicare **Facility Number** 31273

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 66  
**County** GREENE **DMH Licensed** No  
**Region 1** **Facility Number** 31903

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

**WILLARD CARE CENTER**

400 WEST WALNUT LN  
 WILLARD MO 65781-9432  
**Mailing Address** 400 W WALNUT LN  
 WILLARD MO 65781-9432

**Telephone** (417) 742-3593  
**Level of Care** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 16393

**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

**GRUNDY****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** SNF  
**County** GRUNDY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 154  
**DMH Licensed** No  
**Facility Number** 18509

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**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

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

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

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

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

**CRESTVIEW HOME**

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

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

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

**HENRY****ADAIR VILLAGE**

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

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

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

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

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

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

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

**BRISTOL MANOR OF CLINTON**

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

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

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

**CLINTON HEALTHCARE AND REHABILITATION CENTER**

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

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

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

**JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE**

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

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

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

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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

**WINDSOR HEALTHCARE & REHAB CENTER**

809 WEST BENTON  
 WINDSOR MO 65360-1239  
 Mailing Address PO BOX 5  
 WINDSOR MO 65360-0005

Telephone (660) 647-3102  
 Level of Care SNF  
 County HENRY  
 Region 1 Medicare/Medicaid

Alzheimer's Unit No  
 Bed Capacity 60  
 DMH Licensed No  
 Facility Number 21715

**HICKORY****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

**HOLT****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

**TIFFANY HEIGHTS**

1531 NEBRASKA ST  
 MOUND CITY MO 64470-1610  
 Mailing Address PO BOX 308  
 MOUND CITY MO 64470-0308

Telephone (660) 442-3146  
 Level of Care SNF  
 County HOLT  
 Region 4 Medicare/Medicaid

Alzheimer's Unit No  
 Bed Capacity 60  
 DMH Licensed No  
 Facility Number 07998

**HOWARD****ASHBURY HEIGHTS OF FAYETTE**

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

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

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

**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

**LODGE, THE**

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

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

Alzheimer's Unit No  
 Bed Capacity 60  
 DMH Licensed Yes  
 Facility Number 28815

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## HOWELL

### 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

### MOUNTAIN VIEW HEALTHCARE

1211 NORTH ASH ST  
 MOUNTAIN VIEW MO 65548-7376  
**Mailing Address** PO BOX 879  
 MOUNTAIN VIEW MO 65548-0879

**Telephone** (417) 934-6818  
**Level of Care** SNF  
**County** HOWELL  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 15542

### 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

### PARK PLACE APARTMENTS

1211 NORTH ASH ST  
 MOUNTAIN VIEW MO 65548-7376  
**Mailing Address** PO BOX 879  
 MOUNTAIN VIEW MO 65548-0879

**Telephone** (417) 934-6818  
**Level of Care** ALF  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 15542

### 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

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

**WILLOW CARE NURSING HOME**

2646 STATE ROUTE 76  
 WILLOW SPRINGS MO 65793-8254  
**Mailing Address** PO BOX 309  
 WILLOW SPRINGS MO 65793-0309

**Telephone** (417) 469-3152  
**Level of Care** SNF  
**County** HOWELL  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 08614

**WILLOW WEST APARTMENTS**

2644 STATE ROUTE 76  
 WILLOW SPRINGS MO 65793-8254  
**Mailing Address** PO BOX 309  
 WILLOW SPRINGS MO 65793-0309

**Telephone** (417) 469-3152  
**Level of Care** ALF  
**County** HOWELL  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 08614

**IRON****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

**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

**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

**GOGGIN BOARDING HOME LLC**

620 COUNTY ROAD 40  
 CALEDONIA MO 63631-9133  
**Mailing Address** 620 COUNTY RD 40  
 CALEDONIA MO 63631-9133

**Telephone** (573) 697-5894  
**Level of Care** RCF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 02937

**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

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**MEADOWBROOK RESIDENTIAL CARE, INC**

806 WEST MULBERRY  
 PILOT KNOB MO 63663-  
**Mailing Address** PO BOX 510  
 PILOT KNOB MO 63663-0510

**Telephone** (573) 546-7065  
**Level of Care** ALF\*\*  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 20513

**STONECREST HEALTHCARE**

2 HIGHWAY Y  
 VIBURNUM MO 65566-0707  
**Mailing Address** PO BOX 707  
 VIBURNUM MO 65566-0707

**Telephone** (573) 244-3171  
**Level of Care** SNF  
**County** IRON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16689

**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****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

**ALPINE BREEZE HEALTH AND WELLNESS**

6124 RAYTOWN RD  
 RAYTOWN MO 64133-4007  
**Mailing Address** 6124 RAYTOWN RD  
 RAYTOWN MO 64133-4007

**Telephone** (816) 358-8222  
**Level of Care** SNF  
**County** JACKSON  
**Region 3** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 154  
**DMH Licensed** No  
**Facility Number** 00768

**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** SNF  
**County** JACKSON  
**Region 3** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 00199

**ARMOUR OAKS SENIOR LIVING COMMUNITY**

8100 WORNALL RD  
 KANSAS CITY MO 64114-5806  
**Mailing Address** 8100 WORNALL RD  
 KANSAS CITY MO 64114-5806

**Telephone** (816) 363-5141  
**Level of Care** ALF  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 47  
**DMH Licensed** No  
**Facility Number** 00199

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**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

**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

**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

**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

**BENTON HOUSE OF BLUE SPRINGS**

1701 NW JEFFERSON ST  
 BLUE SPRINGS MO 64015-7229  
**Mailing Address** 1701 NW JEFFERSON ST  
 BLUE SPRINGS MO 64015-7229

**Telephone** (816) 224-2727  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 29729

**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

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

**BRIDGEWOOD HEALTH CARE CENTER**

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

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

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

**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

**BROOKDALE WORNALL PLACE**

501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919  
**Mailing Address** 501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919

**Telephone** (816) 941-7777  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

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

**BUTTERFLY HAVEN**

11500 CAMPBELL ST  
 KANSAS CITY MO 64131-3829  
**Mailing Address** PO BOX 481578  
 KANSAS CITY MO 64148-1578

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

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

**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

**CARRIE DUMAS LONG TERM CARE FACILITY**

2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140  
**Mailing Address** 2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140

**Telephone** (816) 924-5017  
**Level of Care** ALF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** Yes  
**Facility Number** 18550

**CEDARHURST OF BLUE SPRINGS**

20551 E TRINITY PLACE  
 BLUE SPRINGS MO 64015-9501  
**Mailing Address** 20551 E TRINITY PLACE  
 BLUE SPRINGS MO 64015-9501

**Telephone** (816) 685-8863  
**Level of Care** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 89  
**DMH Licensed** No  
**Facility Number** 31581

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**CLARA MANOR NURSING HOME**

3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403  
**Mailing Address** 3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403

**Telephone** (816) 756-1593  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 14102

**COLLIER CARE HOME, INC**

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

**Telephone** (816) 225-9317  
**Level of Care** RCF\*  
**County** JACKSON  
**Region** 3

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

**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

**EDGEWOOD MANOR HEALTH CARE CENTER**

11900 JESSICA LN  
 RAYTOWN MO 64138-2649  
**Mailing Address** 11900 JESSICA LN  
 RAYTOWN MO 64138-2649

**Telephone** (816) 358-7858  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 91  
**DMH Licensed** No  
**Facility Number** 14119

**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

**GREGORY RIDGE HEALTH CARE CENTER**

7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622  
**Mailing Address** 7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622

**Telephone** (816) 333-0700  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 04109

**HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE**

3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410  
**Mailing Address** 3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410

**Telephone** (816) 599-5230  
**Level of Care** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 7  
**DMH Licensed** No  
**Facility Number** 16225

**HIDDEN LAKE CARE CENTER**

11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409  
**Mailing Address** 11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409

**Telephone** (816) 737-1010  
**Level of Care** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 17146

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 112  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 17146

**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 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 162  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 160  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 16  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 8  
**County** JACKSON **DMH Licensed** Yes  
**Region** 3 **Facility Number** 17001

**IGNITE MEDICAL RESORT BLUE SPRINGS**

20511 E TRINITY PLACE  
 BLUE SPRINGS MO 64015-9501  
**Mailing Address** 20511 E TRINITY PLACE  
 BLUE SPRINGS MO 64015-9501

**Telephone** (816) 622-2900 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 90  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 32246

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 162  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 12185

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 130  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 13219

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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 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** SNF  
**County** JACKSON  
**Region** 3 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**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** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 25709

**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

**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

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

**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

**LIFE CARE CENTER OF GRANDVIEW**

6301 EAST 125TH ST  
 GRANDVIEW MO 64030-1884  
**Mailing Address** 6301 EAST 125TH ST  
 GRANDVIEW MO 64030-1884

**Telephone** (816) 765-7714  
**Level of Care** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 172  
**DMH Licensed** No  
**Facility Number** 11929

**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

**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

**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

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

**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

**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

**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

**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

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

**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

**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

**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

**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

**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

**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

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

**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

**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

**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

**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

**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

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

**VILLAGE AT CARROLL PARK, THE**

5301 HARRY TRUMAN DR  
 GRANDVIEW MO 64030-1708  
**Mailing Address** 5301 HARRY TRUMAN DR  
 GRANDVIEW MO 64030-1708

**Telephone** (816) 761-6838  
**Level of Care** ICF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 93  
**DMH Licensed** Yes  
**Facility Number** 03157

**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

**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

**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

**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

**JASPER****ANEW HEALTHCARE OPERATIONS-SARCOXIE, LLC**

1505 MINER  
 SARCOXIE MO 64862-9211  
**Mailing Address** 1505 MINER  
 SARCOXIE MO 64862-0248

**Telephone** (417) 548-3434  
**Level of Care** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 06864

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

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

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

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

**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

**BRISTOL MANOR OF WEBB CITY**

1803 NORTH MAIN, HIGHWAY D  
 WEBB CITY MO 64870-1193  
**Mailing Address** 1803 NORTH MAIN, HIGHWAY D  
 WEBB CITY MO 64870-1193

**Telephone** (417) 673-4231  
**Level of Care** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20537

**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

**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

**COMMUNITIES OF WILDWOOD RANCH**

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

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

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

**FOXBERY TERRACE - ASSISTED LIVING BY AMERICARE**

4316 NORTH ST LOUIS AVE  
 WEBB CITY MO 64870-9550  
**Mailing Address** 4316 NORTH ST LOUIS AVE  
 WEBB CITY MO 64870-9550

**Telephone** (417) 625-1000  
**Level of Care** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 25428

**JOPLIN GARDENS**

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

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

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

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

**SPRING RIVER CHRISTIAN VILLAGE, INC**

201 S NORTH PARK LN  
JOPLIN MO 64801-8426  
Mailing Address 201 S NORTH PARK LN  
JOPLIN MO 64801-8426

Telephone (417) 623-4313  
Level of Care ALF\*\*  
County JASPER  
Region 1

Alzheimer's Unit No  
Bed Capacity 93  
DMH Licensed No  
Facility Number 14251

**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

**WEBB CITY HEALTH AND REHABILITATION CENTER**

2077 STADIUM DR  
WEBB CITY MO 64870-9743  
Mailing Address 2077 STADIUM DR  
WEBB CITY MO 64870-9743

Telephone (417) 673-1933  
Level of Care SNF  
County JASPER  
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes  
Bed Capacity 120  
DMH Licensed No  
Facility Number 12286

**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

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

## JEFFERSON

**ARBOR VIEW NURSING AND REHABILITATION**

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

**Telephone** (636) 274-1777  
**Level of Care** SNF  
**County** JEFFERSON  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** NO  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 12647

**AUTUMN RIDGE RESIDENCES**

300 AUTUMN RIDGE DR  
 HERCULANEUM MO 63048-1506  
**Mailing Address** 300 AUTUMN RIDGE DR  
 HERCULANEUM MO 63048-1506

**Telephone** (636) 931-8400  
**Level of Care** RCF\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 81  
**DMH Licensed** Yes  
**Facility Number** 15845

**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

**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

**COLLINS HOUSE, THE**

102 COLLINS RD  
 FESTUS MO 63028-  
**Mailing Address** 102 COLLINS RD  
 FESTUS MO 63028-

**Telephone** (314) 749-0986  
**Level of Care** ALF\*\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** NO  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 33443

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**COLONIAL HOUSE OF FESTUS II**

129 GRAY ST  
 FESTUS MO 63028-1950  
**Mailing Address** 129 GRAY ST  
 FESTUS MO 63028-1950

**Telephone** (636) 465-0994  
**Level of Care** RCF  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 07322

**CORI MANOR HEALTHCARE & REHABILITATION CENTER**

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

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

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

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125  
**Mailing Address** 1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125

**Telephone** (636) 933-1818  
**Level of Care** ALF\*\*  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 99932

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125  
**Mailing Address** 1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125

**Telephone** (636) 933-1818  
**Level of Care** SNF  
**County** JEFFERSON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 131  
**DMH Licensed** No  
**Facility Number** 99932

**FESTUS MANOR**

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

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

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

**FOUNTAINBLEAU NURSING CENTER**

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

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

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

**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

**MAGNOLIA HOUSE**

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

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

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

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

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

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

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

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

**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

**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

**SCENIC NURSING AND REHABILITATION CENTER, LLC**

1333 SCENIC DR  
 HERCULANEUM MO 63048-1550  
**Mailing Address** 1333 SCENIC DR  
 HERCULANEUM MO 63048-1550

**Telephone** (636) 931-2995  
**Level of Care** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 189  
**DMH Licensed** No  
**Facility Number** 09605

**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

**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

**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

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

**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

**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

**JOHNSON****ARBORS AT HARMONY GARDENS-MEMORY CARE ASSISTED LIVING BY AMERICARE THE**

539 EAST YOUNG AVENUE  
 WARRENSBURG MO 64093-1228  
**Mailing Address** 539 EAST YOUNG AVENUE  
 WARRENSBURG MO 64093-1228

**Telephone** (660) 429-0034  
**Level of Care** ALF\*\*  
**County** JOHNSON  
**Region 3**

**Alzheimer's Unit** Yes  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 31389

**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

**BRISTOL MANOR OF WARRENSBURG**

603 CREACH  
 WARRENSBURG MO 64093-1994  
**Mailing Address** 603 CREACH  
 WARRENSBURG MO 64093-1994

**Telephone** (660) 747-8319  
**Level of Care** RCF  
**County** JOHNSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16599

**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

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

**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

**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

**KNOX****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

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

### 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

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

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

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

### LEBANON SOUTH NURSING & REHAB

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

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

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

### 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

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## LAFAYETTE

### ANEW HEALTHCARE ODESSA

609 GOLF ST		Telephone	(816) 230-7530	Alzheimer's Unit	No
ODESSA	MO 64076-1462	Level of Care	SNF	Bed Capacity	60
Mailing Address 609 GOLF ST		County	LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1462	Region 3	Medicare/Medicaid	Facility Number	05749

### APPLE RIDGE CARE CENTER

100 WEST THOMAS AVE		Telephone	(660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 188		County	LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	Region 3	Medicare/Medicaid	Facility Number	08823

### BRISTOL MANOR OF LEXINGTON

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

### BRISTOL MANOR OF ODESSA

115 SOUTH 5TH ST		Telephone	(816) 633-8692	Alzheimer's Unit	No
ODESSA	MO 64076-1330	Level of Care	RCF	Bed Capacity	12
Mailing Address 115 S 5TH ST		County	LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1330	Region 3		Facility Number	16547

### ESSEX OF CONCORDIA, THE

402 REDBUD		Telephone	(660) 463-0200	Alzheimer's Unit	No
CONCORDIA	MO 64020-8358	Level of Care	RCF	Bed Capacity	12
Mailing Address 402 REDBUD		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-8358	Region 3		Facility Number	24461

### LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST		Telephone	(660) 463-2267	Alzheimer's Unit	NO
CONCORDIA	MO 64020-9643	Level of Care	ALF**	Bed Capacity	53
Mailing Address PO BOX 849		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3		Facility Number	04705

### LUTHERAN NURSING HOME

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

### MEYER CARE CENTER

1201 WEST 19TH ST		Telephone	(660) 584-7111	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care	SNF	Bed Capacity	56
Mailing Address 1201 WEST 19TH ST		County	LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3	Medicare/Medicaid	Facility Number	05326

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**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

**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

**LAWRENCE****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

**COMMUNITY OF AUTUMN COURT AT MT VERNON, THE**

1421 S LANDRUM ST  
 MOUNT VERNON MO 65712-1912  
**Mailing Address** 1421 S LANDRUM ST  
 MOUNT VERNON MO 65712-1912

**Telephone** (417) 466-3549  
**Level of Care** ALF\*\*  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 20809

**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

**LAWRENCE COUNTY MANOR**

915 CARL ALLEN ST  
 MT VERNON MO 65712-1612  
**Mailing Address** 915 CARL ALLEN ST  
 MT VERNON MO 65712-1612

**Telephone** (417) 466-2183  
**Level of Care** SNF  
**County** LAWRENCE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 04349

**LAWRENCE COUNTY RESIDENTIAL CARE CENTER**

915 CARL ALLEN ST  
 MT VERNON MO 65712-1612  
**Mailing Address** 915 CARL ALLEN ST  
 MT VERNON MO 65712-1612

**Telephone** (417) 466-2183  
**Level of Care** RCF\*  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 04349

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**MT VERNON NURSING**

1425 SOUTH LANDRUM  
 MT VERNON MO 65712-1912  
**Mailing Address** 1425 S LANDRUM  
 MT VERNON MO 65712-1912

**Telephone** (417) 466-2260 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 60  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **Facility Number** 16304

**OAK POINTE OF MONETT**

1011 OLD AIRPORT ROAD  
 MONETT MO 65708-1375  
**Mailing Address** 1011 OLD AIRPORT ROAD  
 MONETT MO 65708-1375

**Telephone** (417) 235-3500 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 55  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** **Facility Number** 30206

**OZARKS METHODIST MANOR, THE**

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

**Telephone** (417) 258-2573 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 78  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** Medicare/Medicaid **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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 76  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** **Facility Number** 06273

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 8  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** **Facility Number** 30440

**LEWIS****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 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 8  
**County** LEWIS **DMH Licensed** No  
**Region 5** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** LEWIS **DMH Licensed** No  
**Region 5** Medicare/Medicaid **Facility Number** 16896

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 94  
**County** LEWIS **DMH Licensed** No  
**Region 5** Medicare/Medicaid **Facility Number** 04212

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

## LINCOLN

**BRISTOL MANOR OF ELSBERRY**

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

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

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

**ELSBERRY MISSOURI HEALTH CARE CENTER**

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

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

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

**ELSBERRY MISSOURI HEALTH CARE CENTER**

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

**Telephone** (573) 898-2880  
**Level of Care** ALF\*\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** NO  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 02336

**FOUR SEASONS ASSISTED LIVING**

230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600  
**Mailing Address** 230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600

**Telephone** (636) 366-4231  
**Level of Care** ALF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 02624

**FOUR SEASONS RCF I**

220 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600  
**Mailing Address** 230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600

**Telephone** (636) 366-4231  
**Level of Care** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** Yes  
**Facility Number** 02624

**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

**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

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

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**SILEX RESIDENTIAL HOME, LLC**

145 DUNCAN MANSION RD  
 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

**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

**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

**WINFIELD RESIDENTIAL CARE**

220 WEST WALNUT ST  
 WINFIELD MO 63389-1122  
**Mailing Address** 220 WEST WALNUT ST  
 WINFIELD MO 63389-1122

**Telephone** (636) 668-8110  
**Level of Care** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08729

**LINN****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

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

**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

**LIVINGSTON****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

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

**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** SNF  
**County** LIVINGSTON  
**Region 4** Medicare/Medicaid

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

**MACON****BRISTOL MANOR OF MACON**

707 RANCLAND DR  
 MACON MO 63552-1994  
**Mailing Address** 707 RANCLAND DR  
 MACON MO 63552-1994

**Telephone** (660) 385-3020  
**Level of Care** RCF  
**County** MACON  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17865

**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

**LOCH HAVEN**

701 SUNSET HILLS DR  
 MACON MO 63552-2165  
**Mailing Address** PO BOX 187  
 MACON MO 63552-0187

**Telephone** (660) 385-3113  
**Level of Care** SNF  
**County** MACON  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 04739

**LOCH HAVEN**

701 SUNSET HILLS DR  
 MACON MO 63552-2165  
**Mailing Address** PO BOX 187  
 MACON MO 63552-0187

**Telephone** (660) 385-3113  
**Level of Care** RCF\*  
**County** MACON  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** No  
**Facility Number** 04739

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

29612 KELLOGG AVE  
 MACON MO 63552-3702  
**Mailing Address** PO BOX 465  
 MACON MO 63552-0465

**Telephone** (660) 385-5797  
**Level of Care** SNF  
**County** MACON  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 04914

**WELLER PLACE RETIREMENT CENTER**

510 WELLER STREET  
 MACON MO 63552-1996  
**Mailing Address** 510 WELLER STREET  
 MACON MO 63552-1996

**Telephone** (660) 395-2273  
**Level of Care** RCF  
**County** MACON  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 30888

**MADISON****CLARU DEVILLE NURSING CENTER**

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

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

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

**OZARK MANOR**

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

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

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

**WAGNER RESIDENTIAL CARE, INC**

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

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

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

**MARIES****MARIES MANOR**

174 BALLPARK RD  
 VIENNA MO 65582-8043  
**Mailing Address** 174 BALLPARK RD  
 VIENNA MO 65582-8043

**Telephone** (573) 422-3177  
**Level of Care** SNF  
**County** MARIES  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 10491

**VIENNA POINTE RESIDENTIAL CARE**

112 PARKWAY DR  
 VIENNA MO 65582-8003  
**Mailing Address** 112 PARKWAY DR  
 VIENNA MO 65582-8003

**Telephone** (573) 422-3230  
**Level of Care** RCF  
**County** MARIES  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 23333

**MARION****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

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**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

**BRISTOL MANOR OF PALMYRA**

1815 SOUTH MAIN  
 PALMYRA MO 63461-1961  
**Mailing Address** 1815 SOUTH MAIN  
 PALMYRA MO 63461-1961

**Telephone** (573) 769-2127  
**Level of Care** RCF  
**County** MARION  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20260

**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

**MAPLE LAWN NURSING HOME**

1410 WEST LINE ST  
 PALMYRA MO 63461-1831  
**Mailing Address** PO BOX 232  
 PALMYRA MO 63461-0232

**Telephone** (573) 769-2213  
**Level of Care** SNF  
**County** MARION  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 09961

**MONROE CITY MANOR CARE CENTER**

1010 HIGHWAY 24 & 36 EAST  
 MONROE CITY MO 63456-1116  
**Mailing Address** 1010 HWY 24 & 36 EAST  
 MONROE CITY MO 63456-1116

**Telephone** (573) 735-4850  
**Level of Care** SNF  
**County** MARION  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05473

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

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

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

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

**MCDONALD****MCDONALD COUNTY LIVING CENTER**

1000 PATTERSON ST  
 ANDERSON MO 64831-7327  
**Mailing Address** 1000 PATTERSON ST  
 ANDERSON MO 64831-7327

**Telephone** (417) 845-3351  
**Level of Care** SNF  
**County** MCDONALD  
**Region** 1 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 05183

**MERCER****BRISTOL MANOR OF PRINCETON**

200 NORTH FULLERTON  
 PRINCETON MO 64673-1176  
**Mailing Address** 200 N FULLERTON  
 PRINCETON MO 64673-1176

**Telephone** (660) 748-4354  
**Level of Care** RCF  
**County** MERCER  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**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  
**Level of Care** SNF  
**County** MERCER  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06453

**MILLER****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

**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

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

**ST ELIZABETH CARE CENTER**

649 SOUTH WALNUT ST  
 SAINT ELIZABETH MO 65075-2440  
**Mailing Address** 649 SOUTH WALNUT ST  
 SAINT ELIZABETH MO 65075-2440

**Telephone** (573) 493-2215  
**Level of Care** SNF  
**County** MILLER  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 63  
**DMH Licensed** No  
**Facility Number** 07523

**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

**MISSISSIPPI****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

**BERTRAND NURSING AND REHAB CENTER**

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

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

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

**CHARLESTON MANOR**

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

**Telephone** (573) 683-3721  
**Level of Care** SNF  
**County** MISSISSIPPI  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01251

**MONITEAU****ASHBURY HEIGHTS OF TIPTON**

908 SOUTH PARK  
 TIPTON MO 65081-8408  
**Mailing Address** 908 SOUTH PARK  
 TIPTON MO 65081-8408

**Telephone** (660) 433-6496  
**Level of Care** RCF  
**County** MONITEAU  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16506

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**BRISTOL MANOR OF CALIFORNIA**

605 PARKVIEW DR  
 CALIFORNIA MO 65018-2001  
**Mailing Address** 605 PARKVIEW DR  
 CALIFORNIA MO 65018-2001

**Telephone** (573) 796-4342  
**Level of Care** RCF  
**County** MONITEAU  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17401

**CALIFORNIA CARE CENTER**

1106 SOUTH OAK, ROUTE 3  
 CALIFORNIA MO 65018-1462  
**Mailing Address** 1106 SOUTH OAK, ROUTE 3  
 CALIFORNIA MO 65018-1462

**Telephone** (573) 796-3127  
**Level of Care** SNF  
**County** MONITEAU  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 10437

**TIPTON OAK MANOR**

601 WEST MORGAN ST  
 TIPTON MO 65081-8214  
**Mailing Address** 601 WEST MORGAN ST  
 TIPTON MO 65081-8214

**Telephone** (660) 433-5574  
**Level of Care** SNF  
**County** MONITEAU  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 08036

**VALLEY PARK WEST**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 30595

**MONROE****BRISTOL MANOR OF MONROE CITY**

1017 EAST LAWN ST  
 MONROE CITY MO 63456-1433  
**Mailing Address** 1017 EAST LAWN ST  
 MONROE CITY MO 63456-1433

**Telephone** (573) 735-3068  
**Level of Care** RCF  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20045

**JONES' WILDWOOD CARE CENTER**

12806 HWY 151  
 MADISON MO 65263-3114  
**Mailing Address** PO BOX 69  
 MADISON MO 65263-0069

**Telephone** (660) 291-8636  
**Level of Care** RCF  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 08573

**MILLER RESIDENT CARE, INC**

210 ROCK RD  
 PARIS MO 65275-1282  
**Mailing Address** 210 ROCK RD  
 PARIS MO 65275-1282

**Telephone** (660) 327-5680  
**Level of Care** RCF\*  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 18026

**MONROE MANOR**

200 SOUTH ST  
 PARIS MO 65275-1165  
**Mailing Address** 200 SOUTH ST  
 PARIS MO 65275-1165

**Telephone** (660) 327-4125  
**Level of Care** SNF  
**County** MONROE  
**Region** 5 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 119  
**DMH Licensed** No  
**Facility Number** 05484

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## MONTGOMERY

### ANEW HEALTHCARE AND REHAB-WELLSVILLE

250 E LOCUST  
 WELLSVILLE MO 63384-1422  
**Mailing Address** 250 E LOCUST  
 WELLSVILLE MO 63384-1422

**Telephone** (573) 684-2002 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 112  
**County** MONTGOMERY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 02740

### ASHBURY HEIGHTS OF MONTGOMERY CITY

625 WEST 2ND ST  
 MONTGOMERY CITY MO 63361-1762  
**Mailing Address** 625 WEST 2ND ST  
 MONTGOMERY CITY MO 63361-1762

**Telephone** (573) 564-3386 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** MONTGOMERY **DMH Licensed** No  
**Region** 6 **Facility Number** 20160

### ASPIRE SENIOR LIVING JONESBURG

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

**Telephone** (636) 488-5400 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 90  
**County** MONTGOMERY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 13265

### 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

## MORGAN

### ASHBURY HEIGHTS OF LAURIE

299 HIGHWAY RA  
 LAURIE MO 65038-6024  
**Mailing Address** 299 HIGHWAY RA  
 LAURIE MO 65038-6024

**Telephone** (573) 374-0076 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** MORGAN **DMH Licensed** No  
**Region** 6 **Facility Number** 23915

### BRISTOL MANOR OF STOVER

607 WEST 4TH ST  
 STOVER MO 65078-0807  
**Mailing Address** 607 WEST 4TH ST  
 STOVER MO 65078-0807

**Telephone** (573) 377-4519 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** MORGAN **DMH Licensed** No  
**Region** 6 **Facility Number** 18863

### GOLDEN AGE LIVING CENTER

404 E THIRD ST  
 STOVER MO 65078-0947  
**Mailing Address** PO BOX 307  
 STOVER MO 65078-0307

**Telephone** (573) 377-4521 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 61  
**County** MORGAN **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 02949

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**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

**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

**NEW MADRID****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

**DELTA SOUTH NURSING & REHABILITATION**

640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624  
**Mailing Address** 640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624

**Telephone** (573) 471-3400  
**Level of Care** SNF  
**County** NEW MADRID  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** NO  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 30584

**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

**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  
**Level of Care** SNF  
**County** NEW MADRID  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 112  
**DMH Licensed** No  
**Facility Number** 04952

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

**NEWTON****GRAN VILLAS NEOSHO**

420 LYON DR  
 NEOSHO MO 64850-9194  
**Mailing Address** 420 LYON DR  
 NEOSHO MO 64850-9194

**Telephone** (417) 451-7071  
**Level of Care** RCF  
**County** NEWTON  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 20156

**GRANBY HOUSE**

301 SOUTH MAIN  
 GRANBY MO 64844-8336  
**Mailing Address** 301 SOUTH MAIN  
 GRANBY MO 64844-8336

**Telephone** (417) 472-6271  
**Level of Care** SNF  
**County** NEWTON  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16481

**HENLEY PLACE OF NEOSHO, A SENIOR RESIDENCE BY AMERICARE**

1105 VILLAGE RD  
 NEOSHO MO 64850-9076  
**Mailing Address** 1105 VILLAGE RD  
 NEOSHO MO 64850-9076

**Telephone** (417) 451-1000  
**Level of Care** RCF  
**County** NEWTON  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 20193

**JOPLIN HEALTH AND REHABILITATION CENTER**

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

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

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

**MEDICALODGES NEOSHO**

400 LYON DR  
 NEOSHO MO 64850-9194  
**Mailing Address** 400 LYON DR  
 NEOSHO MO 64850-9194

**Telephone** (417) 451-2544  
**Level of Care** SNF  
**County** NEWTON  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 114  
**DMH Licensed** No  
**Facility Number** 05383

**NHC HEALTHCARE, JOPLIN**

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

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

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

**OAK POINTE OF NEOSHO**

2601 OAK RIDGE EXTENSION  
 NEOSHO MO 64850-7765  
**Mailing Address** 2601 OAK RIDGE EXTENSION  
 NEOSHO MO 64850-7765

**Telephone** (417) 451-8872  
**Level of Care** ALF\*\*  
**County** NEWTON  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 29972

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**OZARK OAKS RESIDENTIAL CARE FACILITY II**

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

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

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

**SENECA HOME PLACE**

2400 SOUTH CHEROKEE AVE  
 SENECA MO 64865-9323  
**Mailing Address** 2400 SOUTH CHEROKEE AVE  
 SENECA MO 64865-9323

**Telephone** (417) 776-8053  
**Level of Care** RCF\*  
**County** NEWTON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 17571

**SENECA NURSING**

914 CHICKESAW ST  
 SENECA MO 64865-9281  
**Mailing Address** 914 CHICKESAW ST  
 SENECA MO 64865-9281

**Telephone** (417) 776-8041  
**Level of Care** SNF  
**County** NEWTON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 17090

**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

**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

**NODAWAY****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  
**Level of Care** RCF  
**County** NODAWAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**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  
**Level of Care** RCF  
**County** NODAWAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**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  
**Level of Care** SNF  
**County** NODAWAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 05149

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**NODAWAY HEALTHCARE**

22371 STATE HIGHWAY 46  
 MARYVILLE MO 64468-8157  
**Mailing Address** PO BOX 307  
 MARYVILLE MO 64468-0307

**Telephone** (660) 562-2876  
**Level of Care** SNF  
**County** NODAWAY  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**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  
**Level of Care** ALF\*\*  
**County** NODAWAY  
**Region 4**

**Alzheimer's Unit** Yes  
**Bed Capacity** 55  
**DMH Licensed** No  
**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  
**Level of Care** SNF  
**County** NODAWAY  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 06308

**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

**OREGON****SHADY OAKS HEALTHCARE CENTER**

335 BUSINESS ROUTE 63  
 THAYER MO 65791-1415  
**Mailing Address** 335 BUSINESS ROUTE 63  
 THAYER MO 65791-1415

**Telephone** (417) 264-7256  
**Level of Care** SNF  
**County** OREGON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01364

**SHEPHERD'S VIEW ASSISTED LIVING**

100 SHEPHERDS LN  
 ALTON MO 65606-0429  
**Mailing Address** PO BOX 429  
 ALTON MO 65606-0429

**Telephone** (417) 778-7959  
**Level of Care** ALF\*\*  
**County** OREGON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 39  
**DMH Licensed** No  
**Facility Number** 23135

**OSAGE****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

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

1899 HIGHWAY 63  
 WESTPHALIA MO 65085-2215  
**Mailing Address** 1899 HWY 63  
 WESTPHALIA MO 65085-2215

**Telephone** (573) 455-2280  
**Level of Care** SNF  
**County** OSAGE  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 18653

**STONEBRIDGE WESTPHALIA**

1899 HIGHWAY 63  
 WESTPHALIA MO 65085-2215  
**Mailing Address** 1899 HWY 63  
 WESTPHALIA MO 65085-2215

**Telephone** (573) 455-2280  
**Level of Care** RCF\*  
**County** OSAGE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 18653

**OZARK****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

**PEMISCOT****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

**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

**PERRY****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

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

**PETTIS****BRISTOL MANOR OF SEDALIA**

1208 EAST 24TH ST  
 SEDALIA MO 65301-8231  
**Mailing Address** 1208 EAST 24TH ST  
 SEDALIA MO 65301-8231

**Telephone** (660) 827-2028  
**Level of Care** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 15808

**E W THOMPSON HEALTH & REHABILITATION CENTER**

975 MITCHELL ROAD  
 SEDALIA MO 65301-2133  
**Mailing Address** 975 MITCHELL ROAD  
 SEDALIA MO 65301-2133

**Telephone** (660) 851-0668  
**Level of Care** SNF  
**County** PETTIS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 30182

**ESSEX BY BRISTOL, THE**

301 EAST 3RD  
 SEDALIA MO 65301-4335  
**Mailing Address** 301 EAST 3RD  
 SEDALIA MO 65301-4335

**Telephone** (660) 829-1758  
**Level of Care** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 23020

**FAIR VIEW NURSING HOME**

1714 WEST 16TH ST  
 SEDALIA MO 65301-5273  
**Mailing Address** 1714 WEST 16TH ST  
 SEDALIA MO 65301-5273

**Telephone** (660) 827-1594  
**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

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**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

**PHELPS****ARBORS AT PARKSIDE - MEMORY CARE ASSISTED LIVING BY AMERICARE**

1700 EAST 10TH ST  
 ROLLA MO 65401-4600  
**Mailing Address** 1700 EAST 10TH ST  
 ROLLA MO 65401-4600

**Telephone** (573) 364-2602  
**Level of Care** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 22  
**DMH Licensed** No  
**Facility Number** 13589

**AURORA HEALTH AND REHABILITATION**

1200 MCCUTCHEN RD  
 ROLLA MO 65401-2615  
**Mailing Address** 1200 MCCUTCHEN RD  
 ROLLA MO 65401-2615

**Telephone** (573) 364-2311  
**Level of Care** SNF  
**County** PHELPS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 08862

**CEDAR KNOLL PARTNERSHIP**

13635 STATE ROUTE V  
 SAINT JAMES MO 65559-8331  
**Mailing Address** 13635 STATE ROUTE V  
 SAINT JAMES MO 65559-8331

**Telephone** (573) 265-3658  
**Level of Care** ALF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 01142

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

1800 WHITE COLUMNS DR  
 ROLLA MO 65401-2044  
**Mailing Address** 1800 WHITE COLUMNS DR  
 ROLLA MO 65401-2044

**Telephone** (573) 364-7766  
**Level of Care** SNF  
**County** PHELPS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 102  
**DMH Licensed** No  
**Facility Number** 06801

**COUNTRY VALLEY HOME**

15750 COUNTY RD 2430  
 SAINT JAMES MO 65559-8211  
**Mailing Address** 15750 COUNTY RD 2430  
 SAINT JAMES MO 65559-8211

**Telephone** (573) 265-8250  
**Level of Care** RCF\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** Yes  
**Facility Number** 01852

**FERNDALE, INC**

15677 COUNTY RD 2430  
 SAINT JAMES MO 65559-8210  
**Mailing Address** 15677 COUNTY RD 2430  
 SAINT JAMES MO 65559-8210

**Telephone** (573) 265-3344  
**Level of Care** ALF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 02526

**OAK POINTE OF ROLLA**

1000 EAST LIONS CLUB DRIVE  
 ROLLA MO 65401-4356  
**Mailing Address** 1000 EAST LIONS CLUB DRIVE  
 ROLLA MO 65401-4356

**Telephone** (573) 426-2186  
**Level of Care** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 31216

**PARKSIDE-ASSISTED LIVING BY AMERICARE**

2100 PARKSIDE AVE  
 ROLLA MO 65401-5472  
**Mailing Address** 2100 PARKSIDE AVE  
 ROLLA MO 65401-5472

**Telephone** (573) 308-0834  
**Level of Care** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** NO  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 31191

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512  
**Mailing Address** 1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512

**Telephone** (573) 364-7336  
**Level of Care** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 18727

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512  
**Mailing Address** 1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512

**Telephone** (573) 364-7336  
**Level of Care** SNF  
**County** PHELPS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 18727

**ROSEWOOD RESIDENTIAL CARE**

13450 COUNTY RD 7040  
 ROLLA MO 65401-8122  
**Mailing Address** 13450 COUNTY RD 7040  
 ROLLA MO 65401-8122

**Telephone** (573) 341-8000  
**Level of Care** RCF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** No  
**Facility Number** 21083

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

**ST JAMES LIVING CENTER**

415 SIDNEY ST  
 SAINT JAMES MO 65559-1070  
**Mailing Address** PO BOX 69  
 SAINT JAMES MO 65559-0069

**Telephone** (573) 265-8921  
**Level of Care** SNF  
**County** PHELPS  
**Region** 6 Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 05238

**PIKE****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

**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

**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

**PLATTE****ASPIRE SENIOR LIVING PLATTE CITY**

220 O'ROURKE DRIVE  
 PLATTE CITY MO 64079-9360  
**Mailing Address** PO BOX 1310  
 PLATTE CITY MO 64079-1310

**Telephone** (816) 858-5222  
**Level of Care** SNF  
**County** PLATTE  
**Region** 4 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12655

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

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**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

**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

**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

**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  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 30198

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 23774

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY ROAD  
 KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
 KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200  
**Level of Care** ALF  
**County** PLATTE  
**Region** 4

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

**HERITAGE VILLAGE OF PLATTE CITY**

15 WALLINGFORD DR  
 PLATTE CITY MO 64079-9604  
**Mailing Address** 15 WALLINGFORD DR  
 PLATTE CITY MO 64079-9604

**Telephone** (816) 858-2182  
**Level of Care** RCF\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 13182

**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

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

**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

**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

**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

**WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR**

6460 NORTH COSBY AVE  
 KANSAS CITY MO 64151-2377  
**Mailing Address** 6460 NORTH COSBY AVE  
 KANSAS CITY MO 64151-2377

**Telephone** (816) 743-4259  
**Level of Care** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 28861

**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

**POLK****BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE**

202 EAST MILL ST  
 HUMANSVILLE MO 65674-8507  
**Mailing Address** 202 EAST MILL ST  
 HUMANSVILLE MO 65674-8507

**Telephone** (417) 754-8711  
**Level of Care** SNF  
**County** POLK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 18672

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

**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

**LAKESHORES RESIDENTIAL CARE FACILITY**

102 SOUTH BOLIVAR RD  
 HUMANSVILLE MO 65674-8553  
**Mailing Address** PO BOX 221  
 HUMANSVILLE MO 65674-0221

**Telephone** (417) 754-2272  
**Level of Care** RCF\*  
**County** POLK  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 15309

**NORTHWOOD HILLS CARE CENTER**

800 NORTH ARTHUR ST  
 HUMANSVILLE MO 65674-8655  
**Mailing Address** PO BOX 187  
 HUMANSVILLE MO 65674-0187

**Telephone** (417) 754-2208  
**Level of Care** SNF  
**County** POLK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 10607

**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

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## PULASKI

### DIXON NURSING & REHAB

403 EAST 10TH ST		<b>Telephone</b>	(573) 759-2135	<b>Alzheimer's Unit</b>	No
DIXON	MO 65459-6049	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 403 EAST 10TH ST		<b>County</b>	PULASKI	<b>DMH Licensed</b>	No
DIXON	MO 65459-6049	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	15110

### 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 Medicare/Medicaid	<b>Facility Number</b>	04592

### RICHLAND CARE CENTER, INC

400 TRI-COUNTY LANE		<b>Telephone</b>	(573) 765-3243	<b>Alzheimer's Unit</b>	No
RICHLAND	MO 65556-8582	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	86
<b>Mailing Address</b> PO BOX 756		<b>County</b>	PULASKI	<b>DMH Licensed</b>	No
RICHLAND	MO 65556-0756	<b>Region</b>	6 Medicare/Medicaid	<b>Facility Number</b>	08100

## PUTNAM

### BRISTOL MANOR OF UNIONVILLE

715 NORTH 22ND ST, HWY 5 NORTH		<b>Telephone</b>	(660) 947-2151	<b>Alzheimer's Unit</b>	No
UNIONVILLE	MO 63565-1142	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 715 NORTH 22ND ST, HWY 5 NORTH		<b>County</b>	PUTNAM	<b>DMH Licensed</b>	No
UNIONVILLE	MO 63565-1142	<b>Region</b>	5	<b>Facility Number</b>	19153

### PUTNAM COUNTY CARE CENTER

1814 OAK ST		<b>Telephone</b>	(660) 947-2492	<b>Alzheimer's Unit</b>	NO
UNIONVILLE	MO 63565-1275	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 1814 OAK ST		<b>County</b>	PUTNAM	<b>DMH Licensed</b>	No
UNIONVILLE	MO 63565-1275	<b>Region</b>	5 Medicare/Medicaid	<b>Facility Number</b>	06516

## RALLS

### COUNTRY AIRE ESTATES, LLC

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

### 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</b>	5 Medicare/Medicaid	<b>Facility Number</b>	15634

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## RANDOLPH

### ASPIRE SENIOR LIVING MOBERLY

700 EAST URBAN DALE DR  
 MOBERLY MO 65270-1966  
**Mailing Address** 700 EAST URBAN DALE DR  
 MOBERLY MO 65270-1966

**Telephone** (660) 263-9060 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 120  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 12523

### BROOK CHERITH ASSISTED LIVING

104 EAST ELM ST  
 HUNTSVILLE MO 65259-1111  
**Mailing Address** 104 EAST ELM ST  
 HUNTSVILLE MO 65259-1111

**Telephone** (660) 277-4439 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 38  
**County** RANDOLPH **DMH Licensed** Yes  
**Region** 5 **Facility Number** 10918

### 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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 20  
**County** RANDOLPH **DMH Licensed** Yes  
**Region** 5 **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 42  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 57  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 184  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 55  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 96  
**County** RANDOLPH **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 13167

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## RAY

### LAWSON MANOR & REHAB

210 WEST 8TH TERRACE		<b>Telephone</b> (816) 580-3269	<b>Alzheimer's Unit</b>	Yes
LAWSON	MO 64062-9357	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 210 WEST 8TH TERRACE		<b>County</b> RAY	<b>DMH Licensed</b>	No
LAWSON	MO 64062-9357	<b>Region 4</b> Medicare/Medicaid	<b>Facility Number</b>	07395

### OAK RIDGE ASSISTED LIVING

403 CRISPIN ST		<b>Telephone</b> (816) 776-3435	<b>Alzheimer's Unit</b>	Yes
RICHMOND	MO 64085-1212	<b>Level of Care</b> ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 403 CRISPIN ST		<b>County</b> RAY	<b>DMH Licensed</b>	No
RICHMOND	MO 64085-1212	<b>Region 4</b>	<b>Facility Number</b>	29711

### SHIRKEY NURSING & REHABILITATION CENTER

804 WOLLARD BLVD		<b>Telephone</b> (816) 776-5403	<b>Alzheimer's Unit</b>	Yes
RICHMOND	MO 64085-2227	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	197
<b>Mailing Address</b> 804 WOLLARD BLVD		<b>County</b> RAY	<b>DMH Licensed</b>	No
RICHMOND	MO 64085-2227	<b>Region 4</b> Medicare/Medicaid	<b>Facility Number</b>	07289

## REYNOLDS

### BRENT B TINNIN MANOR

220 EUCL POLK DR		<b>Telephone</b> (573) 663-2545	<b>Alzheimer's Unit</b>	No
ELLINGTON	MO 63638-7967	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	60
<b>Mailing Address</b> 220 EUCL POLK DR		<b>County</b> REYNOLDS	<b>DMH Licensed</b>	No
ELLINGTON	MO 63638-7967	<b>Region 2</b> Medicare/Medicaid	<b>Facility Number</b>	08027

### 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

## RIPLEY

### COLONIAL HOME, THE

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

### CURRENT RIVER NURSING CENTER, INC

1015 NORTH GRAND AVE		<b>Telephone</b> (573) 996-4239	<b>Alzheimer's Unit</b>	Yes
DONIPHAN	MO 63935-1779	<b>Level of Care</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1015 NORTH GRAND AVE		<b>County</b> RIPLEY	<b>DMH Licensed</b>	No
DONIPHAN	MO 63935-1779	<b>Region 2</b> Medicare/Medicaid	<b>Facility Number</b>	17125

### WALNUT STREET ASSISTED LIVING

404 WALNUT ST		<b>Telephone</b> (573) 996-4283	<b>Alzheimer's Unit</b>	No
DONIPHAN	MO 63935-1420	<b>Level of Care</b> ALF	<b>Bed Capacity</b>	35
<b>Mailing Address</b> 404 WALNUT ST		<b>County</b> RIPLEY	<b>DMH Licensed</b>	Yes
DONIPHAN	MO 63935-1420	<b>Region 2</b>	<b>Facility Number</b>	08354

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## SAINT CHARLES

### ABBEY SENIOR HEALTH

206 NORTH MAIN ST  
 O'FALLON MO 63366-  
**Mailing Address** 206 NORTH MAIN ST  
 O'FALLON MO 63366-2299

**Telephone** (636) 240-5754  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** NO  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 27367

### 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

### 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

### 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

### 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

### 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

### BOULEVARD SENIOR LIVING OF WENTZVILLE, THE

120 PERRY CATE BOULEVARD  
 WENTZVILLE MO 63385-4719  
**Mailing Address** 120 PERRY CATE BOULEVARD  
 WENTZVILLE MO 63385-4719

**Telephone** (636) 698-9458  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 31404

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**BRISTOL MANOR OF WENTZVILLE**

840 WEST NORTHVIEW  
 WENTZVILLE MO 63385-1036  
**Mailing Address** 840 W NORTHVIEW  
 WENTZVILLE MO 63385-1036

**Telephone** (636) 639-6777  
**Level of Care** RCF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20397

**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

**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

**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

**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

**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

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

**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

**HAMPTON MANOR OF WENTZVILLE**

21 MIDLAND PARK DR  
 WENTZVILLE MO 63385-8100  
**Mailing Address** 21 MIDLAND PARK DR  
 WENTZVILLE MO 63385-8100

**Telephone** (636) 538-6700  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** YES  
**Bed Capacity** 85  
**DMH Licensed** No  
**Facility Number** 33289

**HARVESTER RESIDENTIAL CARE**

35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032  
**Mailing Address** 35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032

**Telephone** (636) 939-3833  
**Level of Care** RCF\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 03411

**LAKE ST CHARLES ASSISTED LIVING APARTMENTS**

45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711  
**Mailing Address** 45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711

**Telephone** (636) 947-1100  
**Level of Care** ALF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 18030

**LANDING OF O'FALLON, THE**

1000 LANDING CIRCLE  
 SAINT CHARLES MO 63304-7647  
**Mailing Address** 1000 LANDING CIRCLE  
 SAINT CHARLES MO 63304-7647

**Telephone** (636) 669-0780  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 142  
**DMH Licensed** No  
**Facility Number** 31181

**LEWIS & CLARK GARDENS**

1221 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** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 20704

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**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care** ALF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 20704

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 81  
**DMH Licensed** No  
**Facility Number** 20704

**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

**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

**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

**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** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 26014

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**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 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

**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

**TWIN OAKS AT HERITAGE POINTE**

228 SAVANNAH TERRACE  
 WENTZVILLE MO 63385-3741  
**Mailing Address** 228 SAVANNAH TERRACE  
 WENTZVILLE MO 63385-3741

**Telephone** (636) 542-5200  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 26877

**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

**VILLAGE CENTER CARE OF WENTZVILLE**

909 E PITMAN AVE  
 WENTZVILLE MO 63385-1818  
**Mailing Address** 909 E PITMAN AVE  
 WENTZVILLE MO 63385-1818

**Telephone** (636) 327-1907  
**Level of Care** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** No  
**Facility Number** 28026

**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

**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

### 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 1</b>	Medicare/Medicaid	<b>Facility Number</b>	01637

### COUNTRYSIDE ESTATES

500 NORTH OHIO		<b>Telephone</b>	(660) 476-2128	<b>Alzheimer's Unit</b>	No
APPLETON CITY	MO 64724-1625	<b>Level of Care</b>	RCF*	<b>Bed Capacity</b>	24
<b>Mailing Address</b> PO BOX 98		<b>County</b>	SAINT CLAIR	<b>DMH Licensed</b>	No
APPLETON CITY	MO 64724-0098	<b>Region 1</b>		<b>Facility Number</b>	15005

### TRUMAN LAKE MANOR, INC

600 EAST 7TH ST		<b>Telephone</b>	(417) 644-2248	<b>Alzheimer's Unit</b>	No
LOWRY CITY	MO 64763-9671	<b>Level of Care</b>	SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 415		<b>County</b>	SAINT CLAIR	<b>DMH Licensed</b>	No
LOWRY CITY	MO 64763-0415	<b>Region 1</b>	Medicare/Medicaid	<b>Facility Number</b>	08140

## SAINT FRANCOIS

### ANNA DODSON HOME

4616 HIGHWAY D		<b>Telephone</b>	(573) 756-5530	<b>Alzheimer's Unit</b>	No
FARMINGTON	MO 63640-7241	<b>Level of Care</b>	RCF	<b>Bed Capacity</b>	17
<b>Mailing Address</b> 4616 HWY D		<b>County</b>	SAINT FRANCOIS	<b>DMH Licensed</b>	Yes
FARMINGTON	MO 63640-7241	<b>Region 2</b>		<b>Facility Number</b>	02160

### ANNA DODSON HOME

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

### ASHBROOK - ASSISTED LIVING BY AMERICARE

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

### BAILEY HOUSE

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

### BAYLESS BOARDING HOME

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

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**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

**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  
**Level of Care** SNF  
**County** SAINT FRANCOIS  
**Region** 2 Medicare/Medicaid

**Alzheimer's Unit** NO  
**Bed Capacity** 97  
**DMH Licensed** No  
**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  
**Level of Care** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

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

**CEDARHURST OF FARMINGTON**

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

**Telephone** (573) 713-9150  
**Level of Care** ALF\*\*  
**County** SAINT FRANCOIS  
**Region** 2

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

**COLONIAL RESIDENTIAL CARE FACILITY II**

1162 CEDAR ST  
 BISMARCK MO 63624-8920  
**Mailing Address** PO BOX 134  
 MOUNTAIN GROVE MO 65711-0134

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

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

**COLUMBIA STREET RESIDENTIAL CARE CENTER LLC**

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

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

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

**COMMUNITY MANOR**

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

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

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

**COUNTRY MEADOWS**

1301 N ST JOE DR  
 PARK HILLS MO 63601-1965  
**Mailing Address** 1301 N ST JOE DR  
 PARK HILLS MO 63601-1965

**Telephone** (573) 431-2889  
**Level of Care** ALF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** No  
**Facility Number** 14443

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

1301 N ST JOE DR  
 PARK HILLS MO 63601-1965  
**Mailing Address** 1301 N ST JOE DR  
 PARK HILLS MO 63601-1965

**Telephone** (573) 431-2889  
**Level of Care** SNF  
**County** SAINT FRANCOIS  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 14443

**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

**FARMINGTON MANOR**

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

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

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** Yes  
**Facility Number** 15140

**FARMINGTON PRESBYTERIAN MANOR**

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

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

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

**FARMINGTON PRESBYTERIAN MANOR**

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

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

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

**FARMINGTON PRESBYTERIAN MANOR**

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

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

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

**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

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**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

**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

**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

**SECRET GARDENS**

351 KEITH ST  
 PARK HILLS MO 63601-2049  
**Mailing Address** PO BOX 481  
 PARK HILLS MO 63601-0481

**Telephone** (573) 518-0444  
**Level of Care** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** Yes  
**Facility Number** 17813

**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

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

**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

**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

**WATTS STREET MANOR**

301 WATTS ST  
 PARK HILLS MO 63601-1839  
**Mailing Address** PO BOX 481  
 PARK HILLS MO 63601-0481

**Telephone** (573) 431-4874  
**Level of Care** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 06579

**SAINT LOUIS CITY****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

**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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**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

**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

**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

**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

**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

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

**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

**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

**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

**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

**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

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**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

**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

**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

**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

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

**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 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 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 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

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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

**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 LOUIS COUNTY****ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 27570

**ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** ICF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 27570

**ABERDEEN HEIGHTS**

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 27570

**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

**AEGIS HEALTH AND REHABILITATION**

1441 CHARIC DR  
 WILDWOOD MO 63021-2001  
**Mailing Address** 1441 CHARIC DR  
 WILDWOOD MO 63021-2001

**Telephone** (636) 394-2522  
**Level of Care** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 17887

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**ALLEGRO**

1055 BELLEVUE AVENUE  
 RICHMOND HEIGHTS MO 63117-1827  
**Mailing Address** 1055 BELLEVUE AVENUE  
 RICHMOND HEIGHTS MO 63117-1827

**Telephone** (314) 332-8372 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 88  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 31437

**AMBERWOOD ESTATES NURSING AND REHABILITATION**

5303 BERMUDA DR  
 NORMANDY MO 63121-1407  
**Mailing Address** 5303 BERMUDA DR  
 NORMANDY MO 63121-1407

**Telephone** (314) 385-0910 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 115  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 01238

**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 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 38  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 14409

**ARBOR HILLS NURSING AND REHABILITATION CENTER**

800 CHAMBERS RD  
 FERGUSON MO 63135-2133  
**Mailing Address** 800 CHAMBERS RD  
 FERGUSON MO 63135-2133

**Telephone** (314) 524-1111 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 01435

**ARBOR HILLS NURSING AND REHABILITATION CENTER**

800 CHAMBERS RD  
 FERGUSON MO 63135-2133  
**Mailing Address** 800 CHAMBERS RD  
 FERGUSON MO 63135-2133

**Telephone** (314) 524-1111 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 28  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 01435

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 149  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **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 **Alzheimer's Unit** YES  
**Level of Care** ALF\*\* **Bed Capacity** 88  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 18  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 05586

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**ATHENE NURSING AND REHABILITATION**

13995 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8400  
**Mailing Address** 13995 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8400

**Telephone** (636) 227-5070 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 282  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 01508

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 18697

**AUTUMN VIEW GARDENS**

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

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

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 110  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 22909

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 30  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 15878

**BELLEFONTAINE GARDENS NURSING & REHAB**

9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336  
**Mailing Address** 9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336

**Telephone** (314) 388-0796 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 96  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 02598

**BENTLEYS EXTENDED CARE**

3060 ASHBY ROAD  
 OVERLAND MO 63114-1342  
**Mailing Address** 3060 ASHBY RD  
 OVERLAND MO 63114-1342

**Telephone** (314) 426-0433 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 72  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 22613

**TEMPORARY CLOSURE - STAFFING**

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**BENTWOOD NURSING & REHAB**

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

**Telephone** (314) 921-2700 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 116  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 14817

**BETHESDA DILWORTH**

9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521  
**Mailing Address** 9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521

**Telephone** (314) 968-5460 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 400  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 00508

**BETHESDA HAWTHORNE PLACE**

1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598  
**Mailing Address** 1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598

**Telephone** (314) 942-5750 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 66  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 30509

**BETHESDA MEADOW**

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

**Telephone** (636) 227-3431 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 210  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 15226

**BETHESDA SOUTHGATE**

5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715  
**Mailing Address** 5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715

**Telephone** (314) 846-2000 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 192  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 05586

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 135  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 01170

**BOARDING INN, THE**

9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328  
**Mailing Address** 9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328

**Telephone** (314) 426-0091 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7** **Facility Number** 00709

**BRENTMOOR RETIREMENT COMMUNITY**

8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973  
**Mailing Address** 8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973

**Telephone** (314) 995-3811 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 36  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 19968

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**BROOKDALE CREVE COEUR**

ONE NEW BALLAS PLACE  
 CREVE COEUR MO 63146-8700  
**Mailing Address** ONE NEW BALLAS PLACE  
 CREVE COEUR MO 63146-8700

**Telephone** (314) 432-5200 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 46  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 26178

**BROOKDALE WEST COUNTY**

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

**Telephone** (636) 527-5700 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 98  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28149

**BROOKING PARK**

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

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

**BROOKING PARK**

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

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

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22838

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 76  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 79  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 13663

**CHESTERFIELD VILLAS**

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

**Telephone** (636) 532-9296 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 54  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 29067

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**CHESTNUT REHAB AND NURSING**

10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018  
**Mailing Address** 10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018

**Telephone** (314) 843-4242 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 167  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 03182

**CHRISTIAN EXTENDED CARE & REHABILITATION**

11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159  
**Mailing Address** 11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159

**Telephone** (314) 355-8010 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 08300

**CLARENDALE CLAYTON**

7651 CLAYTON ROAD  
 CLAYTON MO 63117-1419  
**Mailing Address** 7651 CLAYTON ROAD  
 CLAYTON MO 63117-1419

**Telephone** (314) 390-9399 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 98  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 32528

**COMMUNITY CARE CENTER OF LEMAY, INC**

9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600  
**Mailing Address** 9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600

**Telephone** (314) 631-0540 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 01732

**CONVERSE HOME**

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

**Telephone** (314) 355-8041 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 14296

**CREVE COEUR ASSISTED LIVING AND MEMORY CARE**

693 DECKER LN  
 CREVE COEUR MO 63141-7127  
**Mailing Address** 693 DECKER LANE  
 CREVE COEUR MO 63141-7127

**Telephone** (314) 997-4532 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 110  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 29440

**CREVE COEUR MANOR**

1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482  
**Mailing Address** 1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482

**Telephone** (314) 434-8361 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 149  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 02417

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**CRYSTAL CREEK HEALTH AND REHABILITATION CENTER**

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

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

**DELMAR GARDENS NORTH**

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

**Telephone** (314) 355-1516 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 240  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 14093

**DELMAR GARDENS OF CHESTERFIELD**

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

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

**DELMAR GARDENS OF CREVE COEUR**

850 COUNTRY MANOR LN  
 CREVE COEUR MO 63141-6651  
**Mailing Address** 850 COUNTRY MANOR LN  
 CREVE COEUR MO 63141-6651

**Telephone** (314) 434-5900 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 148  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 01830

**DELMAR GARDENS OF MERAMEC VALLEY**

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

**Telephone** (636) 343-0016 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 190  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 13468

**DELMAR GARDENS ON THE GREEN**

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

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

**DELMAR GARDENS SOUTH**

5300 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152  
**Mailing Address** 5300 BUTLER HILL RD  
 SAINT LOUIS MO 63128-4152

**Telephone** (314) 842-0588 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 250  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 12909

**DELMAR GARDENS WEST**

13550 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5812  
**Mailing Address** 13550 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5812

**Telephone** (314) 878-1330 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 321  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 02120

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 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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**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 44  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 27755

**DOLAN MEMORY CARE AT CONWAY**

12550 CONWAY RD  
 CREVE COEUR MO 63141-8613  
**Mailing Address** 11300 DOLAN WAY  
 ST LOUIS MO 63146-

**Telephone** (314) 576-3998 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 9  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22648

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 20  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 25162

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 8  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 10  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 88  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 110  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 10  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 14694

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**ELIZABETH HOUSE**

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

**Telephone** (314) 209-8814 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 36  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22316

**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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 38  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 67  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 38  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 18442

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 94  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 05340

**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 **Alzheimer's Unit** Yes  
**Level of Care** ICF **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 24149

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 42  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 32473

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**FIESER NURSING CENTER**

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

**Telephone** (636) 343-4344 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 60  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicaid **Facility Number** 02569

**FLORISSANT VALLEY HEALTH & REHABILITATION CENTER**

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

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

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 80  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 29435

**FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE**

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

**Telephone** (636) 733-0199 **Alzheimer's Unit** YES  
**Level of Care** ALF\*\* **Bed Capacity** 66  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7** **Facility Number** 02715

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 84  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 02703

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 02715

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 144  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 32  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 30048

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**GARDEN PLAZA OF FLORISSANT**

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

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

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 23101

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 130  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 16409

**GARDEN VILLAS**

13590 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5823  
**Mailing Address** 13590 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5823

**Telephone** (314) 434-2520 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 46  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28978

**GARDEN VILLAS NORTH**

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

**Telephone** (314) 355-6100 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28930

**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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 83  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28964

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 95  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30848

**GRANDE AT CREVE COEUR THE**

450 NORTH LINDBERGH BLVD  
 CREVE COEUR MO 63141-7814  
**Mailing Address** 450 NORTH LINDBERGH BLVD  
 CREVE COEUR MO 63141-7814

**Telephone** (314) 628-0004 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 58  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30479

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**GRANDE AT LAUMEIER PARK THE**

12470 ROTT ROAD  
 SUNSET HILLS MO 63127-1247  
**Mailing Address** 12470 ROTT ROAD  
 SUNSET HILLS MO 63127-1247

**Telephone** (314) 462-0222 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 98  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30466

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 188  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 00411

**JANE HOWELL STUPP APARTMENTS**

2443 PROUHET AVE  
 OVERLAND MO 63114-1946  
**Mailing Address** 2443 PROUHET AVE  
 OVERLAND MO 63114-1946

**Telephone** (314) 890-7100 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 30  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 18369

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 70  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 32203

**LACLEDE COMMONS**

727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911  
**Mailing Address** 727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911

**Telephone** (314) 968-5570 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 242  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 17713

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 27146

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 91  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 12141

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**LUTHERAN CONVALESCENT HOME**

723 SOUTH LACLEDE STATION RD  
 WEBSTER GROVES MO 63119-4911  
**Mailing Address** 723 SOUTH LACLEDE STATION RD  
 WEBSTER GROVES MO 63119-4911

**Telephone** (314) 968-5570 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 286  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 04695

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 128  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **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 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 137  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 04970

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 117  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 06038

**MARI DE VILLA RETIREMENT CENTER, INC**

13900 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8406  
**Mailing Address** 13900 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8406

**Telephone** (636) 227-5347 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 224  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 05047

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 08188

**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 **Alzheimer's Unit** No  
**Level of Care** ICF **Bed Capacity** 28  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 00592

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**MARY, QUEEN AND MOTHER CENTER**

7601 WATSON RD  
 SHREWSBURY MO 63119-5001  
**Mailing Address** 7601 WATSON RD  
 SHREWSBURY MO 63119-5001

**Telephone** (314) 961-8000 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 230  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 05103

**MARYMOUNT MANOR**

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

**Telephone** (636) 938-6770 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 174  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 05117

**MARYMOUNT MANOR**

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

**Telephone** (636) 938-6770 **Alzheimer's Unit** No  
**Level of Care** RCF\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7** **Facility Number** 05117

**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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 62  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** NO  
**Level of Care** SNF **Bed Capacity** 200  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 03957

**MATTIS POINTE - ASSISTED LIVING BY AMERICARE**

4962 MATTIS ROAD  
 SAINT LOUIS MO 63128-2795  
**Mailing Address** 4962 MATTIS ROAD  
 SAINT LOUIS MO 63128-2795

**Telephone** (314) 328-4084 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 30805

**MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE**

THREE MCKNIGHT PLACE  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** THREE MCKNIGHT PLACE  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 993-3333 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 55  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 23542

**MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE**

THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 997-5333 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 23542

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**MCKNIGHT PLACE EXTENDED CARE**

TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 993-2221 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 70  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 114  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 160  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 121  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 114  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 17458

**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 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 220  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 08272

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 116  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 01118

**OAK KNOLL SKILLED NURSING & REHABILITATION CENTER**

37 N CLARK AVE  
 FERGUSON MO 63135-2323  
**Mailing Address** 37 N CLARK AVE  
 FERGUSON MO 63135-2323

**Telephone** (314) 521-7419 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 72  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 05864

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**PARC PROVENCE**

605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603  
**Mailing Address** 605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603

**Telephone** (314) 542-2500 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 140  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 24122

**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

**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 **Alzheimer's Unit** No  
**Level of Care** ICF **Bed Capacity** 42  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 06369

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

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

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

**PLAZA AT WILDWOOD SENIOR LIVING, THE**

251 PLAZA DRIVE  
 WILDWOOD MO 63040-1203  
**Mailing Address** 251 PLAZA DRIVE  
 WILDWOOD MO 63040-1203

**Telephone** (636) 273-3900 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 94  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 31049

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30363

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 147  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 26726

**RANCHO REHAB AND HEALTHCARE CENTER**

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

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

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**RICHMOND TERRACE ASSISTED LIVING**

1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038  
**Mailing Address** 1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038

**Telephone** (314) 646-8000 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 99  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 16378

**SOUTHVIEW ASSISTED LIVING**

9916 REAVIS ROAD  
 AFFTON MO 63123-5314  
**Mailing Address** 9916 REAVIS RD  
 AFFTON MO 63123-5314

**Telephone** (314) 544-4440 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 116  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28446

**ST AGNES HOME**

10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520  
**Mailing Address** 10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520

**Telephone** (314) 965-7616 **Alzheimer's Unit** No  
**Level of Care** ICF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 07481

**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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 35  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22810

**ST ANDREW'S AT FRANCIS PLACE**

400 SUMMERVILLE BLVD  
 EUREKA MO 63025-2316  
**Mailing Address** 400 SUMMERVILLE BLVD  
 EUREKA MO 63025-2316

**Telephone** (636) 938-5151 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 106  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 06430

**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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 21994

**ST JOHNS PLACE**

3333 BROWN ROAD  
 SAINT LOUIS MO 63114-4327  
**Mailing Address** 3333 BROWN RD  
 SAINT LOUIS MO 63114-4327

**Telephone** (314) 426-2211 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 94  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 18454

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**ST SOPHIA HEALTH & REHABILITATION CENTER**

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

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

**STONEBRIDGE FLORISSANT**

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

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

**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

**SUNRISE OF CHESTERFIELD**

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

**Telephone** (636) 536-3800 **Alzheimer's Unit** Yes  
**Level of Care** ICF **Bed Capacity** 95  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **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 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 3  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 23767

**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 **Alzheimer's Unit** Yes  
**Level of Care** ICF **Bed Capacity** 102  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 24242

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 28242

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 130  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** Medicare/Medicaid **Facility Number** 15467

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**SYLVAN HOUSE**

30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125  
**Mailing Address** 30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125

**Telephone** (314) 892-2212 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 15078

**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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 95  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30612

**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 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 15454

**VERONICA HOUSE**

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

**Telephone** (314) 209-8814 **Alzheimer's Unit** No  
**Level of Care** ALF\*\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22460

**WESTCHESTER HOUSE, THE**

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

**Telephone** (314) 469-1200 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 159  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 08474

**WESTVIEW AT ELLISVILLE ASSISTED LIVING**

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

**Telephone** (636) 527-5554 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 99  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28184

**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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 18  
**County** SAINTE GENEVIEVE **DMH Licensed** Yes  
**Region** 2 **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 **Alzheimer's Unit** No  
**Level of Care** ALF **Bed Capacity** 18  
**County** SAINTE GENEVIEVE **DMH Licensed** Yes  
**Region** 2 **Facility Number** 11134

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

**PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE**

805 PARKWOOD DR  
 SAINTE GENEVIEVE MO 63670-1858  
**Mailing Address** 805 PARKWOOD DR  
 SAINTE GENEVIEVE MO 63670-1858

**Telephone** (573) 883-3883  
**Level of Care** ALF\*\*  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 23234

**RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER**

1100 PROGRESS PARKWAY  
 SAINTE GENEVIEVE MO 63670-9232  
**Mailing Address** 1100 PROGRESS PARKWAY  
 SAINTE GENEVIEVE MO 63670-9232

**Telephone** (573) 883-3454  
**Level of Care** SNF  
**County** SAINTE GENEVIEVE  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06729

**ST GENEVIEVE NURSING**

1010 STE GENEVIEVE DR  
 SAINTE GENEVIEVE MO 63670-1447  
**Mailing Address** PO BOX 426  
 SAINTE GENEVIEVE MO 63670-0426

**Telephone** (573) 883-5725  
**Level of Care** SNF  
**County** SAINTE GENEVIEVE  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 03254

**SALINE****BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237  
**Level of Care** ICF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00546

**BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237  
**Level of Care** RCF\*  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 00546

**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

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

**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

**ROYAL OAKS CARE CENTER LLC**

507 EAST MARSHALL  
 SWEET SPRINGS MO 65351-9759  
**Mailing Address** PO BOX 204  
 SWEET SPRINGS MO 65351-0204

**Telephone** (660) 530-3168  
**Level of Care** ALF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 51  
**DMH Licensed** Yes  
**Facility Number** 14953

**SWEET SPRINGS VILLA**

518 E MARSHALL  
 SWEET SPRINGS MO 65351-9756  
**Mailing Address** 518 E MARSHALL  
 SWEET SPRINGS MO 65351-9756

**Telephone** (660) 335-6391  
**Level of Care** SNF  
**County** SALINE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 05378

**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

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

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07004

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

### ARBORS AT WESTRIDGE PLACE - MEMORY CARE BY AMERICARE, THE

539 NORTH WEST ST		Telephone	(573) 471-6484	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5443	Level of Care	ALF**	Bed Capacity	28
<b>Mailing Address</b> 539 NORTH WEST ST		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5443	Region 2		Facility Number	12693

### CHAFFEE NURSING CENTER

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

### CLEARVIEW NURSING CENTER

430 SALCEDO ROAD		Telephone	(573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO 63801-4802	Level of Care	SNF	Bed Capacity	98
<b>Mailing Address</b> PO BOX 707		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0707	Region 2	Medicare/Medicaid	Facility Number	19913

### COLONIAL MANOR, LLC

907 WEST MALONE ST		Telephone	(573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care	ALF	Bed Capacity	20
<b>Mailing Address</b> 907 WEST MALONE ST		County	SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2		Facility Number	13255

### COUNTRY PLACE

28601 US HIGHWAY 61		Telephone	(573) 264-1555	Alzheimer's Unit	No
SCOTT CITY	MO 63780-9143	Level of Care	ALF	Bed Capacity	24
<b>Mailing Address</b> 28601 US HIGHWAY 61		County	SCOTT	DMH Licensed	No
SCOTT CITY	MO 63780-9143	Region 2		Facility Number	25934

### DAYBREAK NURSING CENTER

410 H ROAD		Telephone	(573) 471-7683	Alzheimer's Unit	No
SIKESTON	MO 63801-5350	Level of Care	SNF	Bed Capacity	70
<b>Mailing Address</b> 410 H ROAD		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0430	Region 2	Medicare/Medicaid	Facility Number	11496

### HUNTER ACRES CARING CENTER

628 NORTH WEST ST		Telephone	(573) 471-7130	Alzheimer's Unit	Yes
SIKESTON	MO 63801-4738	Level of Care	SNF	Bed Capacity	120
<b>Mailing Address</b> 628 NORTH WEST ST		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-4738	Region 2	Medicare/Medicaid	Facility Number	07345

### LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

226 PLAZA DR		Telephone	(573) 472-2546	Alzheimer's Unit	No
SIKESTON	MO 63801-5105	Level of Care	ALF**	Bed Capacity	30
<b>Mailing Address</b> 226 PLAZA DR		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5105	Region 2		Facility Number	28804

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**SIKESTON CONVALESCENT CENTER**

103 KENNEDY DR  
 SIKESTON MO 63801-5126  
**Mailing Address** 103 KENNEDY DR  
 SIKESTON MO 63801-5126

**Telephone** (573) 471-6900  
**Level of Care** SNF  
**County** SCOTT  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07331

**SUNSHINE VILLA**

2520 JAMES ST  
 SCOTT CITY MO 63780-1219  
**Mailing Address** 2520 JAMES ST  
 SCOTT CITY MO 63780-1219

**Telephone** (573) 264-2424  
**Level of Care** ALF  
**County** SCOTT  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** Yes  
**Facility Number** 07039

**SHANNON****HILLTOP HAVEN RESIDENTIAL CARE FACILITY**

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

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

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

**ROCK POINT NURSING CENTER**

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

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

**Alzheimer's Unit** Yes  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 00560

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

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

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

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

**SALT RIVER COMMUNITY CARE**

142 SHELBY PLAZA RD  
 SHELBY MO 63468-1065  
**Mailing Address** PO BOX 529  
 SHELBY MO 63468-0529

**Telephone** (573) 588-4175  
**Level of Care** SNF  
**County** SHELBY  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06934

**SHELBY VILLA LIFECARE**

218 EAST SHELBY AVE  
 SHELBY MO 63468-4328  
**Mailing Address** 218 EAST SHELBY AVE  
 SHELBY MO 63468-4328

**Telephone** (573) 588-4115  
**Level of Care** ALF\*\*  
**County** SHELBY  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 18584

**STODDARD****ADVANCE ASSISTED LIVING**

252 PAYTON PLACE  
 ADVANCE MO 63730-7251  
**Mailing Address** PO BOX 790  
 ADVANCE MO 63730-0790

**Telephone** (573) 722-5200  
**Level of Care** ALF  
**County** STODDARD  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 28426

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**ASPIRE SENIOR LIVING ADVANCE**

315 SOUTH TILLEY ST  
 ADVANCE MO 63730-7230  
**Mailing Address** 315 S TILLEY ST  
 ADVANCE MO 63730-7230

**Telephone** (573) 722-3440  
**Level of Care** SNF  
**County** STODDARD  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 11722

**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

**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  
**Level of Care** RCF\*  
**County** STODDARD  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 24959

**PRAIRIE VIEW SKILLED NURSING**

606 WEST MISSOURI ST  
 BLOOMFIELD MO 63825-9706  
**Mailing Address** 606 WEST MISSOURI ST  
 BLOOMFIELD MO 63825-9706

**Telephone** (573) 568-2137  
**Level of Care** SNF  
**County** STODDARD  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00629

**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  
**Level of Care** SNF  
**County** STODDARD  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03163

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**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

**WINCHESTER NURSING CENTER, INC**

400 WINCHESTER DRIVE  
BERNIE MO 63822-7500  
**Mailing Address** PO BOX 760  
BERNIE MO 63822-0760

**Telephone** (573) 293-6702  
**Level of Care** SNF  
**County** STODDARD  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 31391

**WINCHESTER PLACE ASSISTED LIVING, LLC**

404 WINCHESTER ROAD  
BERNIE MO 63822-7500  
**Mailing Address** 404 WINCHESTER ROAD  
BERNIE MO 63822-7500

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

**Alzheimer's Unit** NO  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 31391

**STONE****CRANE RESIDENTIAL CARE HOME**

102 LILLIAN  
CRANE MO 65633-9103  
**Mailing Address** 102 LILLIAN  
CRANE MO 65633-9103

**Telephone** (417) 723-5900  
**Level of Care** RCF  
**County** STONE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 01898

**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

**SULLIVAN****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

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## TANEY

### 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

### FORSYTH CARE CENTER

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

**Telephone** (417) 546-6337  
**Level of Care** SNF  
**County** TANEY  
**Region** 1 **Medicare/Medicaid**

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

### LAKESIDE MOUNTAIN MANOR

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

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

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

### 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

### 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

### 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

## TEXAS

### 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

### HOUSTON HOUSE

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

**Telephone** (417) 967-2527  
**Level of Care** SNF  
**County** TEXAS  
**Region** 2 **Medicare/Medicaid**

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

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**KABUL NURSING HOMES, INC**

1000 MAIN ST  
 CABOOL MO 65689-9125  
**Mailing Address** 1000 MAIN ST  
 CABOOL MO 65689-9125

**Telephone** (417) 962-3713  
**Level of Care** SNF  
**County** TEXAS  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 04085

**LANDMARK VILLA ALF**

1101 OZARK AVE  
 CABOOL MO 65689-7362  
**Mailing Address** 1101 OZARK AVE  
 CABOOL MO 65689-7362

**Telephone** (417) 962-3700  
**Level of Care** ALF  
**County** TEXAS  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** Yes  
**Facility Number** 04085

**LICKING RESIDENTIAL CARE**

225 WEST HIGHWAY 32  
 LICKING 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

**VERNON****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

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**MOORE-FEW CARE CENTER**

901 SOUTH ADAMS  
 NEVADA MO 64772-3209  
**Mailing Address** 901 SOUTH ADAMS  
 NEVADA MO 64772-3209

**Telephone** (417) 448-3841 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 108  
**County** VERNON **DMH Licensed** No  
**Region 1** Medicare/Medicaid **Facility Number** 05703

**NATHAN RICHARD HEALTH CARE CENTER**

700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025  
**Mailing Address** 700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025

**Telephone** (417) 667-8889 **Alzheimer's Unit** No  
**Level of Care** SNF **Bed Capacity** 68  
**County** VERNON **DMH Licensed** No  
**Region 1** Medicare/Medicaid **Facility Number** 18210

**PAUL L & MARTHA BARONE CARE CENTER**

2101 NORTH ASH ST  
 NEVADA MO 64772-1082  
**Mailing Address** 2101 NORTH ASH ST  
 NEVADA MO 64772-1082

**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

**TEMPORARY CLOSURE - STAFFING****WARREN****BRISTOL MANOR OF WARRENTON**

815 WOOLF ROAD  
 WARRENTON MO 63383-6184  
**Mailing Address** 815 WOOLF RD  
 WARRENTON MO 63383-6184

**Telephone** (636) 456-1437 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 12  
**County** WARREN **DMH Licensed** No  
**Region 6** **Facility Number** 19954

**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 **Alzheimer's Unit** No  
**Level of Care** RCF **Bed Capacity** 36  
**County** WARREN **DMH Licensed** No  
**Region 6** **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 **Alzheimer's Unit** Yes  
**Level of Care** ALF\*\* **Bed Capacity** 71  
**County** WARREN **DMH Licensed** No  
**Region 6** **Facility Number** 25045

**WARRENTON MANOR**

65 STATE HIGHWAY AA  
 WRIGHT CITY MO 63383-3301  
**Mailing Address** 65 STATE HIGHWAY AA  
 WRIGHT CITY MO 63390-3301

**Telephone** (636) 456-8700 **Alzheimer's Unit** Yes  
**Level of Care** SNF **Bed Capacity** 120  
**County** WARREN **DMH Licensed** No  
**Region 6** Medicare/Medicaid **Facility Number** 02505

**WASHINGTON****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

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

**POTOSI MANOR**

307 SOUTH HIGHWAY 21  
 POTOSI MO 63664-9317  
**Mailing Address** 307 SOUTH HIGHWAY 21  
 POTOSI MO 63664-9317

**Telephone** (573) 438-3225  
**Level of Care** SNF  
**County** WASHINGTON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 21648

**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

**WAYNE****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

**FAMILY COUNSELING CENTER INC**

18408 WAYNE ROUTE D  
 WAPPAPELLO MO 63966-  
**Mailing Address** 18408 WAYNE ROUTE D  
 WAPPAPELLO MO 63966-

**Telephone** (573) 222-8676  
**Level of Care** RCF\*  
**County** WAYNE  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** Yes  
**Facility Number** 23584

**GREENVILLE HEALTH CARE CENTER**

117 SYCAMORE ST  
 GREENVILLE MO 63944-0000  
**Mailing Address** PO BOX 108  
 GREENVILLE MO 63944-0108

**Telephone** (573) 224-3298  
**Level of Care** SNF  
**County** WAYNE  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 15550

**WEBSTER****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  
**Level of Care** RCF  
**County** WEBSTER  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 13487

**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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**GLENWOOD HEALTHCARE**

851 THOROUGHFARE  
 SEYMOUR MO 65746-8767  
**Mailing Address** 851 THOROUGHFARE  
 SEYMOUR MO 65746-8767

**Telephone** (417) 935-2992  
**Level of Care** SNF  
**County** WEBSTER  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16944

**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

**WORTH****ORILLA'S WAY**

1209 SOUTH HIGH ST  
 GRANT CITY MO 64456-0056  
**Mailing Address** PO BOX 56  
 GRANT CITY MO 64456-0056

**Telephone** (660) 564-2204  
**Level of Care** ALF\*\*  
**County** WORTH  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 08591

**WORTH COUNTY CONVALESCENT CENTER**

503 E 4TH ST  
 GRANT CITY MO 64456-8363  
**Mailing Address** 503 E 4TH ST  
 GRANT CITY MO 64456-8363

**Telephone** (660) 564-3304  
**Level of Care** SNF  
**County** WORTH  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 08779

**WRIGHT****AUTUMN OAKS CARING CENTER**

1310 HOVIS ST  
 MOUNTAIN GROVE MO 65711-1219  
**Mailing Address** 1310 HOVIS ST  
 MOUNTAIN GROVE MO 65711-1219

**Telephone** (417) 926-5128  
**Level of Care** SNF  
**County** WRIGHT  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07970

**COUNTRY LIVING ASSISTED LIVING**

2820 NORTH MAIN ST  
 MOUNTAIN GROVE MO 65711-1403  
**Mailing Address** 2820 NORTH MAIN ST  
 MOUNTAIN GROVE MO 65711-1403

**Telephone** (417) 926-1955  
**Level of Care** ALF  
**County** WRIGHT  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 27548

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**HARTVILLE CARE CENTER**

649 WEST ROLLA ST  
HARTVILLE MO 65667-8221  
**Mailing Address** 649 WEST ROLLA ST  
HARTVILLE MO 65667-8221

**Telephone** (417) 741-6192  
**Level of Care** SNF  
**County** WRIGHT  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 17946

**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

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