Directory of Adult Care Homes

2012

Survey, Certification and Credentialing Commission

TABLE OF CONTENTS

- KDOA Disclaimer
- Information Sheet
- County-City List
- LTC Licensed Bed Count
- LTC Certified Bed Count
- Directory of Kansas Adult Care Homes
- Directory of Kansas Assisted Living and Residential Health Care Facilities
- Directory of Kansas Home Plus, Boarding Care & Adult Day Care Providers

NOTICE

KANSAS LAW RESTRICTS THE USE OF NAMES AND ADDRESSES IN THIS DIRECTORY TO THE CIRCUMSTANCES IDENTIFIED BELOW. KNOWING VIOLATIONS OF THIS LAW ARE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED $500 PER VIOLATION.

Chapter 45.-PUBLIC RECORDS, DOCUMENTS AND INFORMATION
Articles 2.-RECORDS OPEN TO PUBLIC

45-230. Unlawful use of names derived from public records. (a) No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records except:

(1) Lists of names and addresses from public records of the division of vehicles obtained under K.S.A. 74-2012, and amendments thereto;

(2) lists of names and addresses of persons licensed, registered or issued certificates or permits to practice a profession or vocation may be sold or given to, and received by, an organization of persons who practice that profession or vocation for membership, informational or other purposes related to the practice of the profession or vocation;

(3) lists of names and addresses of persons applying for examination for licenses, registrations, certificates or permits to practice a profession or vocation shall be sold or given to, and received by, organizations providing professional or vocational educational materials or courses to such persons for the sole purpose of providing such persons with information relating to the availability of such materials or courses;

(4) lists of names, addresses and other information from voter registration lists may be compiled, used, given, received, sold or purchased by any person, as defined in K.S.A. 21-3110 and amendments thereto, solely for political campaign or election purposes;

(5) lists of names and addresses from the public records of postsecondary institutions as defined in K.S.A. 74-3201b, and amendments thereto, may be given to, and received and disseminated by such institution's separately incorporated affiliates and supporting organizations, which qualify under section 501(c)(3) of the federal internal revenue code of 1986, for use in the furtherance of the purposes and programs of such institutions and such affiliates and supporting organizations; and

(6) to the extent otherwise authorized by law.

(b) Any person subject to this section who knowingly violates the provisions of this section shall be liable for the payment of a civil penalty in an action brought by the attorney general or county or district attorney in a sum set by the court not to exceed $500 for each violation.

(c) The provisions of this section shall not apply to nor impose any civil liability or penalty upon any public official, public agency or records custodian for granting access to or providing copies of public records or information containing names and addresses, in good faith compliance with the Kansas open records act, to a person who has made a written request for access to such information and has executed a written certification pursuant to subsection (c)(2) of K.S.A. 45-220, and amendments thereto.

(d) This section shall be a part of and supplemental to the Kansas open records act.

History: L. 2003, ch. 126, § 1; July 1

Directory of Kansas Adult Care Homes Information Sheet

Licensees: Anyone who operates an adult care home which includes anyone who owns, leases, establishes, maintains, conducts the affairs of or manages an adult care home. (See below for explanation of codes) The four types of licensees are identified immediately below:

Building Owner: The owner of the building(s) where the facility is located. If the building is financed by active industrial revenue bonds then the governmental unit which issued the bonds will be listed as building owner, but is not a licensee.

Lessee: The entity that has a lease or a contract purchase agreement for the building.

Sublessee: The entity that has a sublease agreement with the lessee.

Management Firm: The entity that has a management contract between the owner, lessee or sublessee.

STATE I.D. NO.: State Identification number assigned to facility.

FED. PROV. NO.: Federal Provider Identification number assigned to facility.

AREA: KDOA Management Region.

***LICENSED BEDS ** LIMITED **:** Maximum number of beds in each license category.

PROVISIONAL LICENSE: Short term (maximum of 6 months) license issued pending compliance of facility with all regulatory provisions. (see K.S.A. 39-929)

LICENSURE CLASSIFICATIONS:

- **NF:** Nursing Facility
- **ALF:** Assisted Living Facility
- **RHCF:** Residential Health Care Facility
- **IMR:** Intermediate Mental Retardation Facility
- **NFMH:** Nursing Facility for Mental Health
- **HP:** Home Plus
- **BCH:** Boarding Care Home
- **ADC:** Adult Day Care

CERTIFICATION CLASSIFICATIONS:

- **SNF:** Skilled Nursing Facility (Medicare)
- **NF :** Nursing Facility
- **IMR:** Intermediate Care Facility for the Mentally Retarded
- **MEDICARE SNF:** Number of beds certified in the federal program for Medicare skilled residents.
- **MEDICARE/MEDICAID SNF/NF:** Number of beds certified in both the Medicare and Medicaid programs (dual certification).
- **MEDICAID NF:** Number of beds certified in the federal program for Medicaid only.

OWNERSHIP CODES:

- **GA** - Owner of premises (except government)
- **GC** - Government owner of premises (licensee)
- **GD** - Government owner of premises (non-licensee - i.e. bond issuer only)
- **HA** - Lessee of premises
- **IA** - Sublessee of premises
- **JA** - Management Firm
- **01** - Sole Proprietorship
- **02** - Partnership
- **03** - Joint Venture
- **04** - Corporation for profit
- **05** - Corporation not for profit
- **06** - Government
- **07** - Other
- **08** - Limited Liability Company

For purposes of this directory listing, ownership codes ending in 06 are identified as "Govt." (Government), those ending in 05 as "Not For Profit" and all others (01, 02, 03, 04, 07 and 08) as "Profit".

COUNTY - CITY CROSS REFERENCE LIST

03/04/2011

COUNTY/CITY	COUNTY/CITY	COUNTY/CITY	COUNTY/CITY	COUNTY/CITY	COUNTY/CITY	COUNTY/CITY
ALLEN	**COMANCHE**	**GOVE**	**KEARNY**	**MONTGOMERY**	**REPUBLIC**	**SUMNER**
HUMBOLDT	COLDWATER	QUINTER	LAKIN	CANEY	BELLEVILLE	CALDWELL
IOLA	PROTECTION	**GRAHAM**	**KINGMAN**	CHERRYVALE	SCANDIA	CONWAY SPRINGS
MORAN	**COWLEY**	HILL CITY	CUNNINGHAM	COFFEYVILLE	**RICE**	MULVANE
ANDERSON	ARKANSAS CITY	**GRANT**	KINGMAN	INDEPENDENCE	LITTLE RIVER	OXFORD
GARNETT	DEXTER	ULYSSES	**KIOWA**	**MORRIS**	LYONS	WELLINGTON
ATCHISON	WINFIELD	**GRAY**	GREENSBURG	**COUNCIL GROVE**	STERLING	**THOMAS**
ATCHISON	**CRAWFORD**	CIMARRON	HAVILAND	**MORTON**	**RILEY**	COLBY
BARBER	ARMA	MONTEZUMA	**LABETTE**	ELKHART	LEONARDVILLE	**TREGO**
KIOWA	FRONTENAC	**GREELEY**	CHETOPA	**NEMAHA**	MANHATTAN	WAKEENEY
BARTON	GIRARD	TRIBUNE	OSWEGO	CENTRALIA	**ROOKS**	**WABAUNSEE**
ELLINWOOD	PITTSBURG	**GREENWOOD**	PARSONS	SABETHA	PLAINVILLE	ALMA
GREAT BEND	**DECATUR**	EUREKA	**LANE**	SENECA	STOCKTON	ESKRIDGE
HOISINGTON	OBERLIN	**HAMILTON**	DIGHTON	**NEOSHO**	**RUSH**	**WALLACE**
BOURBON	**DICKINSON**	SYRACUSE	**LEAVENWORTH**	CHANUTE	LA CROSSE	SHARON SPRINGS
FORT SCOTT	ABILENE	**HARPER**	EASTON	ERIE	**RUSSELL**	**WASHINGTON**
BROWN	CHAPMAN	ANTHONY	LANSING	SAINT PAUL	RUSSELL	LINN
HIAWATHA	ENTERPRISE	ATTICA	LEAVENWORTH	**NESS**	**SALINE**	WASHINGTON
HORTON	HERINGTON	HARPER	TONGANOXIE	NESS CITY	SALINA	**WICHITA**
BUTLER	SOLOMON	**HARVEY**	**LINCOLN**	RANSOM	**SCOTT**	LEOTI
ANDOVER	**DONIPHAN**	HALSTEAD	LINCOLN	**NORTON**	SCOTT CITY	**WILSON**
AUGUSTA	HIGHLAND	HESSTON	**LINN**	NORTON	**SEDGWICK**	FREDONIA
DOUGLASS	WATHENA	NEWTON	PLEASANTON	**OSAGE**	BELAIRE	NEODESHA
EL DORADO	**DOUGLAS**	NORTH NEWTON	PRESCOTT	CARBONDALE	CHENEY	**WOODSON**
ROSE HILL	BALDWIN	SEDGWICK	**LOGAN**	OSAGE CITY	CLEARWATER	YATES CENTER
WHITEWATER	EUDORA	**HASKELL**	OAKLEY	OVERBROOK	DERBY	**WYANDOTTE**
CHASE	LAWRENCE	SATANTA	**LYON**	**OSBORNE**	GODDARD	BONNER SPRINGS
COTTONWOOD FALLS	**EDWARDS**	**HODGEMAN**	EMPORIA	ALTON	HAYSVILLE	EDWARDSVILLE
CHAUTAUQUA	KINSLEY	JETMORE	NEOSHO RAPIDS	DOWNS	MOUNT HOPE	KANSAS CITY
SEDAN	**ELK**	**JACKSON**	**MARION**	OSBORNE	WICHITA	
CHEROKEE	HOWARD	HOLTON	GOESSEL	**OTTAWA**	**SEWARD**	
BAXTER SPRINGS	**ELLIS**	**JEFFERSON**	HILLSBORO	MINNEAPOLIS	LIBERAL	
COLUMBUS	ELLIS	MERIDEN	MARION	**PAWNEE**	**SHAWNEE**	
GALENA	HAYS	NORTONVILLE	PEABODY	LARNED	AUBURN	
CHEYENNE	VICTORIA	OSKALOOSA	**MARSHALL**	**PHILLIPS**	ROSSVILLE	
ST. FRANCIS	**ELLSWORTH**	VALLEY FALLS	FRANKFORT	LOGAN	TOPEKA	
CLARK	ELLSWORTH	WINCHESTER	MARYSVILLE	PHILLIPSBURG	**SHERIDAN**	
ASHLAND	HOLYROOD	**JEWELL**	**MCPHERSON**	**POTTAWATOMIE**	HOXIE	
MINNEOLA	WILSON	MANKATO	INMAN	ONAGA	**SHERMAN**	
CLAY	**FINNEY**	**JOHNSON**	LINDSBORG	ST MARYS	GOODLAND	
CLAY CENTER	GARDEN CITY	DE SOTO	MARQUETTE	WAMEGO	**SMITH**	
CLIFTON	**FORD**	GARDNER	MCPHERSON	WESTMORELAND	KENSINGTON	
WAKEFIELD	BUCKLIN	LEAWOOD	MOUNDRIDGE	**PRATT**	SMITH CENTER	
CLOUD	DODGE CITY	LENEXA	**MEADE**	PRATT	**STAFFORD**	
CLYDE	FORT DODGE	MERRIAM	FOWLER	**RAWLINS**	ST. JOHN	
CONCORDIA	**FRANKLIN**	MISSION	MEADE	ATWOOD	STAFFORD	
GLASCO	OTTAWA	OLATHE	**MIAMI**	**RENO**	**STANTON**	
MILTONVALE	POMONA	OVERLAND PARK	LOUISBURG	BUHLER	JOHNSON CITY	
COFFEY	RICHMOND	PRAIRIE VILLAGE	OSAWATOMIE	HAVEN	**STEVENS**	
BURLINGTON	WELLSVILLE	SHAWNEE	PAOLA	HUTCHINSON	HUGOTON	
WAVERLY	**GEARY**	SHAWNEE MISSION	**MITCHELL**	PRETTY PRAIRIE		
	JUNCTION CITY	SPRING HILL	BELOIT	SOUTH HUTCHINSON		

LTC LICENSED BED COUNT

EFFECTIVE JULY 1, 2003 REGULATION OF ALL LONG TERM CARE FACILITIES, EXCEPT FOR LONG TERM CARE UNITS OF HOSPITALS, WAS TRANSFERRED FROM THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT TO THE KANSAS DEPARTMENT ON AGING (KDOA). EFFECTIVE MARCH 1, 2008 MEDICARE CERTIFICATION OF HOSPITAL LONG TERM CARE UNITS WAS TRANSFERRED TO KDOA. EFFECTIVE JULY 1, 2012 THE KANSAS DEPARTMENT ON AGING BECAME THE KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES (KDADS).

THIS REPORT SUMMARIZES LICENSED BED INFORMATION FOR ALL ACTIVE FACILTIES WITH LONG TERM CARE (LTC) BEDS REGARDLESS OF LICENSURE CATEGORY. LICENSE TYPE ABBREVIATIONS HAVE THE FOLLOWING MEANINGS:

NF:	NURSING FACILITY
LTCU:	LONG TERM CARE UNIT OF A HOSPITAL LICENSED BY KDHE; CERTIFIED BY KDADS
NFMH:	NURSING FACILITY FOR MENTAL HEALTH
IMR:	INTERMEDIATE CARE FACILTY FOR THE MENTALLY RETARDED
MRH:	MENTAL RETARDATION HOSPITAL LICENSED BY KDHE; CERTIFIED BY KDADS
ALF:	ASSISTED LIVING FACILITY
RHCF:	RESIDENTIAL HEALTH CARE FACILITY
BCH:	BOARDING CARE FACILITY
HP:	HOME PLUS FACILITY
ADC:	ADULT DAY CARE FACILITY

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION, AND CREDENTIALING COMMISSION

Data Date/Time: 09/04/2012 11:36:58AM

LTC LICENSED BED COUNT

FACILITY LICENSE TYPE:		AVG BED/FAC	TOT BEDS	NF	ALF	RHCF	BCH	HP	ADC	NFMH	ICFMR
NF											
TOTAL FACILITIES	289	81	23307	20200	1938	1153	10	6	0	0	0
LTCU											
TOTAL FACILITIES	42	38	1585	1530	47	8	0	0	0	0	0
NFMH											
TOTAL FACILITIES	11	65	717	0	0	38	0	0	0	679	0
MRH											
TOTAL FACILITIES	1	454	454	0	0	0	0	0	0	0	454
ICFMR											
TOTAL FACILITIES	17	8	128	0	0	0	0	0	0	0	128
ALF											
TOTAL FACILITIES	135	48	6535	0	6271	264	0	0	0	0	0
RHCF											
TOTAL FACILITIES	50	34	1678	0	8	1660	0	0	10	0	0
BCH											
TOTAL FACILITIES	12	7	78	0	0	0	78	0	0	0	0
HP											
TOTAL FACILITIES	101	7	737	0	0	0	0	737	0	0	0
ADC											
TOTAL FACILITIES	13	39	501	0	0	0	0	0	501	0	0
GRAND TOTALS: FACILITIES	671	BEDS:	35720	21730	8264	3123	88	743	511	679	582

LTC CERTIFIED BED COUNT

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EFFECTIVE JULY 1, 2003 REGULATION OF ALL LONG TERM CARE FACILITIES, EXCEPT FOR LONG TERM CARE UNITS OF HOSPITALS, WAS TRANSFERRED FROM THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT TO THE KANSAS DEPARTMENT ON AGING (KDOA). EFFECTIVE MARCH 1, 2008 MEDICARE CERTIFICATION OF HOSPITAL LONG TERM CARE UNITS WAS TRANSFERRED TO KDOA. ON JULY 1, 2012 THE KANSAS DEPARTMENT ON AGING BECAME THE KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES (KDADS).

THIS REPORT SUMMARIZES MEDICARE CERTIFIED BED INFORMATION FOR ALL ACTIVE FACILITIES WITH LONG TERM CARE (LTC) BEDS REGARDLESS OF CERTIFICATION CATEGORY. CERTIFICATION TYPE ABBREVIATIONS ARE SHOWN BELOW:

ACH SNF:	ADULT CARE HOME WITH SKILLED NURSING BEDS
ACH SNF/NF:	ADULT CARE HOME WITH SKILLED & INTERMEDIATE BEDS
ACH NF:	ADULT CARE HOME WITH INTERMEDIATE BEDS
LTCU SNF:	LONG TERM CARE HOSPITAL UNIT WITH SKILLED NURSING BEDS
LTCU SNF/NF:	LONG TERM CARE HOSPITAL UNIT WITH SKILLED & INTERMEDIATE BEDS
LTCU NF:	LONG TERM CARE UNIT OF A HOSPITAL WITH INTERMEDIATE BEDS
NFMH SNF/NF*:	NURSING FACILITY FOR MENTAL HEALTH WITH SKILLED & INTERMEDIATE BEDS
NFMH NF:	NURSING FACILITY FOR MENTAL HEALTH WITH INTERMEDIATE BEDS
IMR MR:	INTERMEDIATE CARE FACILTY FOR THE MENTALLY RETARDED WITH MR BEDS
MRH MR:	MENTAL RETARDATION HOSPITAL WITH MR BEDS

BEDS WITH A SNF/NF DESIGNATION ARE DUALLY CERTIFIED AS SKILLED OR INTERMEDIATE ACCORDING TO NEED.

*PLEASE NOTE THAT THERE ARE NO NFMH SNF FACILTIES IN KANSAS.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION, AND CREDENTIALING COMMISSION

LTC CERTIFIED BED COUNT

Data Date/Time: 09/04/2012
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FACILITY CERTIFICATION TYPE		AVG CERT BED/FAC	SNF BEDS	SNF/NF	NF BEDS	MR BEDS	TOT_CERT BDS
ACH SNF Only							
	# FACILITIES	8	58	462	0	0	0	462
ACH SNF/NF							
	# FACILITIES	253	73	446	17392	593	0	18431
ACH NF Only							
	# FACILITIES	25	42	0	0	1048	0	1048
LTCU SNF Only							
	# FACILITIES	4	14	54	0	0	0	54
LTCU SNF/NF							
	# FACILITIES	7	45	0	318	0	0	318
LTCU NF Only							
	# FACILITIES	31	37	0	0	1158	0	1158
NFMH SNF/NF							
	# FACILITIES	5	75	0	376	0	0	376
NFMH NF Only							
	# FACILITIES	6	51	0	0	303	0	303
ICFMR							
	# FACILITIES	17	8	0	0	0	128	128
MRH MR Only							
	# FACILITIES	1	454	0	0	0	454	454
	# FACILITIES	357	BEDS:	962	18086	3102	582	22732

Name : ALMA MANOR
Address : 234 MANOR CIR
City : ALMA, KS 66401-127
Operator : ADAM ENTRESS
Bldg Owner : ALMA MANOR INC
Lessee : ALMA MANOR OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-099-001
Federal Provider : 175346
Telephone : 7857653318
Fax : 7857653589
GA04 100045
HA08 100074

Area : NE
County : WABAUNSEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	37		23					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	37		

Name : LIFE CARE CENTER OF ANDOVER
Address : 621 W 21ST PO BOX 100
City : ANDOVER, KS 67002-
Operator : STACY M ALLEN
Bldg Owner : ANDOVER REAL ESTATE INVESTORS LLC
Lessee : ANDOVER MEDICAL INVESTORS LLC
Sublessee :
Management Firm : LIFE CARE CENTERS OF AMERICA INC

State ID : N-008-007
Federal Provider : 175157
Telephone : 3167331349
Fax : 3167330919
GA08 100049
HA08 100074
JA04 100086

Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
154	154							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	154		

Name : VICTORIA FALLS
Address : 224 E CENTRAL
City : ANDOVER, KS 67002-
Operator : REBECCA MURRAY
Bldg Owner : CITY OF ANDOVER
Lessee : ANDOVER SENIOR CARE LLC
Sublessee :
Management Firm : WATERCREST D/B/A DB CONSULTING LLC

State ID : N-008-012
Federal Provider : 175520
Telephone : 3167330654
Fax : 3162206993
GA06 100047
HA08 100074
JA08 100090

Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
76	76							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	76		

Name : ANTHONY COMMUNITY CARE CENTER
Address : 212 N 5TH AVE
City : ANTHONY, KS 67003-2106
Operator : SHANA BROWN
Bldg Owner : ANTHONY COMMUNITY CARE CENTER INC
Lessee :
Sublessee :
Management Firm :

State ID : N-039-001
Federal Provider : 17E630
Telephone : 6208425187
Fax : 6208423257
GA05 100046

Area : SC
County : HARPER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
40	40							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		40	

Name : ARKANSAS CITY PRESBYTERIAN MANOR
Address : 1711 N 4TH ST
City : ARKANSAS CITY, KS 67005-1607
Operator : SARAH GRIGGS
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-018-008
Federal Provider : 175309
Telephone : 6204428700
Fax : 6204428224
GA06 100047
HA05 100071
JA05 100087

Area : SE
County : COWLEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
110	60	50						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : MEDICALODGES ARKANSAS CITY
Address : 203 E OSAGE AVE
City : ARKANSAS CITY, KS 67005-1255
Operator : MATTHEW J STEPHENSON
Bldg Owner : ML-RE ARKANSAS CITY LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-018-003
Federal Provider : 175313
Telephone : 6204429300
Fax : 6204420126
GA08 100049
HA04 100070

Area : SE
County : COWLEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
58	58							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	58		

Name : ARMA CARE CENTER LLC
Address : 605 EAST MELVIN ST PO BOX 789
City : ARMA, KS 66712
Operator : BETHANIE POPEJOY
Bldg Owner : ARMA YATES LLC
Lessee : ARMA CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-019-001
Federal Provider : 175353
Telephone : 6203474103
Fax : 6203474018
GA08 100049
HA08 100074
JA08 100090

LICENSED 45
Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : ATCHISON SENIOR VILLAGE
Address : 1419 N 6TH ST.
City : ATCHISON, KS 66002-1298
Operator : PEGGY HOUSE
Bldg Owner : ATCHISON COUNTY
Lessee :
Sublessee :
Management Firm :

State ID : N-003-001
Federal Provider : 17E254
Telephone : 913 3671905
Fax : 913 3677679
GC06 100055

LICENSED 56
Area : NE
County : ATCHISON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
56							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		56	

Name : DOOLEY CENTER
Address : 801 SOUTH 8TH STREET
City : ATCHISON, KS 66002
Operator : KRISTIN MACDONALD
Bldg Owner : MOUNT ST SCHOLASTICA
Lessee : DOOLEY CENTER INC
Sublessee :
Management Firm : LIFE CARE SERVICES LLC

State ID : N-003-003
Federal Provider : 17E585
Telephone : 9133606200
Fax : 9133606275
GA05 100046
HA05 100071
JA08 100090

LICENSED 46
Area : NE
County : ATCHISON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
46							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		46	

Name : MEDICALODGES ATCHISON
Address : 1637 RILEY ST
City : ATCHISON, KS 66002-1514
Operator : SHAWNA HOSCHOUER
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-003-002
Federal Provider : 175141
Telephone : 9133676066
Fax : 9133674327
GA04 100045

LICENSED 60
Area : NE
County : ATCHISON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : ATTICA LONG TERM CARE FACILITY
Address : 302 N BOTKIN
City : ATTICA, KS 67009-
Operator : HOLLY. NOBLE
Bldg Owner : ATTICA DISTRICT HOSPITAL #1
Lessee :
Sublessee :
Management Firm :

State ID : N-039-003
Federal Provider : 17E534
Telephone : 6202547253
Fax : 6202547629
GC06 100055

LICENSED 57
Area : SC
County : HARPER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
57							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		57	

Name : GOOD SAMARITAN SOCIETY - ATWOOD
Address : 650 LAKE RD #216
City : ATWOOD, KS 67730-1535
Operator : JANICE SHOBE
Bldg Owner : RAWLINS COUNTY
Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Sublessee :
Management Firm :

State ID : N-077-001
Federal Provider : 175366
Telephone : 7856269015
Fax : 7856269415
GA06 100047
HA05 100071

LICENSED 45
Area : W
County : RAWLINS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : LAKEPOINT NURSING CENTER
Address : 901 LAKEPOINT DR
City : AUGUSTA, KS 67010-
Operator : TRACI J HAYDEN
Bldg Owner : CITY OF AUGUSTA
Lessee : LAKEPOINT AUGUSTA LLC
Sublessee :
Management Firm :

State ID : N-008-005
Federal Provider : 175424
Telephone : 3167756333
Fax : 3167756330
GA06 100047
HA08 100074

Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
140	100	40						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	100		

Name : BALDWIN HEALTHCARE & REHABILITATION CEN
Address : 1223 ORCHARD LN
City : BALDWIN, KS 66006-9804
Operator : SCOTT HARRIS
Bldg Owner : SHG RESOURCES LP
Lessee : BALDWIN HEALTHCARE & REHABILIATION CTR LL
Sublessee :
Management Firm :

State ID : N-023-001
Federal Provider : 175338
Telephone : 7855946492
Fax : 7855942854
GA02 100043
HA08 100074

Area : NE
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : QUAKER HILL MANOR
Address : 8675 SE 72ND TERR
City : BAXTER SPRINGS, KS 66713-9780
Operator : TRACY ROWE
Bldg Owner : QUAKER HILL NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-011-006
Federal Provider : 175470
Telephone : 6208483797
Fax : 6208483017
GA08 100049
JA04 100086

Area : SE
County : CHEROKEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : CATHOLIC CARE CENTER
Address : 6700 E 45TH ST N
City : BELAIRE, KS 67226-9970
Operator : KAREN E STURCHIO
Bldg Owner : SEDGWICK COUNTY
Lessee : CATHOLIC CARE CENTER INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-087-001
Federal Provider : 175410
Telephone : 3167442020
Fax : 3167442182
GA06 100047
HA05 100071
JA05 100087

Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
298	178	80	40					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	178		

Name : BELLEVILLE HEALTH CARE CENTER
Address : 2626 WESLEYAN DR
City : BELLEVILLE, KS 66935-2440
Operator : GAYLE A. HUDSON
Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC
Lessee : LSL OF KANSAS LLC
Sublessee :
Management Firm : SOVRAN MANAGEMENT COMPANY LLC

State ID : N-079-001
Federal Provider : 175246
Telephone : 7855275636
Fax : 7855275419
GA04 100045
HA08 100074
JA08 100090

Area : NC
County : REPUBLIC

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
72	72							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	72		

Name : HILLTOP LODGE NURSING HOME
Address : 815 N INDEPENDENCE AVE
City : BELOIT, KS 67420-1639
Operator : JOSEPH L FUENTEZ
Bldg Owner : HILLTOP LODGE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-062-001
Federal Provider : 175348
Telephone : 7857383516
Fax : 7857382332
GA04 100045

Area : NC
County : MITCHELL

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
130	100	30						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	100		

Name : BONNER SPRINGS NURSING & REHABILITATION
Address : 520 E MORSE AVE
City : BONNER SPRINGS, KS 66012-1911
Operator : MICHAEL R ADAM
Bldg Owner : UNIVERSITY ASSOCIATES
Lessee : PINNACLE HEALTH FACILITIES XVIII LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT GR(

State ID : N-105-001
Federal Provider : 175401
Telephone : 9134412515
Fax : 9134412118
GA02 100043
HA04 100070
JA02 100084

LICENSED 45
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : HILL TOP HOUSE
Address : 505 W ELM PO BOX 248
City : BUCKLIN, KS 67834-248
Operator : JUDITH K. KREGAR
Bldg Owner : BUCKLIN HOSPITAL DISTRICT
Lessee :
Sublessee :
Management Firm :

State ID : N-029-004
Federal Provider : 175500
Telephone : 6208263202
Fax : 6208263591
GC06 100055

LICENSED 39
Area : W
County : FORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
32	7						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	32		

Name : BUHLER SUNSHINE HOME
Address : 400 S BUHLER RD
City : BUHLER, KS 67522-
Operator : KEITH R. PANKRATZ
Bldg Owner : CITY OF BUHLER
Lessee : BUHLER SUNSHINE HOME INC
Sublessee :
Management Firm :

State ID : N-078-009
Federal Provider : 175404
Telephone : 6205432251
Fax : 6205432328
GA06 100047
HA05 100071

LICENSED 87
Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55	32						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : HOUSATONIC PLACE
Address : 1310 HOUSATONIC ST
City : BURLINGTON, KS 66839-2153
Operator : LORETTA TORRES
Bldg Owner : QUEST SERVICES INC
Lessee : QUEST SERVICES INC
Sublessee :
Management Firm :

State ID : N-016-004
Federal Provider : 17G075
Telephone : 6203642320
Fax : 6203925823
GA08 100049
HA01 100067

LICENSED 5
Area : MH/RF
County : COFFEY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			5

Name : LIFE CARE CENTER OF BURLINGTON
Address : 601 CROSS ST
City : BURLINGTON, KS 66839-1105
Operator : PETER MUNGAI
Bldg Owner : BURLINGTON REAL ESTATE INVESTORS LLC
Lessee : BURLINGTON MEDICAL INVESTORS LLC
Sublessee :
Management Firm : LIFE CARE CENTERS OF AMERICA INC

State ID : N-016-001
Federal Provider : 175373
Telephone : 6203642117
Fax : 6203642013
GA08 100049
HA08 100074
JA04 100086

LICENSED 77
Area : SE
County : COFFEY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
77							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	77		

Name : CANEY NURSING CENTER
Address : 615 S HIGH ST
City : CANEY, KS 67333-2154
Operator : STEPHANIE HARRIS
Bldg Owner : CANEY GUEST HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-063-001
Federal Provider : 17E611
Telephone : 6208792929
Fax : 6208795768
GA04 100045

LICENSED 45
Area : SE
County : MONTGOMERY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		45	

Name : EASTRIDGE
Address : 604 1ST STREET
City : CENTRALIA, KS 66415-127
Operator : PAMELA BACHMAN
Bldg Owner : CITY OF CENTRALIA
Lessee : COMMUNITY HEALTHCARE SYSTEM, INC
Sublessee :
Management Firm :

State ID : N-066-006
Federal Provider : 175374
Telephone : 7858573388
Fax : 7858573349
GD06 100064
HA05 100071

Area : NE
County : NEMAHA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
39	39							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	39		

Name : APPLEWOOD REHABILITATION INC
Address : 1720 W 2ND PO BOX I
City : CHANUTE, KS 66720-1009
Operator : SHIRLEY SHOWALTER
Bldg Owner : HERITAGE HEALTH CARE LLC
Lessee : APPLEWOOD REHABILITATION INC
Sublessee :
Management Firm :

State ID : N-067-003
Federal Provider : 175443
Telephone : 6204317300
Fax : 6204312127
GA04 100045
HA04 100070

Area : SE
County : NEOSHO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	0	-	0	45	0	0		0 0

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : CHANUTE HEALTHCARE CENTER
Address : 530 W 14TH ST
City : CHANUTE, KS 66720-2877
Operator : ELIZABETH A. SHEPARD
Bldg Owner : SENIORTRUST OF CHANUTE LLC
Lessee :
Sublessee :
Management Firm : KANSAS HEALTHCARE ADVISORS LLC

State ID : N-067-004
Federal Provider : 175214
Telephone : 6204314940
Fax : 6204314147
GA08 100049
JA08 100090

Area : SE
County : NEOSHO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
77	77							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	77		

Name : HERITAGE HEALTH CARE CENTER
Address : 1630 W 2ND ST
City : CHANUTE, KS 66720-1930
Operator : CYNTHIA NEISES
Bldg Owner : HERITAGE HEALTH CARE LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-067-005
Federal Provider : 175249
Telephone : 6204314151
Fax : 6204316928
GA08 100049
JA04 100086

Area : SE
County : NEOSHO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
53	53							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	53		

Name : CHAPMAN VALLEY MANOR
Address : 1009 N MARSHALL
City : CHAPMAN, KS 67431-219
Operator : PAMELA K. SHEETS
Bldg Owner : CHAPMAN ADULT CARE HOMES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-021-001
Federal Provider : 175474
Telephone : 7859226525
Fax : 7859226902
GA05 100046

Area : NC
County : DICKINSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
45			

Name : CHENEY GOLDEN AGE HOME
Address : 724 N MAIN PO BOX 370
City : CHENEY, KS 67025-
Operator : TERESA K. ACHILLES
Bldg Owner : CHENEY GOLDEN AGE HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-002
Federal Provider : 175399
Telephone : 3165403691
Fax : 3165420165
GA05 100046

Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : CHERRYVALE NURSING AND REHABILITATION C
Address : 1001 W MAIN ST PO BOX 366
City : CHERRYVALE, KS 67335-366
Operator : TAMMIE J HAWKINS
Bldg Owner : CHERRYVALE LLC
Lessee : CHERRYVALE MANAGEMENT LLC
Sublessee :
Management Firm :

State ID : N-063-002
Federal Provider : 175335
Telephone : 6203362102
Fax : 6203362236
GA08 100049
HA08 100074

LICENSED 59
Area : SE
County : MONTGOMERY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
59							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	36	23	

Name : CHETOPA MANOR
Address : 814 WALNUT PO BOX 167
City : CHETOPA, KS 67336-167
Operator : DANETTA HARPER
Bldg Owner : WOODWORTH ENTERPRISES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-050-001
Federal Provider : 175396
Telephone : 6202367248
Fax : 6202367919
GA04 100045

LICENSED 38
Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
38							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	38		

Name : THE SHEPHERD'S CENTER
Address : 706 N MAIN PO BOX 249
City : CIMARRON, KS 67835-249
Operator : JEAN BRYANT
Bldg Owner : SHEPHERD OF THE PLAINS FOUNDATION
Lessee :
Sublessee :
Management Firm :

State ID : N-035-002
Federal Provider : 17E488
Telephone : 6208553498
Fax : 6208552381
GA05 100046

LICENSED 32
Area : W
County : GRAY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
32							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
		32	

Name : CLAY CENTER PRESBYTERIAN MANOR
Address : 924 EIGHTH ST
City : CLAY CENTER, KS 67432-2620
Operator : MICHAEL DEROUSSEAU
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-014-001
Federal Provider : 175310
Telephone : 7856325646
Fax : 7856325874
GA05 100046
JA05 100087

LICENSED 56
Area : NC
County : CLAY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
30		26					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	30		

Name : MEDICALODGES CLAY CENTER
Address : 715 LIBERTY PO BOX 517
City : CLAY CENTER, KS 67432-517
Operator : FAE A. MANN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-014-004
Federal Provider : 175351
Telephone : 7856325696
Fax : 7856322855
GA04 100045

LICENSED 70
Area : NC
County : CLAY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
51		19					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	51		

Name : CLEARWATER NURSING & REHABILITATION CEN
Address : 620 E WOOD ST
City : CLEARWATER, KS 67026-9757
Operator : DANIELLE REICKS
Bldg Owner : HACIENDA CARE XV LP
Lessee : PINNACLE HEALTH FACILITIES XXXII LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT GR

State ID : N-087-016
Federal Provider : 175454
Telephone : 6205842271
Fax : 6205844583
GA02 100043
HA02 100068
JA02 100084

LICENSED 64
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
64							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	64		

Name : COMMUNITY CARE INC
Address : 310 STRAND ST
City : CLIFTON, KS 66937-9601
Operator : CHRISTINA R CUNNINGHAM
Bldg Owner : COMMUNITY CARE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-014-002
Federal Provider : 17E465
Telephone : 7854553522
Fax : 7854553692
GA05 100046

LICENSED 25

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
25							

Area : NC
County : CLAY

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		25	

Name : PARK VILLA
Address : 114 S HIGH ST
City : CLYDE, KS 66938-9472
Operator : JOSEPH CASSIDY
Bldg Owner : CITY OF CLYDE
Lessee : CLYDE DEVELOPMENT INC
Sublessee :
Management Firm :

State ID : N-015-005
Federal Provider : 175492
Telephone : 7854462818
Fax : 7854462288
GA06 100047
HA05 100071

LICENSED 36

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
36							

Area : NC
County : CLOUD

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	36		

Name : MEDICALODGES COFFEYVILLE
Address : 720 W 1ST ST
City : COFFEYVILLE, KS 67337-3854
Operator : STEPHANIE BEAN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-063-006
Federal Provider : 175237
Telephone : 6202513705
Fax : 6202512410
GA04 100045

LICENSED 40

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
40							

Area : SE
County : MONTGOMERY

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : WINDSOR PLACE LLC
Address : 2921 W 1ST ST
City : COFFEYVILLE, KS 67337
Operator : MONTE COFFMAN
Bldg Owner : MEDICALODGES INC
Lessee : HEALTH MANAGEMENT OF KANSAS INC
Sublessee :
Management Firm :

State ID : N-063-010
Federal Provider : 175290
Telephone : 6202515190
Fax : 6202515029
GA04 100045
HA04 100070

LICENSED 163

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
163							

Area : SE
County : MONTGOMERY

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	163		

Name : DESERET HEALTH AND REHAB AT COLBY LLC
Address : 105 E COLLEGE DR
City : COLBY, KS 67701-3701
Operator : RHONDA BARTON-RHAN
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT COLBY L
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-097-002
Federal Provider : 175202
Telephone : 7854626721
Fax : 7854602136
GA08 100049
HA08 100074
JA08 100090

LICENSED 45

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

Area : W
County : THOMAS

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : PIONEER LODGE
Address : 300 W 3RD PO BOX 487
City : COLDWATER, KS 67029-487
Operator : DIANA THOMPSON
Bldg Owner : PIONEER COMMUNITY CARE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-017-001
Federal Provider : 17E580
Telephone : 6205822123
Fax : 6205822461
GA05 100046

LICENSED 34

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
25		9					

Area : W
County : COMANCHE

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		25	

Name : MEDICALODGES COLUMBUS
Address : 101 LEE AVE PO BOX 351
City : COLUMBUS, KS 66725-351
Operator : TRAVIS MCBRIDE
Bldg Owner : ML-RE COLUMBUS LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-011-003
Federal Provider : 175264
Telephone : 6204292134
Fax : 6204298956
GA08 100049
HA04 100070

Area : SE
County : CHEROKEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
67	45		22					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : MOUNT JOSEPH SENIOR VILLAGE LLC
Address : 1110 W 11TH
City : CONCORDIA, KS 66901-9203
Operator : JANET CHAPMAN
Bldg Owner : MT JOSEPH SENIOR VILLAGE LLC
Lessee :
Sublessee :
Management Firm : FOUNDATION PROPERTIES CORPORATION

State ID : N-015-003
Federal Provider : 175420
Telephone : 7852431347
Fax : 7852431907
GA08 100049
JA04 100086

Area : NC
County : CLOUD

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
84	60		24					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : SUNSET HOME INC
Address : 620 2ND AVE
City : CONCORDIA, KS 66901-2727
Operator : LAURENCE BLOCHLINGER
Bldg Owner : SUNSET HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-015-006
Federal Provider : 175422
Telephone : 7852432720
Fax : 7852431576
GA05 100046

Area : NC
County : CLOUD

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
93	45	15	33					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
45			

Name : SPRING VIEW MANOR
Address : 412 S 8TH
City : CONWAY SPRINGS, KS 67031-98
Operator : VIRGINIA C. WINTER
Bldg Owner : SPRING VIEW MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-096-006
Federal Provider : 175504
Telephone : 6204562285
Fax : 6204562323
GA04 100045

Area : SE
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : GOLDEN LIVINGCENTER - CHASE COUNTY
Address : 612 WALNUT
City : COTTONWOOD FALLS, KS 66845-979
Operator : KELLY SCHLEHUBER
Bldg Owner : GPH COTTONWOOD LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC COTTONWOOD LLC
Management Firm :

State ID : N-009-001
Federal Provider : 175223
Telephone : 6202736360
Fax : 6202738536
GA08 100049
HA08 100074
IA08 100082

Area : NC
County : CHASE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
51	51							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	51		

Name : COUNCIL GROVE HEALTHCARE CENTER
Address : 400 SUNSET DRIVE
City : COUNCIL GROVE, KS 66846-
Operator : PAULA K. GANT
Bldg Owner : SENIORTRUST OF COUNCIL GROVE LLC
Lessee :
Sublessee :
Management Firm : KANSAS HEALTHCARE ADVISORS LLC

State ID : N-064-001
Federal Provider : 175239
Telephone : 6207675172
Fax : 6207676622
GA08 100049
JA08 100090

Area : NC
County : MORRIS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
80	80							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	80		

Name : HILLTOP MANOR
Address : 403 S VALLEY PO BOX 8
City : CUNNINGHAM, KS 67035-8
Operator : KATHY HAMILTON
Bldg Owner : HILLTOP MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-048-001
Federal Provider : 17E454
Telephone : 6202982781
Fax : 6202983437
GA04 100045

Area : SC
County : KINGMAN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
71	71							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			71

Name : HILLSIDE VILLAGE OF DESOTO
Address : 33600 W 85TH ST
City : DE SOTO, KS 66018-8118
Operator : PAMELA J. HALL
Bldg Owner : HILLSIDE VILLAGE REAL ESTATE LLC
Lessee : HILLSIDE VILLAGE LLC
Sublessee :
Management Firm :

State ID : N-046-064
Federal Provider : 175472
Telephone : 9135831260
Fax : 9135851225
GA08 100049
HA08 100074

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
95	49	46						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			49

Name : DERBY HEALTH & REHABILITATION LLC
Address : 731 KLEIN CIR
City : DERBY, KS 67037-
Operator : TOM BRODERICK
Bldg Owner : DHRC PROPERTY DEVELOPMENT LLC
Lessee : DERBY HEALTH & REHABILITATION CENTERLLC
Sublessee :
Management Firm : AXIOM HEALTHCARE MANAGEMENT LLC

State ID : N-087-063
Federal Provider : 175514
Telephone : 3167192400
Fax : 3164409587
GA08 100049
HA08 100074
JA08 100090

Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
74	74							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			74

Name : WESTVIEW OF DERBY
Address : 445 N WESTVIEW ST
City : DERBY, KS 67037-2228
Operator : ARIEN REEVES
Bldg Owner : LSL OF DERBY KS LLC
Lessee :
Sublessee :
Management Firm : SOVRAN MANAGEMENT COMPANY LLC

State ID : N-087-025
Federal Provider : 175218
Telephone : 3167883739
Fax : 3167888859
GA08 100049
JA04 100086

Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90	90							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			90

Name : GOOD SAMARITAN SOCIETY - DODGE CITY
Address : 501 W BEESON RD
City : DODGE CITY, KS 67801-5996
Operator : LYDDIA GETAWERU
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-029-002
Federal Provider : 175207
Telephone : 6202277512
Fax : 6202276303
GA05 100046

Area : W
County : FORD

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			60

Name : MANOR OF THE PLAINS
Address : 200 CAMPUS DR
City : DODGE CITY, KS 67801-2706
Operator : TAMMY LAMPE
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-029-005
Federal Provider : 175306
Telephone : 6202251928
Fax : 6202253982
GA06 100047
HA05 100071
JA05 100087

Area : W
County : FORD

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
70	50	20						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			50

Name : TRINITY MANOR
Address : 510 W FRONTVIEW ST
City : DODGE CITY, KS 67801-2213
Operator : JEANNE SCHINSTOCK
Bldg Owner : CITY OF DODGE CITY
Lessee : METHODIST HOSPITAL ASSOCIATION INC
Sublessee :
Management Firm : FRONTIER MANAGEMENT INC DBA FRONTLINE MC

State ID : N-029-001
Federal Provider : 175377
Telephone : 6202278133
Fax : 6202258630
GA06 100047
HA05 100071
JA04 100086

LICENSED 72
Area : W
County : FORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
59		13					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	59		

Name : MEDICALODGES DOUGLASS
Address : 619 S HWY 77
City : DOUGLASS, KS 67039-479
Operator : LORI ANN SHRYOCK
Bldg Owner : ML-RE DOUGLASS LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-008-001
Federal Provider : 175292
Telephone : 3167472157
Fax : 3167472084
GA08 100049
HA04 100070

LICENSED 42
Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
42							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	42		

Name : GOLDEN LIVINGCENTER - DOWNS
Address : 1218 KANSAS ST
City : DOWNS, KS 67437-1404
Operator : AMANDA ATKISSON
Bldg Owner : GPH DOWNS LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC DOWNS LLC
Management Firm :

State ID : N-071-001
Federal Provider : 175201
Telephone : 7854543321
Fax : 7854543980
GA08 100049
HA08 100074
IA08 100082

LICENSED 51
Area : NC
County : OSBORNE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
51							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	51		

Name : COUNTRY CARE INC
Address : 515 DAWSON
City : EASTON, KS 66020-
Operator : BONITA Y HICKS
Bldg Owner : COUNTRY CARE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-052-002
Federal Provider : 175411
Telephone : 9137735517
Fax : 9137735562
GA04 100045

LICENSED 45
Area : NE
County : LEAVENWORTH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
45			

Name : GOLDEN LIVINGCENTER - EDWARDSVILLE
Address : 751 BLAKE ST
City : EDWARDSVILLE, KS 66111-1338
Operator : GARY HOLMES
Bldg Owner : GPH EDWARDSVILLE III LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC EDWARDSVILLE III LLC
Management Firm :

State ID : N-105-004
Federal Provider : 175245
Telephone : 9134411900
Fax : 9134410410
GA08 100049
HA08 100074
IA08 100082

LICENSED 100
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
			100				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	100		

Name : GOLDEN LIVINGCENTER - KAW RIVER
Address : 750 BLAKE ST
City : EDWARDSVILLE, KS 66111-1339
Operator : JANET AITKEN
Bldg Owner : GPH EDWARDSVILLE II LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC EDWARDSVILLE II LLC
Management Firm :

State ID : N-105-003
Federal Provider : 175219
Telephone : 9134225832
Fax : 9134416223
GA08 100049
HA08 100074
IA08 100082

LICENSED 50
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	50		

Name : GOLDEN LIVINGCENTER - PARKWAY
Address : 749 BLAKE ST
City : EDWARDSVILLE, KS 66111-1338
Operator : LOUISE MATHIA
Bldg Owner : GPH EDWARDSVILLE PARKWAY LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC EDWARDSVILLE PARKWAY LLC
Management Firm :

State ID : N-105-010
Federal Provider : 175229
Telephone : 9134225952
Fax : 9134422044
GA08 100049
HA08 100074
IA08 100082

LICENSED 50
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	50		

Name : GOLDEN LIVINGCENTER - EL DORADO
Address : 900 COUNTRY CLUB LN
City : EL DORADO, KS 67042-4206
Operator : THOMAS E INDERHEES
Bldg Owner : GPH EL DORADO II LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC EL DORADO II LLC
Management Firm :

State ID : N-008-003
Federal Provider : 175324
Telephone : 3163214444
Fax : 3163214513
GA08 100049
HA08 100074
IA08 100082

LICENSED 55
Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	55		

Name : LAKEPOINT NURSING & REHAB CENTER OF EL D
Address : 1313 S HIGH ST
City : EL DORADO, KS 67042-3751
Operator : VANESSA M UNDERWOOD
Bldg Owner : BUTLER COUNTY
Lessee : LAKEPOINT ELDORADO LLC
Sublessee :
Management Firm :

State ID : N-008-002
Federal Provider : 175124
Telephone : 3163214140
Fax : 3163217690
GA06 100047
HA08 100074

LICENSED 121
Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
85	36						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
85			

Name : WOODHAVEN CARE CENTER
Address : 510 W 7TH ST
City : ELLINWOOD, KS 67526-1101
Operator : KAREL PAGE
Bldg Owner : SPTIHS PROPERTIES TRUST
Lessee : FIVE STAR QUALITY CARE TRUST
Sublessee : FIVE STAR QUALITY CARE - KS LLC
Management Firm :

State ID : N-005-004
Federal Provider : 175354
Telephone : 6205642337
Fax : 6205643527
GA07 100048
HA07 100073
IA08 100082

LICENSED 56
Area : NC
County : BARTON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
56							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	56		

Name : GOOD SAMARITAN SOCIETY - ELLIS
Address : 1101 SPRUCE ST
City : ELLIS, KS 67637-1799
Operator : JOSE GILLESPIE
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-026-002
Federal Provider : 175328
Telephone : 7857263101
Fax : 7857264029
GA05 100046

LICENSED 57
Area : W
County : ELLIS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	-	12	0	0	0		0 0

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : GOOD SAMARITAN SOCIETY- ELLSWORTH VILLA
Address : 1156 HIGHWAY 14
City : ELLSWORTH, KS 67439
Operator : BEN ANDERSON
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-027-001
Federal Provider : 175231
Telephone : 7854723167
Fax : 7854725423
GA05 100046

LICENSED 74
Area : NC
County : ELLSWORTH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
58	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	58		

Name : EMPORIA PRESBYTERIAN MANOR
Address : 2300 INDUSTRIAL RD
City : EMPORIA, KS 66801-6636
Operator : ROGER CLOSSON
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-056-006
Federal Provider : 175304
Telephone : 6203432613
Fax : 6203439195
GA06 100047
HA05 100071
JA05 100087

LICENSED 90
Area : SE
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	30						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : FIFTH AVENUE PLACE
Address : 1335 EAST 5TH AVE
City : EMPORIA, KS 66801-3626
Operator : LORETTA TORRES
Bldg Owner : QUEST SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-056-013
Federal Provider : 17G076
Telephone : 6203419900
Fax : 6203419100
GA05 100046

LICENSED 5
Area : MH/RF
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			5

Name : FLINT HILLS CARE CENTER
Address : 1620 WHEELER ST
City : EMPORIA, KS 66801-1620
Operator : MARGARET A EDLUND
Bldg Owner : FLINT HILLS CARE CENTER INC
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-056-003
Federal Provider : 175280
Telephone : 6203423280
Fax : 6203436045
GA04 100045
JA04 100086

LICENSED 58
Area : SE
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
58							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	58		

Name : HOLIDAY RESORT
Address : 2700 W 30TH ST
City : EMPORIA, KS 66801-9100
Operator : MIKE KERBS
Bldg Owner : HOLIDAY HEALTHCARE LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-056-007
Federal Provider : 175173
Telephone : 6203439285
Fax : 6203431867
GA08 100049

LICENSED 120
Area : SE
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	120		

Name : LINN PLACE
Address : 1427 LINN AVE
City : EMPORIA, KS 66801-3562
Operator : LORETTA TORRES
Bldg Owner : QUEST SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-056-014
Federal Provider : 17G078
Telephone : 6203419500
Fax :
GA05 100046

LICENSED 5
Area : MH/RF
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			5

Name : ENTERPRISE ESTATES NURSING CENTER
Address : 602 CRESTVIEW DR
City : ENTERPRISE, KS 67441-0395
Operator : MEREDITH A BECHARD
Bldg Owner : ENTERPRISE COMMUNITY NURSING HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-021-002
Federal Provider : 175475
Telephone : 7852638278
Fax : 7852638954
GA05 100046

LICENSED 45
Area : NC
County : DICKINSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : GOLDEN LIVINGCENTER - ESKRIDGE
Address : 505 N MAIN ST
City : ESKRIDGE, KS 66423-9618
Operator : FRANCES KEEARNS
Bldg Owner : GPH ESKRIDGE LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC ESKRIDGE LLC
Management Firm :

State ID : N-099-002
Federal Provider : 175455
Telephone : 7854492294
Fax : 7854492285
GA08 100049
HA08 100074
IA08 100082

LICENSED 60

Area : NE
County : WABAUNSEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
			60				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : MEDICALODGES EUDORA
Address : 1415 MAPLE
City : EUDORA, KS 66025-400
Operator : DONNA K. FOX
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-023-003
Federal Provider : 175502
Telephone : 7855422176
Fax : 7855422177
GA04 100045

LICENSED 74

Area : NE
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
74							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	74		

Name : EUREKA NURSING CENTER
Address : 1020 N SCHOOL ST
City : EUREKA, KS 67045-1106
Operator : LARRY F NANNY JR
Bldg Owner : EUREKA NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-037-004
Federal Provider : 175287
Telephone : 6205837418
Fax : 6205836621
GA08 100049
IA04 100078

LICENSED 76

Area : SE
County : GREENWOOD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
76							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	76		

Name : KANSAS SOLDIERS HOME
Address : 201 CUSTER UNIT 98
City : FORT DODGE, KS 67843-
Operator : ANDREA L. FOLEY
Bldg Owner : STATE OF KANSAS
Lessee :
Sublessee :
Management Firm : KANSAS COMMISSION ON VETERANS AFFAIRS

State ID : N-029-008
Federal Provider : 175513
Telephone : 6202272121
Fax : 6202270107
GA06 100047
JA06 100088

LICENSED 86

Area : W
County : FORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
86							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	86		

Name : FORT SCOTT MANOR
Address : 736 HEYLMAN ST
City : FORT SCOTT, KS 66701-2460
Operator : LYNETTE EMMERSON
Bldg Owner : DJKIERL INC
Lessee :
Sublessee :
Management Firm :

State ID : N-006-004
Federal Provider : 175384
Telephone : 6202233120
Fax : 6202233884
GA04 100045

LICENSED 50

Area : SE
County : BOURBON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	50		

Name : MEDICALODGES FORT SCOTT
Address : 915 S HORTON PO BOX 510
City : FORT SCOTT, KS 66701-510
Operator : KAREN BROWN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-006-002
Federal Provider : 175258
Telephone : 6202230210
Fax : 6202230244
GA04 100045

LICENSED 61

Area : SE
County : BOURBON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
61							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	61		

Name : FOWLER RESIDENTIAL CARE
Address : 401 E 6TH PO BOX 20
City : FOWLER, KS 67844-20
Operator : SUSAN E PHIPPS
Bldg Owner : FOWLER DISTRICT HOSPITAL
Lessee :
Sublessee :
Management Firm :

State ID : N-060-002
Federal Provider : 175526
Telephone : 6206465215
Fax : 6206465657
GC06 100055

Area : W
County : MEADE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	24	24							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	24		

Name : FRANKFORT COMMUNITY CARE HOME
Address : 510 N WALNUT ST
City : FRANKFORT, KS 66427-1446
Operator : LAURA M. O'NEIL
Bldg Owner : CITY OF FRANKFORT
Lessee : FRANKFORT COMMUNITY CARE HOME INC
Sublessee :
Management Firm :

State ID : N-058-002
Federal Provider : 175417
Telephone : 7852924442
Fax : 7852924400
GA06 100047
HA05 100071

Area : NC
County : MARSHALL

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : GOLDEN LIVINGCENTER - FREDONIA
Address : 240 N 19TH ST
City : FREDONIA, KS 66736-1718
Operator : LILLIAN L. GHRAMM
Bldg Owner : GPH FREEDONIA LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC FREEDONIA LLC
Management Firm :

State ID : N-103-002
Federal Provider : 175227
Telephone : 6203784163
Fax : 6203783513
GA08 100049
HA08 100074
IA08 100082

Area : SE
County : WILSON

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	47	47							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	47		

Name : SUNSET MANOR
Address : 206 S DITTMANN ST
City : FRONTENAC, KS 66763-2299
Operator : KEVIN D. KNAUP
Bldg Owner : SUNSET MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-019-007
Federal Provider : 175363
Telephone : 6202317340
Fax : 6202313955
GA04 100045

Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	120	120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	120		

Name : EMERALD POINTE HEALTH & REHABILITATION C
Address : 109 WEST EMPIRE
City : GALENA, KS 66739-
Operator : PAUL KEENER
Bldg Owner : 252 HEALTH CARE CONSULTANTS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-011-010
Federal Provider : 175461
Telephone : 6207832755
Fax : 6207835506
GA04 100045

Area : SE
County : CHEROKEE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	48	48							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	48		

Name : GALENA NURSING & REHAB CENTER
Address : 1220 E 8TH ST PO BOX 186
City : GALENA, KS 66739-186
Operator : JEFF CARTER
Bldg Owner : GALENA NURSING & REHAB LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-011-005
Federal Provider : 175233
Telephone : 6207831383
Fax : 6207835354
GA08 100049
JA04 100086

Area : SE
County : CHEROKEE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	58	58							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	58		

Name : GARDEN VALLEY RETIREMENT VILLAGE
Address : 1505 E SPRUCE ST
City : GARDEN CITY, KS 67846-6296
Operator : BRADLEY RADATZ
Bldg Owner : GREGORY A. FALK LLC III
Lessee : GARDEN VALLEY RETIREMENT VILLAGE LLC
Sublessee :
Management Firm : FRONTIER MANAGEMENT INC DBA FRONTLINE MA

State ID : N-028-002
Federal Provider : 175175
Telephone : 6202759651
Fax : 6202756582
GA08 100049
HA08 100074
JA04 100086

Area : W
County : FINNEY

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 77	77							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	77		

Name : THE HOMESTEAD HEALTH & REHABILATION CEN
Address : 2308 N 3RD PO BOX 955
City : GARDEN CITY, KS 67846-955
Operator : RODNEY TAYLOR
Bldg Owner : HOMESTEAD OF GARDEN CITY NURSING CENTER
Lessee : HOMESTEAD OF GARDEN CITY NURSING CENTER
Sublessee :
Management Firm :

State ID : N-028-001
Federal Provider : 175429
Telephone : 6202767643
Fax : 6202768171
GA08 100049
HA08 100074

Area : W
County : FINNEY

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 43	43							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	43		

Name : MEDICALODGES GARDNER
Address : 223 BEDFORD ST
City : GARDNER, KS 66030-1167
Operator : TERRY BROWN
Bldg Owner : ML-RE GARDNER LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-046-008
Federal Provider : 175243
Telephone : 9138566520
Fax : 9138567570
GA08 100049
HA04 100070

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 82	82							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	82		

Name : GOLDEN HEIGHTS LIVING CENTER
Address : 101 N PINE ST
City : GARNETT, KS 66032-1199
Operator : LUCILLE HOLDERMAN
Bldg Owner : MANOR OF GARNETT INC
Lessee :
Sublessee :
Management Firm : VETTER HEALTH SERVICES INC

State ID : N-002-002
Federal Provider : 175433
Telephone : 7854482434
Fax : 7854486524
GA04 100045
JA04 100086

Area : SE
County : ANDERSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 51	51							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	51		

Name : TWG NURSING HOME INC DBA THE HERITAGE
Address : 511 N WESTERN AVE
City : GIRARD, KS 66743-66
Operator : DAVID TWAROG
Bldg Owner : TWG NURSING HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-019-008
Federal Provider : 175440
Telephone : 6207248288
Fax : 6207244713
GA04 100045

Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : THE NICOL HOME
Address : 303 E BUFFALO ST
City : GLASCO, KS 67445-68
Operator : FRANCIS TATRO
Bldg Owner : THE NICOL HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-015-004
Federal Provider : 175473
Telephone : 7855682251
Fax : 7855682113
GA05 100046

Area : NC
County : CLOUD

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 28	28							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	28		

Name : MEDICALODGES GODDARD
Address : 501 EASY ST
City : GODDARD, KS 67052-9235
Operator : FRANK P DUNGAN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-012
Federal Provider : 175294
Telephone : 3167948635
Fax : 3167943476
GA04 100045

LICENSED 85
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60		25					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : BETHESDA HOME
Address : 408 E MAIN PO BOX 37
City : GOESSEL, KS 67053-37
Operator : ERIC SCHRAG
Bldg Owner : MENNONITE BETHESDA SOCIETY INC
Lessee :
Sublessee :
Management Firm :

State ID : N-057-006
Federal Provider : 175403
Telephone : 6203672291
Fax : 6203672294
GA05 100046

LICENSED 67
Area : NC
County : MARION

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
57	10						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	57		

Name : GOOD SAMARITAN SOCIETY - SHERMAN COUNT
Address : 208 W 2ND ST
City : GOODLAND, KS 67735-1602
Operator : CHEYENNE GEORGE
Bldg Owner : COUNTY OF SHERMAN
Lessee : EVANGELICAL LUTHERAN GOOD SAMARITAN SOC
Sublessee :
Management Firm :

State ID : N-091-001
Federal Provider : 175361
Telephone : 7858907517
Fax : 7858902757
GA06 100047

LICENSED 60
Area : W
County : SHERMAN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : CHERRY VILLAGE
Address : 1401 CHERRY LANE
City : GREAT BEND, KS 67530
Operator : PAMLA S. LEWIS
Bldg Owner : CHERRY VILLAGE BENEVOLENCE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-005-001
Federal Provider : 175522
Telephone : 6207922165
Fax : 6207936341
GA05 100046

LICENSED 70
Area : NC
County : BARTON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
44		26					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	44	0	

Name : GREAT BEND HEALTH & REHAB CENTER
Address : 1560 K 96 HWY
City : GREAT BEND, KS 67530-3012
Operator : DAVID L LOOS
Bldg Owner : GREAT BEND PROPERTY LLC
Lessee : HP/GREAT BEND INC
Sublessee : GREAT BEND LTC LCC
Management Firm :

State ID : N-005-002
Federal Provider : 175291
Telephone : 6207922448
Fax : 6207923458
GA08 100049
HA04 100070
IA08 100082

LICENSED 136
Area : NC
County : BARTON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
136							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	136		

Name : HALSTEAD HEALTH AND REHABILITATION CENTI
Address : 915 MCNAIR
City : HALSTEAD, KS 67056-
Operator : JAMES BRETT KLAUSMAN
Bldg Owner : HALSTEAD HEALTH AND REHABILITATION CENTEF
Lessee : HALSTEAD HEALTH AND REHABILITATION CENTEF
Sublessee :
Management Firm :

State ID : N-040-009
Federal Provider : 175446
Telephone : 3168353535
Fax : 3168354848
GA08 100049
HA08 100074

LICENSED 60
Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : HAVILAND CARE CENTER LLC
Address : 200 MAIN ST
City : HAVILAND, KS 67059-9525
Operator : MISTY FORD
Bldg Owner : SEDGWICK PROPERTIES LLC
Lessee : HAVILAND CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-049-002
Federal Provider : 17E038
Telephone : 6208625291
Fax : 6208625233
GA08 100049
HA08 100074
JA08 100090

Area : W
County : KIOWA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50				50				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			50

Name : GOOD SAMARITAN SOCIETY - HAYS
Address : 2700 CANAL BLVD
City : HAYS, KS 67601-1798
Operator : SUSAN BROWN-JONES
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-026-003
Federal Provider : 175322
Telephone : 7856257331
Fax : 7856256043
GA05 100046

Area : W
County : ELLIS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
70	70							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			70

Name : VIA CHRISTI VILLAGE - HAYS INC
Address : 2225 CANTERBURY
City : HAYS, KS 67601-2243
Operator : RENEE DAVISON
Bldg Owner : VIA CHRISTI VILLAGE - HAYS INC
Lessee :
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-026-001
Federal Provider : 175498
Telephone : 7856283241
Fax : 7856283310
GA05 100046
JA05 100087

Area : W
County : ELLIS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
146	96	50						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			96

Name : HAYSVILLE HEALTHCARE CENTER
Address : 215 N LAMAR AVE
City : HAYSVILLE, KS 67060-1266
Operator : ELAINE MCDANIEL
Bldg Owner : SENIORTRUST OF HAYSVILLE LLC
Lessee :
Sublessee :
Management Firm : KANSAS HEALTHCARE ADVISORS LLC

State ID : N-087-005
Federal Provider : 175133
Telephone : 3165243211
Fax : 3165247470
GA08 100049
JA08 100090

Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
126	119		7					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			119

Name : MEDICALODGES HERINGTON
Address : 2 E ASH ST
City : HERINGTON, KS 67449-1662
Operator : MICHELLE CLORE
Bldg Owner : CITY OF HERINGTON
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-021-004
Federal Provider : 175490
Telephone : 7852582283
Fax : 7852583769
GA06 100047
HA04 100070

Area : NC
County : DICKINSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
70	45	25						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			45

Name : SCHOWALTER VILLA
Address : 200 W CEDAR PO BOX 5000
City : HESSTON, KS 67062-2095
Operator : JAMES KREHBIEL
Bldg Owner : MENNONITE BOARD MISSIONS CHAR OF KS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-006
Federal Provider : 175386
Telephone : 6203270400
Fax : 6203274262
GA05 100046

Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
145	105	40						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			105

Name : MAPLE HEIGHTS NURSING & REHABILITATION C
Address : 302 E IOWA ST
City : HIAWATHA, KS 66434-9802
Operator : DENISE WOLNEY
Bldg Owner : CITY OF HIAWATHA
Lessee : LAFAYETTE LIFEPLANS OF HIAWATHA INC
Sublessee :
Management Firm : ALTACARE CORPORATION

State ID : N-007-005
Federal Provider : 175508
Telephone : 7857427465
Fax : 7857423979
GA06 100047
HA05 100071
JA04 100086

LICENSED 76
Area : NE
County : BROWN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
61		15					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	61		

Name : MIAMI PLACE
Address : 402 MIAMI ST
City : HIAWATHA, KS 66434-2023
Operator : PHILIP NEWLIN
Bldg Owner : DBM PROPERTIES LLC
Lessee : QUEST SERVICES INC
Sublessee :
Management Firm :

State ID : N-007-008
Federal Provider : 17G079
Telephone : 7857423556
Fax : 7857422339
GA08 100049
HA05 100071

LICENSED 5
Area : MH/RF
County : BROWN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			5

Name : HIGHLAND HEALTHCARE & REHABILITATION CEI
Address : 402 SOUTH AVE PO BOX 117
City : HIGHLAND, KS 66035-117
Operator : JEANETTE OBERZAN
Bldg Owner : SHG RESOURCES LP
Lessee : HIGHLAND HEALTHCARE & REHABILIATION CENTE
Sublessee :
Management Firm :

State ID : N-022-002
Federal Provider : 175412
Telephone : 7854423217
Fax : 7854423733
GA02 100043
HA08 100074

LICENSED 44
Area : NE
County : DONIPHAN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
44							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	44		

Name : DAWSON PLACE
Address : 208 W PROUT ST
City : HILL CITY, KS 67642-1434
Operator : ELIZABETH STRIGGOW
Bldg Owner : GRAHAM COUNTY
Lessee : DAWSON PLACE INC
Sublessee :
Management Firm :

State ID : N-033-001
Federal Provider : 17E451
Telephone : 7854213414
Fax : 7854213413
GA06 100047
HA05 100071

LICENSED 37
Area : W
County : GRAHAM

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
37							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		37	

Name : PARKSIDE HOMES
Address : 200 WILLOW RD
City : HILLSBORO, KS 67063-1904
Operator : GRETCHEN WAGNER
Bldg Owner : CITY OF HILLSBORO
Lessee : PARKSIDE HOMES INC
Sublessee :
Management Firm :

State ID : N-057-004
Federal Provider : 175387
Telephone : 6209472301
Fax : 6209475608
GA06 100047
HA05 100071

LICENSED 122
Area : NC
County : MARION

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
72	50						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	72		

Name : SALEM HOME
Address : 704 S ASH ST
City : HILLSBORO, KS 67063-1595
Operator : KRISTON ERICKSON
Bldg Owner : CITY OF HILLSBORO
Lessee : SALEM HOSPITAL INC
Sublessee :
Management Firm :

State ID : H-057-102
Federal Provider : 175484
Telephone : 6209472272
Fax : 6209471465
GA06 100047
HA05 100071

LICENSED 45
Area : NC
County : MARION

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : KANSAS PLACE
Address : 602 KANSAS
City : HOLTON, KS 66436-1547
Operator : PHILIP NEWLIN
Bldg Owner : DBM PROPERTIES LLC
Lessee : QUEST SERVICES INC
Sublessee :
Management Firm :

State ID : N-043-005
Federal Provider : 17G077
Telephone : 7853626024
Fax : 7853626025
GA08 100049
HA05 100071

Area : MH/RF
County : JACKSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
5								5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			5

Name : MEDICALODGES JACKSON COUNTY
Address : 1121 W 7TH ST
City : HOLTON, KS 66436-1123
Operator : BLAIR WAGNER
Bldg Owner : MEDICALODGES, INC
Lessee :
Sublessee :
Management Firm :

State ID : N-043-001
Federal Provider : 175435
Telephone : 7853643164
Fax : 7853643778
GA04 100045

Area : NE
County : JACKSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
70	70							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	70		

Name : PENNSYLVANIA PLACE
Address : 925 PENNSYLVANIA AVE
City : HOLTON, KS 66436-1855
Operator : PHILIP NEWLIN
Bldg Owner : QUEST SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-043-003
Federal Provider : 17G052
Telephone : 7853644643
Fax : 7853644711
GA05 100046

Area : MH/RF
County : JACKSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
8								8

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			8

Name : TRI-COUNTY MANOR LIVING CENTER INC
Address : 1890 EUCLID AVE
City : HORTON, KS 66439-1248
Operator : MARY BROWN
Bldg Owner : CITY OF HORTON
Lessee : TRI-COUNTY MANOR LIVING CENTER INC
Sublessee :
Management Firm : NEK CENTER FOR HEALTH & WELLNESS INC

State ID : N-007-003
Federal Provider : 17E358
Telephone : 7854862697
Fax : 7854862359
GD06 100064
HA05 100071
JA05 100087

Area : NE
County : BROWN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
66	50		16					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			50

Name : HOWARD TWILIGHT MANOR
Address : 849 E. WASHINGTON
City : HOWARD, KS 67349-
Operator : ROBERT D HESS
Bldg Owner : CITY OF HOWARD
Lessee :
Sublessee :
Management Firm :

State ID : N-025-002
Federal Provider : 175436
Telephone : 6203742495
Fax : 6203742098
GC06 100055

Area : SE
County : ELK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
40	40							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	40		

Name : GOLDEN PLAINS REHABILITATION CENTER
Address : 1202 EAST 23RD AVENUE
City : HUTCHINSON, KS 67502-5656
Operator : SHARON L KUEPKER
Bldg Owner : GOLDEN PLAINS REAL ESTATE LLC
Lessee : GOLDEN PLAINS REHABILITATION CENTER LLC
Sublessee :
Management Firm :

State ID : N-078-003
Federal Provider : 175114
Telephone : 6206699393
Fax : 6206690817
GC08 100057
HA08 100074

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
107	107							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	107		

Name : GOOD SAMARITAN SOCIETY - HUTCHINSON VILL
Address : 810 E 30TH AVE
City : HUTCHINSON, KS 67502-4398
Operator : BRENDA JANDA
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-078-004
Federal Provider : 175260
Telephone : 6206631189
Fax : 6206634549
GA05 100046

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
95	79	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			79

Name : HUTCHINSON CARE CENTER
Address : 2301 N SEVERANCE ST
City : HUTCHINSON, KS 67502
Operator : KIMBERLY SMITH
Bldg Owner : HUTCHINSON KANSAS LLC
Lessee : HUTCHINSON CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-078-006
Federal Provider : 175236
Telephone : 6206620597
Fax : 6206626157
GA08 100049
HA08 100074
JA08 100090

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			60

Name : RAY E DILLON LIVING CENTER
Address : 1901 E 23RD AVE
City : HUTCHINSON, KS 67502-1107
Operator : TYLER LAWRENCE
Bldg Owner : PROMISE REGIONAL MEDICAL CENTER - HUTCHIN
Lessee :
Sublessee :
Management Firm : LIVING CENTER INC

State ID : N-078-013
Federal Provider : 175405
Telephone : 6206652170
Fax : 6206631140
GA05 100046
JA05 100087

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
96	60	36						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			60

Name : WESLEY TOWERS INC
Address : 700 MONTEREY PL
City : HUTCHINSON, KS 67502-2248
Operator : DAWN E. VEH
Bldg Owner : WESLEY TOWERS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-078-010
Federal Provider : 175383
Telephone : 6206639175
Fax : 6206632961
GA05 100046

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
160	130	30						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			130

Name : MONTGOMERY PLACE NURSING CENTER
Address : 614 S 8TH ST
City : INDEPENDENCE, KS 67301-4299
Operator : GINGER BELLM
Bldg Owner : INDEPENDENCE KANSAS I LLC
Lessee : AMERICARE AT MONTGOMERY PLACE NURSING C
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-063-008
Federal Provider : 175511
Telephone : 6203312577
Fax : 6203312544
GA08 100049
HA08 100074
JA04 100086

Area : SE
County : MONTGOMERY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
43	43							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			43

Name : THE REGAL ESTATE OF GLENWOOD
Address : 1000 MULBERRY P.O. BOX 627
City : INDEPENDENCE, KS 67301
Operator : MARY ANN POLLOCK
Bldg Owner : GLENWOOD ESTATE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-063-017
Federal Provider : 175464
Telephone : 6203318789
Fax : 6203316895
GA04 100045

Area : SE
County : MONTGOMERY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
52	52							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			52

Name : PLEASANT VIEW HOME
Address : 108 N WALNUT PO BOX 249
City : INMAN, KS 67546-0249
Operator : JALANE WHITE
Bldg Owner : PLEASANT VIEW HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-006
Federal Provider : 175406
Telephone : 6205856411
Fax : 6205856504
GA05 100046

LICENSED 124
Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
124							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	124		

Name : IOLA NURSING CENTER
Address : 1336 N WALNUT RD E
City : IOLA, KS 66749-1651
Operator : WALTER BRAD BAKER
Bldg Owner : GUEST HOME ESTATES OF IOLA LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-001-001
Federal Provider : 17E634
Telephone : 6203656989
Fax : 6203655780
GA08 100049

LICENSED 75
Area : SE
County : ALLEN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
44		31					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		44	

Name : WINDSOR PLACE AT IOLA LLC
Address : 600 E GARFIELD ST
City : IOLA, KS 66749-2034
Operator : LINDA HARRISON
Bldg Owner : HEALTH MANAGEMENT OF KANSAS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-001-002
Federal Provider : 175226
Telephone : 6203653183
Fax : 6203656267
GA04 100045

LICENSED 65
Area : SE
County : ALLEN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
65							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	65		

Name : VALLEY VIEW SENIOR LIFE
Address : 1417 W ASH ST
City : JUNCTION CITY, KS 66441-3332
Operator : TYRONE DUANE WILKENS
Bldg Owner : VALLEY VIEW MEDICAL INVESTORS LLC GA08 100049
Lessee : VALLEY VIEW SENIOR LIFE LLC HA08 100074
Sublessee :
Management Firm : FOUNDATION PROPERTIES CORPORATION JA04 100086

State ID : N-031-003
Federal Provider : 175126
Telephone : 7857622162
Fax : 7852388410

LICENSED 129
Area : NC
County : GEARY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
103		26					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	103		

Name : KANSAS CITY PRESBYTERIAN MANOR
Address : 7850 FREEMAN AVE
City : KANSAS CITY, KS 66112-2133
Operator : SHELDON KLASSEN
Bldg Owner : PRESBYTERIAN MANORS INC GA05 100046
Lessee :
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 100087

State ID : N-105-006
Federal Provider : 175298
Telephone : 9133343666
Fax : 9133342904

LICENSED 174
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
161	13						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	161		

Name : LIFE CARE CENTER OF KANSAS CITY
Address : 3231 N 61ST ST
City : KANSAS CITY, KS 66104-1415
Operator : RANDY SUTTERFIELD
Bldg Owner : KANSAS CITY MEDICAL INVESTORS LLC GA08 100049
Lessee : CONSOLIDATED RESOURCES HEALTH CARE FUNI HA02 100068
Sublessee :
Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 100086

State ID : N-105-012
Federal Provider : 175281
Telephone : 9132991770
Fax : 9132991539

LICENSED 82
Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
82							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	82		

Name : MEDICALODGES KANSAS CITY
Address : 6261 LEAVENWORTH RD
City : KANSAS CITY, KS 66104-1445
Operator : DARIN CIZERLE
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-105-005
Federal Provider : 175307
Telephone : 9132999722
Fax : 9132994652
GA04 100045

Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : MEDICALODGES POST ACUTE CARE CENTER
Address : 6500 GREELEY AVE
City : KANSAS CITY, KS 66104-2647
Operator : MARILYN PEAK
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-105-008
Federal Provider : 175135
Telephone : 9133340200
Fax : 9133344050
GA04 100045

Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	122	122							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	122		

Name : PROVIDENCE PLACE
Address : 8909 PARALLEL PKY
City : KANSAS CITY, KS 66112-1685
Operator : MIKE BOSLEY
Bldg Owner : SISTERS OF CHARITY OF LEAVENWORTH HEALTH
Lessee : PROVIDENCE PLACE INC
Sublessee :
Management Firm :

State ID : N-105-013
Federal Provider : 175159
Telephone : 9135964200
Fax : 9135964901
GA05 100046
HA04 100070

Area : NE
County : WYANDOTTE

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	70	70							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
70			

Name : DESERET HEALTH AND REHAB AT KENSINGTON
Address : 613 N MAIN
City : KENSINGTON, KS 66951-
Operator : KATIE FEIL
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT KENSIN
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-092-002
Federal Provider : 175248
Telephone : 7854762623
Fax : 7854762620
GA08 100049
HA08 100074
JA08 100090

Area : NC
County : SMITH

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : THE WHEATLANDS HEALTH CARE CENTER
Address : 750 W WASHINGTON ST
City : KINGMAN, KS 67068-2000
Operator : SHARON RINKE
Bldg Owner : CITY OF KINGMAN
Lessee : KINGMAN COUNTY RETIREMENT HOME ASSOCIAT
Sublessee :
Management Firm :

State ID : N-048-003
Federal Provider : 175521
Telephone : 6205325801
Fax : 6205325587
GA06 100047
HA04 100070

Area : SC
County : KINGMAN

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	78	54		24					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	54		

Name : MEDICALODGES KINSLEY
Address : 620 WINCHESTER AVE
City : KINSLEY, KS 67547-9500
Operator : MICHAEL R VELDER
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-024-001
Federal Provider : 175275
Telephone : 6206592156
Fax : 6206592043
GA04 100045

Area : W
County : EDWARDS

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
	51	42		9					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : KIOWA HOSPITAL DISTRICT MANOR
Address : 1020 MAIN ST PO BOX 103
City : KIOWA, KS 67070-103
Operator : ALDEN VANDEVEER
Bldg Owner : BNY MELLON TRUST COMPANY NA
Lessee : KIOWA HOSPITAL DISTRICT
Sublessee :
Management Firm :

State ID : N-004-002
Federal Provider : 17E597
Telephone : 6208254117
Fax : 6208254915
GA04 100045
OTHER 100072

LICENSED 36
Area : W
County : BARBER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
36							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			36

Name : LOCUST GROVE VILLAGE
Address : 701 W 6TH ST
City : LA CROSSE, KS 67548-9738
Operator : CHARLOTTE RATHKE
Bldg Owner : RUSH COUNTY NURSING HOME SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-083-001
Federal Provider : 175369
Telephone : 7852222574
Fax : 7852229034
GA05 100046

LICENSED 50
Area : W
County : RUSH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	50		

Name : GOLDEN LIVINGCENTER - LANSING
Address : 210 PLAZA LANE PO BOX 250
City : LANSING, KS 66043-
Operator : GLENN DEAN HAGEN JR
Bldg Owner : GPH LANSING LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC LANSING LLC
Management Firm :

State ID : N-052-001
Federal Provider : 175228
Telephone : 9137271284
Fax : 9137271859
GA08 100049
HA08 100074
IA08 100082

LICENSED 60
Area : NE
County : LEAVENWORTH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : LARNED HEALTHCARE CENTER
Address : 1114 W 11TH ST
City : LARNED, KS 67550-1941
Operator : CARIE MAE PEREZ
Bldg Owner : SENIORTRUST OF LARNED LLC
Lessee :
Sublessee :
Management Firm : KANSAS HEALTHCARE ADVISORS LLC

State ID : N-073-001
Federal Provider : 175235
Telephone : 6202856914
Fax : 6202856173
GA08 100049
JA08 100090

LICENSED 99
Area : W
County : PAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
80		19					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	80		

Name : ATCHISON HOUSE
Address : 3016 ATCHISON WAY
City : LAWRENCE, KS 66047
Operator : JAMIE PRICE
Bldg Owner : COMMUNITY LIVING OPPORTUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-023-013
Federal Provider : 17G063
Telephone : 7858655520
Fax : 7858655695
GA05 100046

LICENSED 8
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							8

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			8

Name : BRANDON WOODS AT ALVAMAR
Address : 1501 INVERNESS DR.
City : LAWRENCE, KS 66047-1825
Operator : JERRY B LINDENBAUM
Bldg Owner : SNH CHS PROPERTIES TRUST
Lessee : FIVE STAR QUALITY CARE TRUST
Sublessee : FIVE STAR QUALITY CARE - KS LLC
Management Firm :

State ID : N-023-009
Federal Provider : 175277
Telephone : 7858388000
Fax : 7853127233
GA07 100048
HA07 100073
IA08 100082

LICENSED 184
Area : NE
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
140	24	20					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	140		

Name : FTM 10
Address : 1424 ELMWOOD ST
City : LAWRENCE, KS 66044-3269
Operator : JAMIE PRICE
Bldg Owner : COMMUNITY LIVING OPPORTUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-023-014
Federal Provider : 17G064
Telephone : 7858655520
Fax : 7858655695
GA05 100046

Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
8								8

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			8

Name : LAWRENCE PRESBYTERIAN MANOR
Address : 1429 KASOLD DR
City : LAWRENCE, KS 66049-3425
Operator : RHONDA PARKS
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-023-005
Federal Provider : 175305
Telephone : 7858414262
Fax : 7858410923
GA06 100047
HA05 100071
JA05 100087

Area : NE
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90	48		42					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	48		

Name : PIONEER RIDGE RETIREMENT COMMUNITY
Address : 4851 HARVARD RD
City : LAWRENCE, KS 66049-3964
Operator : STEVE CARDWELL
Bldg Owner : PIONEER RIDGE LLC
Lessee : PIONEER RIDGE NURSING FACILITY OPERATIONS
Sublessee :
Management Firm :

State ID : N-023-019
Federal Provider : 175445
Telephone : 7857492000
Fax : 7853441199
GA08 100049
HA08 100074

Area : NE
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
146	76	70						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	76		

Name : MEDICALODGES LEAVENWORTH
Address : 1503 OHIO ST
City : LEAVENWORTH, KS 66048-2932
Operator : DAVID GATEWOOD
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-052-003
Federal Provider : 175162
Telephone : 9137721844
Fax : 9137721968
GA04 100045

Area : NE
County : LEAVENWORTH

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
80	80							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	80		

Name : DELMAR GARDENS OF LENEXA
Address : 9701 MONROVIA ST
City : LENEXA, KS 66215-
Operator : JAMES DROZDA
Bldg Owner : DELMAR GARDENS OF JOHNSON COUNTY INC
Lessee : DELMAR GARDENS OF LENEXA OPERATING LLC
Sublessee :
Management Firm : DELMAR GARDENS MANAGEMENT SERVICES INC

State ID : N-046-014
Federal Provider : 175122
Telephone : 9134921130
Fax : 9134920586
GA04 100045
HA08 100074
JA04 100086

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
250	250							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	30	220	

Name : LAKEVIEW VILLAGE
Address : 13840 W 91ST TERR
City : LENEXA, KS 66215-3374
Operator : JANICE K PEARSON
Bldg Owner : CITY OF LENEXA
Lessee : LAKEVIEW VILLAGE INC
Sublessee :
Management Firm :

State ID : N-046-007
Federal Provider : 175242
Telephone : 9138881900
Fax :
GA06 100047
HA05 100071

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
198	172	26						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	172		

Name : LEONARDVILLE NURSING HOME
Address : 409 W BARTON
City : LEONARDVILLE, KS 66449-148
Operator : SANDRA S. HAGEMAN
Bldg Owner : LEONARDVILLE NURSING HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-081-002
Federal Provider : 175477
Telephone : 7852935244
Fax : 7852935574
GA05 100046

LICENSED 55
Area : NC
County : RILEY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : GOOD SAMARITAN SOCIETY - LIBERAL
Address : 2160 ZINNIA LN
City : LIBERAL, KS 67901-2042
Operator : PIUS KUBEI
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-088-001
Federal Provider : 175334
Telephone : 6206243831
Fax : 6206242429
GA05 100046

LICENSED 60
Area : W
County : SEWARD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : WHEATRIDGE PARK CARE CENTER
Address : 1501 S HOLLY DR
City : LIBERAL, KS 67901-
Operator : LINDSAY DURLER
Bldg Owner : MANOR OF LIBERAL INC
Lessee :
Sublessee :
Management Firm : VETTER HEALTH SERVICES INC

State ID : N-088-002
Federal Provider : 175459
Telephone : 6206240130
Fax : 6206240144
GA04 100045
JA04 100086

LICENSED 55
Area : W
County : SEWARD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : LINCOLN PARK MANOR INC
Address : 922 N 5TH ST PO BOX 466
City : LINCOLN, KS 67455-466
Operator : CHRISTEN ROBINSON
Bldg Owner : LINCOLN COUNTY
Lessee : LINCOLN PARK MANOR INC
Sublessee :
Management Firm :

State ID : N-053-001
Federal Provider : 175419
Telephone : 7855244428
Fax : 7855243522
GD06 100064
HA04 100070

LICENSED 53
Area : NC
County : LINCOLN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
40	13						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : BETHANY HOME ASSOCIATION
Address : 321 N CHESTNUT ST
City : LINDSBORG, KS 67456-1904
Operator : MARLIN JOHNSON
Bldg Owner : CENTRAL STATES SYNOD OF THE EVANGELICAL L
Lessee :
Sublessee :
Management Firm :

State ID : N-059-001
Federal Provider : 175507
Telephone : 7852272334
Fax : 7852273138
GA05 100046

LICENSED 118
Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
118							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	118		

Name : LINDSBORG HOUSE II
Address : 127 W MCPHERSON ST
City : LINDSBORG, KS 67456-2717
Operator : JAMIE C SHELL
Bldg Owner : MULTI-COMMUNITY DIVERSIFIED SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-014
Federal Provider : 17G041
Telephone : 7852273652
Fax : 6202416699
GA05 100046

LICENSED 6
Area : MH/RF
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							6

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			6

Name : LINN COMMUNITY NURSING HOME
Address : 612 THIRD ST
City : LINN, KS 66953-9546
Operator : JOHN HELLMAN
Bldg Owner : CITY OF LINN
Lessee : LINN COMMUNITY NURSING HOME INC
Sublessee :
Management Firm :

State ID : N-101-001
Federal Provider : 175494
Telephone : 7853485551
Fax : 7853485552
GA06 100047
HA05 100071

Area : NC
County : WASHINGTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55	55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : SANDSTONE HEIGHTS
Address : 440 STATE ST BOX 50A
City : LITTLE RIVER, KS 67457-9632
Operator : BENJAMIN CRUPPER
Bldg Owner : RICE COUNTY HOSPITAL DIST 2
Lessee :
Sublessee :
Management Firm :

State ID : N-080-002
Federal Provider : 175509
Telephone : 6208976266
Fax : 6208975210
GA06 100047

Area : NC
County : RICE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
52	40	12						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : LOGAN MANOR COMMUNITY HEALTH SERVICES
Address : 108 S ADAMS PO BOX 308
City : LOGAN, KS 67646-308
Operator : ROY KENT BLAKE
Bldg Owner : CITY OF LOGAN
Lessee :
Sublessee :
Management Firm :

State ID : N-074-001
Federal Provider : 175480
Telephone : 7856894201
Fax : 7856897411
GC06 100055

Area : NC
County : PHILLIPS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50	36	14						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	36		

Name : LOUISBURG HEALTHCARE & REHABILITATION C
Address : 1200 S BROADWAY PO BOX 339
City : LOUISBURG, KS 66053-
Operator : HOLLY HESS
Bldg Owner : SHG RESOURCES LP
Lessee : LOUISBURG HEALTHCARE & REHABILIATION CTR
Sublessee :
Management Firm :

State ID : N-061-006
Federal Provider : 175238
Telephone : 9138372916
Fax : 9138375782
GA02 100043
HA08 100074

Area : SE
County : MIAMI

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : GOOD SAMARITAN SOCIETY - LYONS
Address : 1311 S DOUGLAS AVE
City : LYONS, KS 67554-3704
Operator : ORIE ENSZ
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-080-001
Federal Provider : 175336
Telephone : 6202575163
Fax : 6202573382
GA05 100046

Area : NC
County : RICE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
66	50	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	50		

Name : MEADOWLARK HILLS
Address : 2121 MEADOWLARK RD
City : MANHATTAN, KS 66502-4569
Operator : HEATHER GENERALI
Bldg Owner : MANHATTAN RETIREMENT FOUNDATION INC
Lessee :
Sublessee :
Management Firm :

State ID : N-081-004
Federal Provider : 175174
Telephone : 7855374610
Fax : 7855373022
GA05 100046

Area : NC
County : RILEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
179	133	46						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	133		

Name : STONEYBROOK RETIREMENT COMMUNITY
Address : 2025 LITTLE KITTEN AVE
City : MANHATTAN, KS 66503-7545
Operator : FLOYD C EATON III
Bldg Owner : STONEYBROOK NURSING FACILITY REAL ESTATE
Lessee : STONEYBROOK NURSING FACILITY OPERATIONS
Sublessee :
Management Firm :

State ID : N-081-005
Federal Provider : 175191
Telephone : 7857760065
Fax : 7857766825
GA08 100049
HA08 100074

Area : NC
County : RILEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
100	64	36						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
64			

Name : VIA CHRISTI VILLAGE MANHATTAN INC
Address : 2800 WILLOW GROVE RD
City : MANHATTAN, KS 66502-2096
Operator : AMY L BLOCKCOLSKY
Bldg Owner : CITY OF MANHATTAN
Lessee : VIA CHRISTI VILLAGE MANHATTAN INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-081-001
Federal Provider : 175100
Telephone : 7855397671
Fax : 7855399125
GA06 100047
HA05 100071
JA05 100087

Area : NC
County : RILEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
132	96	36						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	96		

Name : RIVERVIEW ESTATES
Address : 202 S WASHINGTON ST
City : MARQUETTE, KS 67464-9775
Operator : CARLA KOEHN-ADAMS
Bldg Owner : RIVERVIEW ESTATES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-007
Federal Provider : 175497
Telephone : 7855462211
Fax : 7855462035
GA05 100046

Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : CAMBRIDGE PLACE
Address : 1100 N. 16TH
City : MARYSVILLE, KS 66508
Operator : ARLENE WESSEL
Bldg Owner : MARYSVILLE HEALTH CORPORATION
Lessee :
Sublessee :
Management Firm : ARBOR SPRINGS MANAGEMENT SERVICES LLC

State ID : N-058-003
Federal Provider : 175350
Telephone : 7855625321
Fax : 7855625398
GA04 100045
JA04 100086

Area : NC
County : MARSHALL

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
120	96		24					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	96		

Name : MCPHERSON CARE CENTER LLC
Address : 1601 N MAIN ST
City : MCPHERSON, KS 67460-1601
Operator : SHARMIN FARRIS
Bldg Owner : HUTCHINSON KANSAS LLC C/O AVIV ASSET MAN
Lessee : MCPHERSON CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-059-004
Federal Provider : 175437
Telephone : 6202415360
Fax : 6202415364
GA08 100049
HA08 100074
JA08 100090

Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : SOUTH MAPLE HOUSE
Address : 500 S MAPLE ST
City : MCPHERSON, KS 67460-5317
Operator : JAIME SHELL
Bldg Owner : MULTI-COMMUNITY DIVERSIFIED SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-012
Federal Provider : 17G036
Telephone : 6202414473
Fax :
GA05 100046

Area : MH/RF
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
6								6

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			6

Name : THE CEDARS
Address : 1021 CEDARS DR
City : MCPHERSON, KS 67460-2735
Operator : JUDITH M. WINELAND
Bldg Owner : CITY OF MCPHERSON
Lessee : THE CEDARS INC
Sublessee :
Management Firm :

State ID : N-059-009
Federal Provider : 175380
Telephone : 6202410919
Fax : 6202410254
GA06 100047
HA05 100071

LICENSED 167
Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
107	60						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	107		

Name : TRINITY NURSING & REHABILITATION CENTER IN
Address : 9700 W 62ND
City : MERRIAM, KS 66203-3282
Operator : TRAVIS RENFRO
Bldg Owner : MERRIAM HEALTH CARE PROPERTIES INC
Lessee : TRINITY NURSING & REHAB CENTER INC
Sublessee :
Management Firm :

State ID : N-046-013
Federal Provider : 175123
Telephone : 9133840800
Fax : 9133840709
GA05 100046
HA05 100071

LICENSED 120
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	120		

Name : GOOD SAMARITAN SOCIETY - MINNEAPOLIS
Address : 815 N ROTHSAY
City : MINNEAPOLIS, KS 67467-1622
Operator : PAMELA BLACK
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-072-002
Federal Provider : 175282
Telephone : 7853922162
Fax : 7853923422
GA05 100046

LICENSED 64
Area : NC
County : OTTAWA

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
64							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	64		

Name : BETHEL HOME
Address : 300 S AZTEC ST
City : MONTEZUMA, KS 67867-9700
Operator : MERLE D KOEHN
Bldg Owner : BETHEL HOME
Lessee :
Sublessee :
Management Firm :

State ID : N-035-001
Federal Provider : 17E003
Telephone : 6208462241
Fax : 6208462149
GA05 100046

LICENSED 55
Area : W
County : GRAY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
		55	

Name : MORAN MANOR
Address : 3940 US HWY 54
City : MORAN, KS 66755-
Operator : GRETA WAKEFIELD
Bldg Owner : MORAN NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-001-003
Federal Provider : 175224
Telephone : 6202374300
Fax : 6202374446
GA08 100049
JA04 100086

LICENSED 45
Area : SE
County : ALLEN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : MOUNDRIDGE MANOR
Address : 710 N CHRISTIAN AVE
City : MOUNDRIDGE, KS 67107-800
Operator : JOHN R. CLASSEN
Bldg Owner : MOUNDRIDGE MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-003
Federal Provider : 17E458
Telephone : 6203456364
Fax : 6203456376
GA05 100046

LICENSED 77
Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
77							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
		77	

Name : PINE VILLAGE
Address : 86 22ND AVE
City : MOUNDRIDGE, KS 67107-
Operator : JIM HUXMAN
Bldg Owner : MEMORIAL HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-002
Federal Provider : 175414
Telephone : 6203452901
Fax : 6203452937
GA05 100046

LICENSED 99
Area : NC
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
74		25					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
74			

Name : MOUNT HOPE NURSING CENTER
Address : 704 E MAIN ST
City : MOUNT HOPE, KS 67108-9408
Operator : PATRICIA J. KISSICK
Bldg Owner : MOUNT HOPE COMMUNITY DEVELOPMENT INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-014
Federal Provider : 175481
Telephone : 3166672431
Fax : 3166612352
GA05 100046

LICENSED 45
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : VILLA MARIA
Address : 116 S CENTRAL AVE
City : MULVANE, KS 67110-1799
Operator : DENA JOHNSON
Bldg Owner : VILLA MARIA INC
Lessee :
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-096-007
Federal Provider : 175456
Telephone : 3167771129
Fax : 3167774406
GA05 100046
JA05 100087

LICENSED 64
Area : SE
County : SUMNER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
64							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	64		

Name : GOLDEN LIVINGCENTER - NEODESHA
Address : 1626 N 8TH ST
City : NEODESHA, KS 66757-1239
Operator : SHERRY CUNNINGHAM
Bldg Owner : GPH NEODESHA LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC NEODESHA LLC
Management Firm :

State ID : N-103-003
Federal Provider : 175317
Telephone : 6203253088
Fax : 6203253369
GA08 100049
HA08 100074
IA08 100082

LICENSED 50
Area : SE
County : WILSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	50		

Name : NORTH MULBERRY PLACE
Address : 702 MULBERRY
City : NEOSHO RAPIDS, KS 66864-8752
Operator : LORETTA TORRES
Bldg Owner : QUEST SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-056-015
Federal Provider : 17G080
Telephone : 6203439341
Fax : 6203429767
GA05 100046

LICENSED 5
Area : MH/RF
County : LYON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							5

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			5

Name : ASBURY PARK
Address : 200 SW 14TH
City : NEWTON, KS 67114-
Operator : THOMAS WILLIAMS
Bldg Owner : ASBURY PARK, INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-002
Federal Provider : 175385
Telephone : 3162834770
Fax : 3162834799
GA05 100046

LICENSED 139
Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
99	40						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	99		

Name : KANSAS CHRISTIAN HOME
Address : 1035 SE 3RD ST
City : NEWTON, KS 67114-3904
Operator : JIM NACHTIGAL
Bldg Owner : FRIENDS OF KANSAS CHRISTIAN HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-004
Federal Provider : 175467
Telephone : 3162836600
Fax : 3162836375
GA05 100046

Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
92	92							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	92		

Name : NEWTON PRESBYTERIAN MANOR
Address : 1200 E 7TH ST
City : NEWTON, KS 67114-2862
Operator : MARC KESSINGER
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-040-005
Federal Provider : 175302
Telephone : 3162835400
Fax : 3162845900
GA06 100047
HA05 100071
JA05 100087

Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
125	60	65						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : BETHEL HEALTH CARE CENTRE
Address : 3001 IVY DR
City : NORTH NEWTON, KS 67117-8005
Operator : LEIGH PECK
Bldg Owner : KIDRON BETHEL RETIREMENT SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-001
Federal Provider : 175402
Telephone : 3162842900
Fax : 3162840173
GA05 100046

Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90	60	30						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : ANDBE HOME, INC
Address : 201 W CRANE ST
City : NORTON, KS 67654-1142
Operator : NANCY R MCGINNIS
Bldg Owner : NORTON COUNTY
Lessee : ANDBE HOME INC
Sublessee :
Management Firm :

State ID : N-069-001
Federal Provider : 175506
Telephone : 7858772601
Fax : 7858772744
GD06 100064
HA04 100070

Area : W
County : NORTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
73	73							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	73		

Name : DSNWK EISENHOWER HOME
Address : 1115 EISENHOWER DR
City : NORTON, KS 67654-1127
Operator : SUSAN M NEBEL
Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-069-003
Federal Provider : 17G038
Telephone : 7858775154
Fax : 7858775408
GA05 100046

Area : MH/RF
County : NORTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
6								6

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			6

Name : DSNWK GRANT HOME
Address : 602 N GRANT AVE
City : NORTON, KS 67654-1204
Operator : SUSAN NEBEL
Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-069-004
Federal Provider : 17G039
Telephone : 7858775154
Fax : 7858775408
GA05 100046

Area : MH/RF
County : NORTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
6								6

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			6

Name : VILLAGE VILLA
Address : PO BOX 346
City : NORTONVILLE, KS 66060-346
Operator : GARY FOWLER
Bldg Owner : VILLAGE VILLA INC
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-044-003
Federal Provider : 175323
Telephone : 9138866400
Fax : 9138868695
GA04 100045
JA04 100086

LICENSED 39
Area : NE
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
39							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	39		

Name : GOOD SAMARITAN SOCIETY - DECATUR COUNT
Address : 108 E ASH ST
City : OBERLIN, KS 67749-1908
Operator : JANICE SHOBE
Bldg Owner : DECATUR COUNTY
Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Sublessee :
Management Firm :

State ID : N-020-001
Federal Provider : 175356
Telephone : 7854752245
Fax : 7854752404
GD06 100064
HA05 100071

LICENSED 45
Area : W
County : DECATUR

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : ABERDEEN VILLAGE
Address : 17500 WEST 119TH ST
City : OLATHE, KS 66061-
Operator : JOHN T ALLIN
Bldg Owner : CITY OF OLATHE
Lessee : ABERDEEN VILLAGE INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-046-057
Federal Provider : 175448
Telephone : 9135996100
Fax : 9135993810
GA06 100047
HA05 100071
JA05 100087

LICENSED 114
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	54						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : EVERGREEN COMMUNITY OF JOHNSON COUNT
Address : 11875 S SUNSET DR STE 100
City : OLATHE, KS 66061-2793
Operator : JAMIE VARNER
Bldg Owner : JOHNSON COUNTY
Lessee : EVERGREEN LIVING INNOVATIONS, INC
Sublessee :
Management Firm :

State ID : N-046-029
Federal Provider : 175355
Telephone : 9134778227
Fax : 9134778001
GC06 100055
HA05 100071

LICENSED 112
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
112							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	112		

Name : GOOD SAMARITAN SOCIETY - OLATHE
Address : 20705 W 151ST ST
City : OLATHE, KS 66061-7222
Operator : BRYAN PIPPITT
Bldg Owner : CITY OF OLATHE
Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Sublessee :
Management Firm :

State ID : N-046-002
Federal Provider : 175263
Telephone : 9137821372
Fax : 9137827833
GD06 100064
HA05 100071

LICENSED 140
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
140							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	140		

Name : HOEGER HOUSE
Address : 20911 W 153RD STREET
City : OLATHE, KS 66061
Operator : JOANNA RANDALL
Bldg Owner : CEDAR LAKE VILLAGE INC
Lessee :
Sublessee :
Management Firm : THE EVANGELICAL LUTHERAN GOOD SAMARITAN

State ID : N-046-073
Federal Provider : 175491
Telephone : 9137809916
Fax : 9137688903
GA04 100045
JA05 100087

LICENSED 34
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
34							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	34		

Name : PINNACLE RIDGE NURSING & REHAB CENTER
Address : 400 S ROGERS RD
City : OLATHE, KS 66062-1706
Operator : RICK FREEMAN
Bldg Owner : LTC PROPERTIES INC
Lessee : PINNACLE HEALTH FACILITIES XVIII LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT GR(

State ID : N-046-004
Federal Provider : 175213
Telephone : 9137823350
Fax : 9137821732
GA04 100045
HA02 100068
JA02 100084

LICENSED 94
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
94							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	94		

Name : ROYAL TERRACE NURSING & REHABILITATION C
Address : 201 E FLAMING RD
City : OLATHE, KS 66061-5343
Operator : SHARON L BINGHAM
Bldg Owner : DIAMOND SENIOR LIVING
Lessee : ROYAL TERRACE HEALTHCARE LLC
Sublessee :
Management Firm : CMC II LLC

State ID : N-046-023
Federal Provider : 175160
Telephone : 9138292273
Fax : 9138290386
GA08 100049
HA08 100074
JA08 100090

LICENSED 147
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
147							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	147		

Name : THE PLAZA HEALTH SERVICES AT SANTA MART/
Address : 13875 W 115TH TERR
City : OLATHE, KS 66062-7833
Operator : RYAN GRACE
Bldg Owner : CITY OF OLATHE
Lessee : CATHOLIC CARE CAMPUS INC
Sublessee :
Management Firm : GREYSTONE MANAGEMENT SERVICES COMPANY

State ID : N-046-075
Federal Provider : 175503
Telephone : 9139060990
Fax : 9133237192
GD06 100064
HA05 100071
JA08 100090

LICENSED 92
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
34	40	18					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
34			

Name : VILLA ST FRANCIS
Address : 16600 W 126TH ST
City : OLATHE, KS 66062-
Operator : JOHN MAY
Bldg Owner : COLUMBIA HEALTH FACILITIES-OLATHE LLC
Lessee : VILLA ST. FRANCIS INC
Sublessee :
Management Firm :

State ID : N-046-046
Federal Provider : 175115
Telephone : 9138295201
Fax : 9138295399
GA08 100049
HA05 100071

LICENSED 170
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
170							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	170		

Name : DESERET HEALTH AND REHAB AT ONAGA LLC
Address : 500 WESTERN ST
City : ONAGA, KS 66521-9424
Operator : MARJE COCHREN
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT ONAGA
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-075-001
Federal Provider : 175220
Telephone : 7858894227
Fax : 7858894847
GA08 100049
HA08 100074
JA08 100090

LICENSED 45
Area : NC
County : POTTAWATOMIE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : OSAGE NURSING & REHABILITATION CENTER
Address : 1017 MAIN ST
City : OSAGE CITY, KS 66523-1256
Operator : TERRI JO BAKER
Bldg Owner : OSAGE NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-070-003
Federal Provider : 175256
Telephone : 7855283138
Fax : 7855284895
GA08 100049
JA04 100086

LICENSED 56
Area : NE
County : OSAGE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
56							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	56		

Name : PETERSON NURSING HOME
Address : 630 HOLLIDAY ST
City : OSAGE CITY, KS 66523-1138
Operator : CRYSTAL PETERSON-MAY
Bldg Owner : PETERSON HEALTH CARE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-070-004
Federal Provider : 175360
Telephone : 7855284420
Fax : 7855283501
GA04 100045

Area : NE
County : OSAGE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : LIFE CARE CENTER OF OSAWATOMIE
Address : 1615 PARKER AVE
City : OSAWATOMIE, KS 66064-1703
Operator : AMIEE B SECK
Bldg Owner : OSAWATOMIE HEALTH CARE MEDICAL INVESTOR
Lessee : OSAWATOMIE HEALTH CARE LTD
Sublessee :
Management Firm : LIFE CARE CENTERS OF AMERICA INC

State ID : N-061-003
Federal Provider : 175077
Telephone : 9137554165
Fax : 9137551979
GA08 100049
HA02 100068
JA04 100086

Area : SE
County : MIAMI

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 110	110							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	110		

Name : PARKVIEW CARE CENTER
Address : 811 N 1ST ST
City : OSBORNE, KS 67473-247
Operator : LORI M HUGHES
Bldg Owner : OSBORNE DEVELOPMENT CO
Lessee :
Sublessee :
Management Firm : YODER MANAGEMENT ASSOCIATES INC

State ID : N-071-002
Federal Provider : 175409
Telephone : 7853462114
Fax : 7853462491
GA04 100045
JA04 100086

Area : NC
County : OSBORNE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 58	58							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	58		

Name : HICKORY POINTE CARE & REHABILITATION CEN
Address : 700 CHEROKEE
City : OSKALOOSA, KS 66066
Operator : JAMES MERCIER
Bldg Owner : RPH ACQUISITIONS LLC
Lessee : HICKORY POINTE CARE & REHAB CENTER INC
Sublessee :
Management Firm : REAL PROPERTY HEALTH FACILITIES CORPORAT

State ID : N-044-001
Federal Provider : 175333
Telephone : 7858632108
Fax : 7858632735
GA08 100049
HA04 100070
JA04 100086

Area : NE
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : DESERET HEALTH AND REHAB AT OSWEGO LLC
Address : 1104 OHIO
City : OSWEGO, KS 67356-9059
Operator : JENIFER MOREY
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT OSWEGO
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-050-004
Federal Provider : 175434
Telephone : 6207954429
Fax : 6207952748
GA08 100049
HA08 100074
JA08 100090

Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 40	40							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : OTTAWA RETIREMENT VILLAGE
Address : 1100 W 15TH ST
City : OTTAWA, KS 66067-3929
Operator : DEANNA M SHAFFER
Bldg Owner : OTTAWA RETIREMENT VILLAGE INC
Lessee :
Sublessee :
Management Firm : DEACONESS LONG TERM CARE INC

State ID : N-030-005
Federal Provider : 175332
Telephone : 7852425399
Fax : 7852426063
GA05 100046
JA05 100087

Area : SE
County : FRANKLIN

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 105	105							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	105		

Name : BROOKSIDE RETIREMENT COMMUNITY
Address : 700 W 7TH
City : OVERBROOK, KS 66524
Operator : LEVI DAVIS
Bldg Owner : VAREKAI HOLDINGS LLC
Lessee : ALEGRIA LIVING AND HEALTHCARE INC
Sublessee :
Management Firm :

State ID : N-070-001
Federal Provider : 175145
Telephone : 7856657124
Fax : 7856657026
GA08 100049
HA04 100070

Area : NE
County : OSAGE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 72	72							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	72		

Name : CONSER HOUSE
Address : 7829 CONSER
City : OVERLAND PARK, KS 66204-2828
Operator : HEATHER KIRK
Bldg Owner : COMMUNITY LIVING OPPORTUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-046-018
Federal Provider : 17G024
Telephone : 9133419316
Fax : 9138655695
GA05 100046

Area : MH/RF
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 8								8

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			8

Name : DELMAR GARDENS OF OVERLAND PARK
Address : 12100 W 109TH ST
City : OVERLAND PARK, KS 66210-1200
Operator : KATHRYN E ALLEN
Bldg Owner : DELMAR GARDENS OF OVERLAND PARK INC
Lessee : DELMAR GARDENS OF OVERLAND PARK OPERATI
Sublessee :
Management Firm : DELMAR GARDENS MANAGEMENT SERVICES INC

State ID : N-046-032
Federal Provider : 175182
Telephone : 9134694210
Fax : 9134690136
GA04 100045
HA08 100074
JA04 100086

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 120	120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	28	92	

Name : GARDEN TERRACE AT OVERLAND PARK
Address : 7541 SWITZER ST
City : OVERLAND PARK, KS 66214-1170
Operator : DEBRA BIEHL
Bldg Owner : HCRI KANSAS PROPERTIES LLC
Lessee : LC HEALTHCARE HOLDING COMPANY II LLC
Sublessee : LIFE CARE CENTERS OF AMERICA INC
Management Firm :

State ID : N-046-022
Federal Provider : 175158
Telephone : 9136312273
Fax : 9136317154
GA02 100043
HA08 100074
IA04 100078

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 163	163							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	163		

Name : INDIAN CREEK HEALTHCARE CENTER
Address : 6515 W 103RD ST
City : OVERLAND PARK, KS 66212-1728
Operator : GLENNA DEAN CALDWELL
Bldg Owner : CAM-MID AMERICA LLC
Lessee : THI OF KANSAS AT INDIAN CREEK LLC
Sublessee :
Management Firm :

State ID : N-046-003
Federal Provider : 175176
Telephone : 9136425545
Fax : 9134337273
GA08 100049
HA08 100074

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 120	120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	120		

Name : MANORCARE HEALTH SERVICES - OVERLAND P
Address : 5211 W 103RD ST
City : OVERLAND PARK, KS 66207-3100
Operator : AMY M WRIGHT
Bldg Owner : HCP PROPERTIES LP
Lessee : HCR III HEALTHCARE LLC
Sublessee : MANORCARE OF OVERLAND PARK, KS LLC
Management Firm :

State ID : N-046-031
Federal Provider : 175180
Telephone : 9133832569
Fax : 9133832611
GA02 100043
HA08 100074
IA08 100082

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 248	223	25						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	223		

Name : OVERLAND PARK NURSING & REHAB CENTER IN
Address : 6501 W 75TH ST
City : OVERLAND PARK, KS 66204-3019
Operator : KELLY BERTHELSEN
Bldg Owner : SHAWNEE MISSION HEALTH CARE INC
Lessee : OVERLAND PARK NURSING & REHAB CENTER INC
Sublessee :
Management Firm :

State ID : N-046-026
Federal Provider : 175187
Telephone : 9133839866
Fax : 9133831629
GA05 100046
HA05 100071

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
102	102							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	102		

Name : SWEET LIFE AT BROOKDALE PLACE
Address : 12000 LAMAR
City : OVERLAND PARK, KS 66209-
Operator : KIM ELLIS
Bldg Owner : HCRI KANSAS PROPERTIES LLC
Lessee : BKD HCR MASTER LEASE 3 TENANT LLC
Sublessee :
Management Firm :

State ID : N-046-079
Federal Provider : 175517
Telephone : 9136632888
Fax :
GA08 100049
HA08 100074

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
190	100	45	45					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	100		

Name : THE FORUM AT OVERLAND PARK
Address : 3501 W. 95TH STREET
City : OVERLAND PARK, KS 66206
Operator : JENNIFER EVERS
Bldg Owner : SNH FM FINANCING LLC
Lessee : FVE FM FINANCING INC
Sublessee : FIVE STAR OVERLAND PARK LLC
Management Firm :

State ID : N-046-033
Federal Provider : 175189
Telephone : 9136484500
Fax : 9136486144
GA07 100048
HA04 100070
IA08 100082

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
94	60		34					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : VILLA ST JOSEPH
Address : 11901 ROSEWOOD DR
City : OVERLAND PARK, KS 66209-3556
Operator : KATHERINE E. ENSIGN
Bldg Owner : CARONDELET HEALTH CORP
Lessee : CARONDELET LONG TERM CARE FACILITIES INC
Sublessee :
Management Firm : BENEDICTINE HEALTH SYSTEM

State ID : N-046-028
Federal Provider : 175183
Telephone : 9133451745
Fax : 9133451346
GA05 100046
HA05 100071
JA05 100087

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
116	116							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	116		

Name : VILLAGE SHALOM INC
Address : 5500 W 123RD ST
City : OVERLAND PARK, KS 66209-
Operator : MATTHEW LEWIS
Bldg Owner : VILLAGE SHALOM INC
Lessee :
Sublessee :
Management Firm :

State ID : N-046-054
Federal Provider : 175441
Telephone : 9133172600
Fax : 9133452611
GA05 100046

Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
193	76	12	105					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	76		

Name : RIVERVIEW MANOR
Address : 200 S OHIO PO BOX 458
City : OXFORD, KS 67119-458
Operator : KAREN K. CAMPBELL
Bldg Owner : RIVERVIEW MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-096-005
Federal Provider : 175450
Telephone : 6204552214
Fax : 6204552572
GA05 100046

Area : SE
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : MEDICALODGES PAOLA
Address : 501 ASSEMBLY LN
City : PAOLA, KS 66071-1854
Operator : NIELS NIELSEN
Bldg Owner : ML-RE PAOLA LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-061-002
Federal Provider : 175413
Telephone : 9132943345
Fax : 9132943115
GA08 100049
HA04 100070

Area : SE
County : MIAMI

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	93			93				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	93		

Name : NORTH POINT SKILLED NURSING CENTER
Address : 908 N PEARL ST
City : PAOLA, KS 66071-1140
Operator : JENNIFER FOX
Bldg Owner : NORTH POINT SKILLED NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-061-001
Federal Provider : 175276
Telephone : 9132944308
Fax : 9132944479
GA08 100049
JA04 100086

Area : SE
County : MIAMI

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	59							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	59		

Name : ELMHAVEN EAST
Address : 1400 S 15TH ST
City : PARSONS, KS 67357-5130
Operator : VINCENT W. PATTON
Bldg Owner : WOODWORTH ENTERPRISES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-050-008
Federal Provider : 175415
Telephone : 6204211430
Fax : 6204211437
GA04 100045

Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : ELMHAVEN WEST NURSING HOME
Address : 1315 S 15TH ST
City : PARSONS, KS 67357-5108
Operator : VINCENT W PATTON
Bldg Owner : WOODWORTH ENTERPRISES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-050-003
Federal Provider : 175416
Telephone : 6204211320
Fax : 6204212975
GA04 100045

Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	39							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	39		

Name : GOOD SAMARITAN SOCIETY - PARSONS
Address : 709 LEAWOOD AVE
City : PARSONS, KS 67357-3499
Operator : JOANNA WILSON
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-050-002
Federal Provider : 175210
Telephone : 6204211110
Fax : 6204218125
GA05 100046

Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	54							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	54		

Name : PARSONS PRESBYTERIAN MANOR
Address : 3501 DIRR AVE
City : PARSONS, KS 67357-2298
Operator : MARK D JOHNSTON
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-050-005
Federal Provider : 175303
Telephone : 6204211450
Fax : 6204211897
GA06 100047
HA05 100071
JA05 100087

Area : SE
County : LABETTE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED	43	25						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	43		

Name : PEABODY CARE CENTER LLC
Address : 407 N LOCUST ST
City : PEABODY, KS 66866-
Operator : MELISSA A PARMLEY
Bldg Owner : PEABODY ASSOCIATES TWO LLC
Lessee : PEABODY CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-057-005
Federal Provider : 175457
Telephone : 6209832152
Fax : 6209832281
GA08 100049
HA08 100074
JA08 100090

LICENSED 74
Area : NC
County : MARION

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55		19					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : WESTVIEW MANOR OF PEABODY
Address : 500 PEABODY PO BOX 142
City : PEABODY, KS 66866
Operator : BONITA ROBERTSON BOYDSTON
Bldg Owner : PEABODY ASSOCIATES LLC
Lessee : MARKLEYSBURG HEALTHCARE INVESTORS LP
Sublessee :
Management Firm : ALTACARE CORPORATION

State ID : N-057-002
Federal Provider : 17E210
Telephone : 6209832165
Fax : 6209832364
GA08 100049
HA02 100068
JA04 100086

LICENSED 52
Area : NC
County : MARION

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
			52				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		52	

Name : PHILLIPS COUNTY RETIREMENT CENTER
Address : 1300 STATE ST BOX 628
City : PHILLIPSBURG, KS 67661-628
Operator : KRISTI KUCK
Bldg Owner : PHILLIPS COUNTY
Lessee :
Sublessee :
Management Firm : PHILLIPS COUNTY RETIREMENT CORPORATION

State ID : N-074-003
Federal Provider : 17E432
Telephone : 7855432131
Fax : 7855435200
GA06 100047
JA05 100087

LICENSED 76
Area : NC
County : PHILLIPS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		60	

Name : GOLDEN LIVINGCENTER - PITTSBURG
Address : 1005 E CENTENNIAL DR
City : PITTSBURG, KS 66762-6603
Operator : PATRICIA CRANSTON
Bldg Owner : GPH PITTSBURG LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC PITTSBURG LLC
Management Firm :

State ID : N-019-003
Federal Provider : 175208
Telephone : 6202311120
Fax : 6202312943
GA08 100049
HA08 100074
IA08 100082

LICENSED 86
Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
86							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		86	

Name : MEDICALODGES PITTSBURG
Address : 2520 S ROUSE ST
City : PITTSBURG, KS 66762-6605
Operator : PETER KAUTZ
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-019-004
Federal Provider : 175070
Telephone : 6202310300
Fax : 6202311818
GA04 100045

LICENSED 60
Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : VIA CHRISTI VILLAGE PITTSBURG INC
Address : 1502 E CENTENNIAL
City : PITTSBURG, KS 66762-
Operator : MELINDA EWAN
Bldg Owner : VIA CHRISTI VILLAGE PITTSBURG INC
Lessee :
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-019-013
Federal Provider : 175465
Telephone : 6202350020
Fax : 6202350520
GA05 100046
JA05 100087

LICENSED 136
Area : SE
County : CRAWFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
96	40						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	96		

Name : ROOKS CO SENIOR SERVICES INC DBA REDBUD
Address : 1000 S WASHINGTON ST
City : PLAINVILLE, KS 67663-3699
Operator : FONTELLA FANT
Bldg Owner : ROOKS COUNTY
Lessee :
Sublessee :
Management Firm : ROOKS COUNTY SENIOR SERVICES INC

State ID : N-082-001
Federal Provider : 17E197
Telephone : 7854344536
Fax : 7856884154
GC06 100055
JA05 100087

LICENSED 53
Area : NC
County : ROOKS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
37	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		37	

Name : BRIGHTON GARDENS OF PRAIRIE VILLAGE
Address : 7105 MISSION RD
City : PRAIRIE VILLAGE, KS 66208-3302
Operator : BROOKE DANKENBRING
Bldg Owner : HCP MA4 KANSAS CITY KS LP
Lessee : SOLOMAN HOLDINGS I THE TRIANGLE LLC
Sublessee :
Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC

State ID : N-046-049
Federal Provider : 175499
Telephone : 9132621611
Fax : 9132620204
GA02 100043
HA08 100074
JA04 100086

LICENSED 164
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45		119					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
45			

Name : CLARIDGE COURT
Address : 8101 MISSION ROAD
City : PRAIRIE VILLAGE, KS 66208-5242
Operator : ROBERT SALIERNO
Bldg Owner : CITY OF PRAIRIE VILLAGE
Lessee : LIFESPACE COMMUNITIES INC
Sublessee :
Management Firm :

State ID : N-046-036
Federal Provider : 175343
Telephone : 9133832085
Fax : 9133854178
GD06 100064
GA01 100042

LICENSED 45
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
45			

Name : PRATT CARE CENTER LLC
Address : 1221 LARIMER ST
City : PRATT, KS 67124-1241
Operator : JANEL T BURR
Bldg Owner : SEDGWICK PROPERTIES LLC
Lessee : PRATT CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-076-002
Federal Provider : 175315
Telephone : 6206726541
Fax : 6206725599
GA08 100049
HA08 100074
JA08 100090

LICENSED 59
Area : W
County : PRATT

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
59							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	59		

Name : PRESCOTT COUNTRY VIEW NURSING HOME
Address : 301 E. MILLER ST
City : PRESCOTT, KS 66767
Operator : NEIL OSTLIE
Bldg Owner : HOSPITAL DIST #1 OF LINN & BOURBON CO
Lessee :
Sublessee :
Management Firm :

State ID : N-054-001
Federal Provider : 175519
Telephone : 9134714315
Fax : 9134714838
GC06 100055

LICENSED 45
Area : SE
County : LINN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : PRAIRIE SUNSET HOME INC
Address : 601 E MAIN ST
City : PRETTY PRAIRIE, KS 67570-9202
Operator : REX MARIS
Bldg Owner : PRAIRIE SUNSET HOME INCPRPORATED
Lessee :
Sublessee :
Management Firm :

State ID : N-078-017
Federal Provider : 175489
Telephone : 6204596822
Fax : 6204597277
GA05 100046

LICENSED 42
Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
34		8					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	34		

Name : PROTECTION VALLEY MANOR
Address : 600 S BROADWAY PO BOX 448
City : PROTECTION, KS 67127-448
Operator : SWEDE C SWAGERTY
Bldg Owner : PROTECTION VALLEY MANOR INC
Lessee :
Sublessee :
Management Firm :

State ID : N-017-002
Federal Provider : 17E034
Telephone : 6206224261
Fax : 6206224270
GA05 100046

Area : W
County : COMANCHE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			45

Name : RICHMOND HEALTHCARE & REHABILITATION CE
Address : 340 E SOUTH ST
City : RICHMOND, KS 66080-4021
Operator : CHERYL HOOVER
Bldg Owner : SHG RESOURCES LP
Lessee : RICHMOND HEALTHCARE & REHABILITATION CEN
Sublessee :
Management Firm :

State ID : N-030-003
Federal Provider : 175444
Telephone : 7858356135
Fax : 7858356179
GA02 100043
HA08 100074

Area : SE
County : FRANKLIN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			60

Name : FOUNTAINVIEW NURSING & REHAB CENTER
Address : 601 N ROSE HILL RD
City : ROSE HILL, KS 67133-9336
Operator : CAROL GEORGE
Bldg Owner : HACIENDA CARE XXI, LP
Lessee : PINNACLE HEALTH FACILITIES XXXV, LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT COI

State ID : N-008-004
Federal Provider : 175221
Telephone : 3167762194
Fax : 3167769370
GA02 100043
HA02 100068
JA02 100084

Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
86	56	30						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			56

Name : ROSSVILLE HEALTHCARE & REHAB CTR
Address : 600 PERRY
City : ROSSVILLE, KS 66533-
Operator : WENDY READ
Bldg Owner : SHG RESOURCES LP
Lessee : ROSSVILLE HEALTHCARE & REHABILITATION CTR
Sublessee :
Management Firm :

State ID : N-089-013
Federal Provider : 175397
Telephone : 7855846104
Fax : 7855846804
GA02 100043
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
79	79							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			79

Name : WHEATLAND NURSING & REHABILITATION CENT
Address : 320 S LINCOLN ST
City : RUSSELL, KS 67665-2910
Operator : REBECCA D BURKE
Bldg Owner : WHEATLAND NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-084-003
Federal Provider : 175286
Telephone : 7854835364
Fax : 7854834981
GA08 100049
JA04 100086

Area : NC
County : RUSSELL

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
59	59							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			59

Name : APOSTOLIC CHRISTIAN HOME
Address : 511 PARAMOUNT ST
City : SABETHA, KS 66534-2120
Operator : JOHN E. LEHMAN
Bldg Owner : APOSTOLIC CHRISTIAN HOME
Lessee :
Sublessee :
Management Firm :

State ID : N-066-001
Federal Provider : 175376
Telephone : 7852843471
Fax : 7852843697
GA05 100046

Area : NE
County : NEMAHA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
110	86	24						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			86

Name : LAKESIDE TERRACE
Address : 1100 HARRISON ST
City : SABETHA, KS 66534-1633
Operator : VALERIE EDELMAN
Bldg Owner : APOSTOLIC CHRISTIAN HOME
Lessee :
Sublessee :
Management Firm :

State ID : N-066-007
Federal Provider : 17G068
Telephone : 7852843471
Fax : 7852843697
GA05 100046

Area : MH/RF
County : NEMAHA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
12								12

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			12

Name : SABETHA MANOR
Address : 1441 OREGON ST
City : SABETHA, KS 66534-2134
Operator : RONALD S. HICKS
Bldg Owner : SABETHA NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-066-005
Federal Provider : 175241
Telephone : 7852843411
Fax : 7852840013
GA08 100049
JA04 100086

Area : NE
County : NEMAHA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
45	45							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	45		

Name : PRAIRIE MISSION RETIREMENT VILLAGE
Address : 242 CARROLL ST BOX 1Z
City : SAINT PAUL, KS 66771-9802
Operator : CRYSTAL PORT-PACKARD
Bldg Owner : PRAIRIE MISSION RETIREMENT VILLAGE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-067-007
Federal Provider : 175468
Telephone : 6204492400
Fax : 6204492564
GA05 100046

Area : SE
County : NEOSHO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
66	50	16						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	50		

Name : HOLIDAY RESORT OF SALINA
Address : 2825 RESORT DR
City : SALINA, KS 67401-
Operator : STEPHANIE WITT
Bldg Owner : HOLIDAY RESORT LLC
Lessee : HOLIDAY RESORT OF SALINA OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-085-011
Federal Provider : 175423
Telephone : 7858252201
Fax : 7858209352
GA08 100049
HA08 100074

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
85	85							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	8	77	

Name : KENWOOD VIEW NURSING HOME
Address : 900 ELMHURST BLVD
City : SALINA, KS 67401-7402
Operator : AMBER R. EKLUND
Bldg Owner : CSE SALINA, LLC
Lessee : KENWOOD VIEW HEALTHCARE LLC
Sublessee :
Management Firm : CMC II, LLC

State ID : N-085-001
Federal Provider : 175200
Telephone : 7858255471
Fax : 7858252432
GA04 100045
HA08 100074
JA08 100090

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
82	82							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	82		

Name : PINNACLE PARK NURSING & REHAB CENTER
Address : 2936 GEORGIA AVENUE
City : SALINA, KS 67401-7933
Operator : JOHN VAN HOOK
Bldg Owner : LTC PROPERTIES INC
Lessee : PINNACLE HEALTH FACILITIES XVIII LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT GR(

State ID : N-085-007
Federal Provider : 175184
Telephone : 7858256954
Fax : 7858271327
GA04 100045
HA02 100068
JA02 100084

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : SALINA PRESBYTERIAN MANOR
Address : 2601 E CRAWFORD ST
City : SALINA, KS 67401-3791
Operator : WILLIAM M TAYLOR
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-085-005
Federal Provider : 175300
Telephone : 7858251366
Fax : 7858256554
GD06 100064
HA05 100071
JA05 100087

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
96	60		36					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : SMOKY HILL REHABILITATION CENTER
Address : 1007 JOHNSTOWN AVE
City : SALINA, KS 67401-3021
Operator : JOSEPH BENTER
Bldg Owner : NATIONWIDE HEALTH PROPERTIES LLC
Lessee : LSL OF KANSAS LLC
Sublessee :
Management Firm : SOVRAN MANAGEMENT COMPANY LLC

State ID : N-085-006
Federal Provider : 175185
Telephone : 7858237107
Fax : 7858237631
GA08 100049
HA08 100074
JA08 100090

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90	90							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	90		

Name : WINDSOR ESTATES NURSING HOME
Address : 623 S 3RD ST
City : SALINA, KS 67401-4104
Operator : SUSAN K KORTHANKE
Bldg Owner : WINDSOR ESTATES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-085-004
Federal Provider : 175127
Telephone : 7858256757
Fax : 7858258019
GA04 100045

Area : NC
County : SALINE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60	60							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : PARK LANE NURSING HOME
Address : 210 E PARK LANE
City : SCOTT CITY, KS 67871-1
Operator : NICOLE TURNER
Bldg Owner : COUNTY OF SCOTT/SCOTT COUNTY COURTHOUS
Lessee : SCOTT COUNTY REST HOME INC
Sublessee :
Management Firm : FRONTIER MANAGEMENT INC DBA FRONTLINE MA

State ID : N-086-001
Federal Provider : 175525
Telephone : 6208725871
Fax : 6208722128
GA06 100047
HA05 100071
JA04 100086

Area : W
County : SCOTT

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
63	63							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	63		

Name : PLEASANT VALLEY MANOR
Address : 623 E ELM PO BOX 40
City : SEDAN, KS 67361-1406
Operator : KATHRYN EFINGER
Bldg Owner : PLEASANT VALLEY NURSING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-010-002
Federal Provider : 175232
Telephone : 6207253153
Fax : 6207255536
GA08 100049
JA04 100086

Area : SE
County : CHAUTAUQUA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
80	80							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	80		

Name : SEDGWICK HEALTHCARE CENTER
Address : 712 N MONROE AVE.
City : SEDGWICK, KS 67135
Operator : KEVIN CROWLEY
Bldg Owner : SENIORTRUST OF SEDGWICK LLC
Lessee :
Sublessee :
Management Firm : KANSAS HEALTHCARE ADVISORS LLC

State ID : N-040-007
Federal Provider : 175254
Telephone : 3167725185
Fax : 3167720396
GA08 100049
JA08 100090

Area : SC
County : HARVEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
62	62							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	62		

Name : CRESTVIEW MANOR
Address : 808 N 8TH STREET
City : SENECA, KS 66538
Operator : SARA SOURK
Bldg Owner : MANASSEH HEALTH LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-066-003
Federal Provider : 175426
Telephone : 7853362156
Fax : 7853363881
GA08 100049

LICENSED 44
Area : NE
County : NEMAHA

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
34		10					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	34		

Name : LIFE CARE CENTER OF SENECA
Address : 512 COMMUNITY DR
City : SENECA, KS 66538-9781
Operator : TRAVIS HECHT
Bldg Owner : SENECA HEALTH CARE MEDICAL INVESTORS LLC
Lessee : SENECA OPERATIONS LLC
Sublessee :
Management Firm : LIFE CARE CENTERS OF AMERICA INC

State ID : N-066-002
Federal Provider : 175439
Telephone : 7853363528
Fax : 7853363621
GA08 100049
HA02 100068
JA04 100086

LICENSED 63
Area : NE
County : NEMAHA

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
63							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	63		

Name : WALLACE COUNTY COMMUNITY CARE CENTER
Address : 408 E 6TH ST
City : SHARON SPRINGS, KS 677589762
Operator : CONNIE MORRIS
Bldg Owner : WALLACE COUNTY
Lessee : WALLACE COUNTY COMMUNITY CARE CENTER IN
Sublessee :
Management Firm : RURAL HEALTH DEVELOPEMENT INC

State ID : N-100-001
Federal Provider : 175524
Telephone : 7858524244
Fax : 7858525279
GA06 100047
HA05 100071
JA04 100086

LICENSED 28
Area : W
County : WALLACE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
28							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	28		

Name : SHARON LANE HEALTH SERVICES
Address : 10315 JOHNSON DR
City : SHAWNEE, KS 66203-3065
Operator : ANGELA MOORE
Bldg Owner : BAUM REAL ESTATE LLC
Lessee : C & H HEALTHCARE LLC
Sublessee :
Management Firm :

State ID : N-046-011
Federal Provider : 175257
Telephone : 9136318200
Fax : 9136317723
GA01 100042
HA02 100068

LICENSED 95
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
95							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	95		

Name : SHAWNEE GARDENS HEALTHCARE & REHABILIT
Address : 6416 LONG ST
City : SHAWNEE, KS 66216-2500
Operator : KEVIN BELLINGER
Bldg Owner : SHG RESOURCES LP
Lessee : SHAWNEE GARDENS HEALTHCARE & REHABILITA
Sublessee :
Management Firm :

State ID : N-046-034
Federal Provider : 175267
Telephone : 9136312146
Fax : 9136310163
GA02 100043
HA08 100074

LICENSED 145
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
145							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	145		

Name : THE SWEET LIFE AT ROSEHILL
Address : 12802 JOHNSON DR
City : SHAWNEE, KS 66216-
Operator : ANGELA HULLINGER
Bldg Owner : ARC SWEET LIFE ROSEHILL LLC
Lessee :
Sublessee :
Management Firm : ARC MANAGEMENT LLC

State ID : N-046-063
Federal Provider : 175478
Telephone : 9139627600
Fax : 9139627601
GA08 100049
JA08 100090

LICENSED 160
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
104	56						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
74			

Name : BETHESDA LUTHERAN COMMUNITIES INC/FAITH
Address : 14175 W 113TH
City : SHAWNEE MISSION, KS 66215-4820
Operator : LAURA JORDAN
Bldg Owner : BETHESDA LUTHERAN COMMUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-046-016
Federal Provider : 17G071
Telephone : 9134695566
Fax : 9134694028
GA05 100046

LICENSED 15
Area : MH/RF
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							15

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			15

Name : BETHESDA LUTHERAN COMMUNITIES INC/FAITH
Address : 14235 W 113TH
City : SHAWNEE MISSION, KS 66215-4822
Operator : SARAH GUSTAFSON
Bldg Owner : BETHESDA LUTHERAN COMMUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-046-017
Federal Provider : 17G072
Telephone : 9134695566
Fax : 9134694028
GA05 100046

LICENSED 15
Area : MH/RF
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							15

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			15

Name : DESERET HEALTH AND REHAB AT SMITH CENTE
Address : 117 W 1ST ST #369
City : SMITH CENTER, KS 66967-2005
Operator : TAMMY PETTIJOHN
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT SMITH C
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-092-001
Federal Provider : 175295
Telephone : 7852826696
Fax : 7852823336
GA08 100049
HA08 100074
JA08 100090

LICENSED 45
Area : NC
County : SMITH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
35					10		

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	35		

Name : MENNONITE FRIENDSHIP COMMUNITIES INC
Address : 600 W BLANCHARD AVE
City : SOUTH HUTCHINSON, KS 67505-1526
Operator : RENAE L KERSENBROCK
Bldg Owner : MENNONITE FRIENDSHIP COMMUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-078-005
Federal Provider : 175379
Telephone : 6206637175
Fax : 6206634221
GA05 100046

LICENSED 154
Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
126	28						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	126		

Name : GOLDEN LIVINGCENTER - SPRINGHILL
Address : 251 E WILSON AVE
City : SPRING HILL, KS 66083-8713
Operator : JOHN C RAU
Bldg Owner : GPH SPRING HILL LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC SPRING HILL LLC
Management Firm :

State ID : N-046-012
Federal Provider : 175425
Telephone : 9135923100
Fax : 9135922235
GA08 100049
HA08 100074
IA08 100082

LICENSED 47
Area : NE
County : JOHNSON

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
47							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	47		

Name : GOOD SAMARITAN SOCIETY - ST FRANCIS
Address : 820 S DENISON STREET
City : ST. FRANCIS, KS 67756-0747
Operator : JEFFREY PAULSEN
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-012-001
Federal Provider : 175347
Telephone : 7853322531
Fax : 7853322716
GA05 100046

LICENSED 35
Area : W
County : CHEYENNE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
35							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	35		

Name : LEISURE HOMESTEAD AT ST JOHN
Address : 402 N SANTA FE
City : ST. JOHN, KS 67576-
Operator : JAMES SCOTT YOUNIE
Bldg Owner : LEISURE HOMESTEAD ASSOCATION
Lessee :
Sublessee :
Management Firm :

State ID : N-093-001
Federal Provider : 17E607
Telephone : 6205493541
Fax : 6205493590
GA05 100046

LICENSED 30
Area : NC
County : STAFFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
30							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			30

Name : LEISURE HOMESTEAD AT STAFFORD
Address : 405 GRAND AVE
City : STAFFORD, KS 67578-2009
Operator : JENNIFER GILLESPIE
Bldg Owner : LEISURE HOMESTEAD ASSOCIATION
Lessee :
Sublessee :
Management Firm :

State ID : N-093-002
Federal Provider : 17E581
Telephone : 6202345208
Fax : 6202346911
GA05 100046

LICENSED 41
Area : NC
County : STAFFORD

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
35							6

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : STERLING PRESBYTERIAN MANOR
Address : 204 W WASHINGTON ST
City : STERLING, KS 67579-1614
Operator : MICHAEL J RAJEWSKI
Bldg Owner : PRESBYTERIAN MANORS INC
Lessee :
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-080-003
Federal Provider : 175299
Telephone : 6202783651
Fax : 6202783581
GA05 100046
JA05 100087

LICENSED 55
Area : NC
County : RICE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			55

Name : SOLOMON VALLEY MANOR
Address : 315 S ASH ST
City : STOCKTON, KS 67669-2136
Operator : KATHY PROCHAZKA ROSS
Bldg Owner : CITY OF STOCKTON
Lessee :
Sublessee :
Management Firm :

State ID : N-082-002
Federal Provider : 17E637
Telephone : 7854256754
Fax : 7854256755
GC06 100055

LICENSED 32
Area : NC
County : ROOKS

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
32							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			32

Name : TONGANOXIE NURSING CENTER
Address : 1010 EAST ST #940
City : TONGANOXIE, KS 66086-9557
Operator : AMANDA COOK
Bldg Owner : CITY OF TONGANOXIE
Lessee : ENCORE NURSING CENTER PARTNERS LTD-85
Sublessee : SA-ENC TONGANOXIE LLC
Management Firm :

State ID : N-052-005
Federal Provider : 175215
Telephone : 9133698705
Fax : 9133692787
GA06 100047
HA02 100068
IA08 100082

LICENSED 90
Area : NE
County : LEAVENWORTH

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			90

Name : ALDERSGATE VILLAGE
Address : 3220 SW ALBRIGHT DR
City : TOPEKA, KS 66614-4707
Operator : CARL L. NOYES
Bldg Owner : SHAWNEE COUNTY
Lessee : UNITED METHODIST HOMES INC
Sublessee :
Management Firm :

State ID : N-089-021
Federal Provider : 175340
Telephone : 7854789440
Fax : 7854780931
GA06 100047
HA05 100071

LICENSED 269
Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
209	60						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
			209

Name : BREWSTER HEALTH CENTER
Address : 1001 SW 29TH ST
City : TOPEKA, KS 66611-1299
Operator : LEANNA CHAFFEE
Bldg Owner : CITY OF TOPEKA
Lessee : THE CONGREGATIONAL HOME
Sublessee :
Management Firm :

State ID : N-089-001
Federal Provider : 175044 LICENSED
Telephone : 7852671666 142
Fax : 7852679355
GA06 100047
HA05 100071

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
97		45					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	97		

Name : BRIGHTON PLACE NORTH
Address : 1301 NE JEFFERSON ST
City : TOPEKA, KS 66608-1118
Operator : KAYE L HOEME
Bldg Owner : BRIGHTON PLACE CORPORATION
Lessee :
Sublessee :
Management Firm :

State ID : N-089-009
Federal Provider : 17E256 LICENSED
Telephone : 7852335127 34
Fax : 7852322721
GA04 100045

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
			34				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		34	

Name : BRIGHTON PLACE WEST
Address : 331 SW OAKLEY AVE
City : TOPEKA, KS 66606-1914
Operator : SARARA BROOKS
Bldg Owner : CAM-BRIGHTON PLACE LLC
Lessee : THI OF KANSAS AT BRIGHTON PLACE LLC
Sublessee :
Management Firm :

State ID : N-089-012
Federal Provider : 17E596 LICENSED
Telephone : 7852321212 50
Fax : 7852323907
GA08 100049
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
			50				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		50	

Name : COUNTRYSIDE HEALTH CENTER
Address : 440 SE WOODLAND AVE
City : TOPEKA, KS 66607-2172
Operator : GARY BURKDOLL
Bldg Owner : WOODLAND HEALTH CENTER REAL ESTATE LLC
Lessee : COUNTRYSIDE HEALTH CENTER OPERATIONS LL(
Sublessee :
Management Firm :

State ID : N-089-008
Federal Provider : 17E528 LICENSED
Telephone : 7852346147 94
Fax : 7852328781
GA08 100049
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
		17	77				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		77	

Name : EVENTIDE CONVALESCENT CENTER
Address : 2015 SE 10TH AVE
City : TOPEKA, KS 66607-1698
Operator : M. MAC AUSTIN
Bldg Owner : EVENTIDE CONVALESCENT CENTER INC
Lessee :
Sublessee :
Management Firm :

State ID : N-089-004
Federal Provider : 175113 LICENSED
Telephone : 7852338918 73
Fax : 7852334212
GA04 100045

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
73							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	57	16	

Name : KANSAS NEUROLOGICAL INSTITUTE
Address : 3107 SW 21ST STREET
City : TOPEKA, KS 66604-3245
Operator : BARNEY HUBERT
Bldg Owner : STATE OF KANSAS, DEPT OF S.R.S.
Lessee :
Sublessee :
Management Firm :

State ID : M-089-102
Federal Provider : 17G006 LICENSED
Telephone : 7852965301 454
Fax : 7852963584
GA06 100047

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
							454

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			454

Name : LEXINGTON PARK NURSING & POST ACUTE CEN
Address : 1031 FLEMING CT
City : TOPEKA, KS 66604-
Operator : JACOB A. SCHULTZ
Bldg Owner : LEXINGTON PARK LLC
Lessee : LEXINGTON PARK NURSING OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-089-007
Federal Provider : 175154
Telephone : 7854400500
Fax : 7854400505
GA08 100049
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
90	90							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	90		

Name : MANORCARE HEALTH SERVICES - TOPEKA
Address : 2515 SW WANAMAKER RD
City : TOPEKA, KS 66614-5269
Operator : BRAD FISCHER
Bldg Owner : HCP PROPERTIES LP
Lessee : HCR III HEALTHCARE LLC
Sublessee : MANOR CARE OF TOPEKA, KS LLC
Management Firm :

State ID : N-089-029
Federal Provider : 175172
Telephone : 7852716808
Fax : 7852711189
GA02 100043
HA08 100074
IA08 100082

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
120	120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	120		

Name : MCCRITE PLAZA HEALTH CENTER
Address : 1610 SW 37TH ST
City : TOPEKA, KS 66611-2564
Operator : LAURA RICHARDSON
Bldg Owner : MCCRITE REAL ESTATE, INC.
Lessee : MCCRITE RETIREMENT ASSOCIATION
Sublessee :
Management Firm :

State ID : N-089-010
Federal Provider : 175171
Telephone : 7852672960
Fax : 7852670138
GA04 100045
HA04 100070

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
91	91							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	91		

Name : PLAZA WEST REGIONAL HEALTH CENTER
Address : 1570 SW WESTPORT DR
City : TOPEKA, KS 66604-4030
Operator : GERALD HARMAN
Bldg Owner : PLAZA WEST CARE PROPERTIES INC
Lessee : PLAZA WEST CARE CENTER INC
Sublessee :
Management Firm : WESTCARE INC

State ID : N-089-032
Federal Provider : 175255
Telephone : 7852716700
Fax : 7852716709
GA04 100045
HA04 100070
JA04 100086

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
151	151							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	151		

Name : PROVIDENCE LIVING CENTER
Address : 1112 SE REPUBLICAN AVE
City : TOPEKA, KS 66607-5517
Operator : FRANK TRIMBOLI
Bldg Owner : PROVIDENCE LIVING CENTER
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-089-003
Federal Provider : 175418
Telephone : 7852330588
Fax : 7852335603
GA04 100045
JA04 100086

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
78				78				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	78		

Name : ROLLING HILLS HEALTH CENTER
Address : 2400 SW URISH RD
City : TOPEKA, KS 66614-4347
Operator : CARROLL MARIE VOGEL
Bldg Owner : ROLLING HILLS HEALTH CENTER INC
Lessee : ROLLING HILLS HEALTH CENTER OPERATIONS LL
Sublessee :
Management Firm :

State ID : N-089-028
Federal Provider : 175165
Telephone : 7852735001
Fax : 7852730794
GA04 100045
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
102	102							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	102		

Name : TOPEKA COMMUNITY HEALTHCARE CENTER
Address : 1821 SE 21ST ST
City : TOPEKA, KS 66607-1437
Operator : HANS PETER MURFITT
Bldg Owner : CAM-HIGHLAND PARK LLC
Lessee : THI OF KANSAS AT HIGHLAND PARK LLC
Sublessee :
Management Firm :

State ID : N-089-031
Federal Provider : 175193
Telephone : 7852340018
Fax : 7852340923
GA08 100049
HA08 100074

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 82	82							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	82		

Name : TOPEKA PRESBYTERIAN MANOR
Address : 4712 SW 6TH AVE
City : TOPEKA, KS 66606-2299
Operator : THOMAS BECHTEL
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-089-018
Federal Provider : 175297
Telephone : 7852726510
Fax : 7852720496
GA06 100047
HA05 100071
JA05 100087

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 192	120		72					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	120		

Name : WASHBURN COMMUNITY CARE CENTER
Address : 1334 BUCHANAN ST
City : TOPEKA, KS 66604-
Operator : SHERRY WAHL
Bldg Owner : P C THOMAS INVESTMENT CO LC
Lessee : WASHBURN COMMUNITY CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-089-046
Federal Provider : 175523
Telephone : 7852321133
Fax : 7858617413
GA08 100049
HA08 100074
JA08 100090

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 31	31							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	31		

Name : WESTWOOD MANOR
Address : 5015 SW 28TH ST
City : TOPEKA, KS 66614-2319
Operator : CARLA ROYER
Bldg Owner : NATIONWIDE HEALTH PROPERTIES LLC
Lessee : LSL OF KANSAS LLC
Sublessee :
Management Firm : SOVRAN MANAGEMENT COMPANY LLC

State ID : N-089-019
Federal Provider : 175463
Telephone : 7852730886
Fax : 7852730959
GA08 100049
HA08 100074
JA08 100090

Area : NE
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 54	54							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	54		

Name : THE LEGACY AT PARK VIEW
Address : 510 E SAN JACINTO AVE
City : ULYSSES, KS 67880-1899
Operator : KIMBERLE B DOTY
Bldg Owner : GRANT COUNTY
Lessee :
Sublessee :
Management Firm :

State ID : N-034-001
Federal Provider : 17E041
Telephone : 6203563331
Fax : 6203561932
GC06 100055

Area : W
County : GRANT

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 84	60	24						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		60	

Name : VALLEY HEALTH CARE CENTER
Address : PO BOX 189 400 12TH STREET
City : VALLEY FALLS, KS 66088-189
Operator : WILLIAM BOLDRIDGE
Bldg Owner : VALLEY HEALTH CARE CENTER INC
Lessee : VALLEY HEALTH CARE CENTER OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-044-002
Federal Provider : 17E591
Telephone : 7859453832
Fax : 7859453708
GA04 100045
HA08 100074

Area : NE
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
LICENSED 61			21	40				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		40	

Name : TREGO MANOR
Address : 320 SOUTH AVE
City : WAKEENEY, KS 67672-427
Operator : SANDRA K. CLINE
Bldg Owner : TREGO COUNTY
Lessee :
Sublessee :
Management Firm :

State ID : N-098-001
Federal Provider : 175515
Telephone : 7857435787
Fax : 7857435364
GA06 100047

LICENSED 40

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
40							

**********CERTIFIED BEDS**********

Area : W
County : TREGO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	40		

Name : GOLDEN LIVINGCENTER - WAKEFIELD
Address : 509 GROVE
City : WAKEFIELD, KS 67487-250
Operator : GLENDA DOWNING
Bldg Owner : GPH WAKEFIELD LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC WAKEFIELD LLC
Management Firm :

State ID : N-014-003
Federal Provider : 175272
Telephone : 7854615417
Fax : 7854615667
GA08 100049
HA08 100074
IA08 100082

LICENSED 68

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
48	20						

**********CERTIFIED BEDS**********

Area : NC
County : CLAY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	48		

Name : GOOD SAMARITAN SOCIETY - VALLEY VISTA
Address : 2011 GRANDVIEW DRIVE
City : WAMEGO, KS 66547-1159
Operator : JAMES RUSH
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-075-003
Federal Provider : 175359
Telephone : 7854569482
Fax : 7854562178
GA05 100046

LICENSED 50

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
50							

**********CERTIFIED BEDS**********

Area : NC
County : POTTAWATOMIE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	50		

Name : THE CENTENNIAL HOMESTEAD
Address : 311 E 2ND ST
City : WASHINGTON, KS 66968-2028
Operator : HAELY ORDOYNE
Bldg Owner : THE CENTENNIAL HOMESTEAD INC
Lessee :
Sublessee :
Management Firm :

State ID : N-101-002
Federal Provider : 175512
Telephone : 7853252361
Fax : 7853252870
GA04 100045

LICENSED 41

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
41							

**********CERTIFIED BEDS**********

Area : NC
County : WASHINGTON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	41		

Name : WATHENA HEALTHCARE & REHABILITATION CEN
Address : 2112 HWY 36
City : WATHENA, KS 66090-649
Operator : DAVID C HANEKE
Bldg Owner : SHG RESOURCES LP
Lessee : WATHENA HEALTHCARE & REHABILIATION CENTE
Sublessee :
Management Firm :

State ID : N-022-001
Federal Provider : 175216
Telephone : 7859893141
Fax : 7859894437
GA02 100043
HA08 100074

LICENSED 60

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
60							

**********CERTIFIED BEDS**********

Area : NE
County : DONIPHAN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	60		

Name : GOLDEN LIVINGCENTER - WELLINGTON
Address : 102 W BOTKIN ST
City : WELLINGTON, KS 67152-2302
Operator : CHERYL WRIGHT
Bldg Owner : GPH WELLINGTON LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC WELLINGTON LLC
Management Firm :

State ID : N-096-003
Federal Provider : 175337
Telephone : 6203267437
Fax : 6203267421
GA08 100049
HA08 100074
IA08 100082

LICENSED 55

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
55							

**********CERTIFIED BEDS**********

Area : SE
County : SUMNER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	55		

Name : SUMNER COUNTY CARE CENTER LLC
Address : 1600 W 8TH ST
City : WELLINGTON, KS 67152-4719
Operator : MARJERIE COCHREN
Bldg Owner : SUMNER COUNTY
Lessee : WELLINGTON LEASEHOLD LLC
Sublessee : SUMNER COUNTY CARE CENTER LLC
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-096-001
Federal Provider : 175357
Telephone : 6203262232
Fax : 6203265769
GA06 100047
HA08 100074
IA08 100082
JA08 100090

LICENSED 44
Area : SE
County : SUMNER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
44							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	44		

Name : WELLSVILLE MANOR
Address : 304 W 7TH ST
City : WELLSVILLE, KS 66092-7800
Operator : SCOTT AVERILL
Bldg Owner : QUIDAM HOLDINGS LLC
Lessee : MYSTERE LIVING & HEALTHCARE INC
Sublessee :
Management Firm :

State ID : N-030-004
Federal Provider : 175250
Telephone : 7858834101
Fax : 7858832200
GA08 100049
HA04 100070

LICENSED 51
Area : SE
County : FRANKLIN

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
51							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	51		

Name : WESTY COMMUNITY CARE HOME
Address : 105 N HIGHWAY 99
City : WESTMORELAND, KS 66549-
Operator : PHYLLIS HUPE
Bldg Owner : CITY OF WESTMORELAND
Lessee : WESTY COMMUNITY CARE HOME INC
Sublessee :
Management Firm :

State ID : N-075-005
Federal Provider : 175471
Telephone : 7854572801
Fax : 7854572130
GA06 100047
HA05 100071

LICENSED 77
Area : NC
County : POTTAWATOMIE

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
57	20						

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	57		

Name : WHEAT STATE MANOR
Address : 601 S MAIN ST
City : WHITEWATER, KS 67154-9700
Operator : MICHAEL SMITH
Bldg Owner : CITY OF WHITEWATER
Lessee : WHEAT STATE MANOR INC
Sublessee :
Management Firm :

State ID : N-008-006
Federal Provider : 175451
Telephone : 3167992181
Fax : 3167992962
GA06 100047
HA05 100071

LICENSED 65
Area : SE
County : BUTLER

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
65							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	65		

Name : CARITAS CENTER INC
Address : 1400 S SHERIDEN
City : WICHITA, KS 67213-1336
Operator : GREG LOHKAMP
Bldg Owner : ADORERS OF THE BLOOD OF CHRIST UNITED STA
Lessee : CARITAS CENTER INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-087-064
Federal Provider : 17E638
Telephone : 3169422201
Fax : 8779420859
GA05 100046
HA05 100071
JA05 100087

LICENSED 22
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
22							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		22	

Name : COLLEGE HILL NURSING & REHAB CENTER
Address : 5005 E 21ST ST N
City : WICHITA, KS 67208-1604
Operator : DANA DUGGER
Bldg Owner : SEDGWICK HEALTHCARE INVESTORS LP
Lessee : HP/ WICHITA HILL INC
Sublessee :
Management Firm : ALTACARE CORPORATION

State ID : N-087-018
Federal Provider : 175078
Telephone : 3166859291
Fax : 3166852099
GA02 100043
HA04 100070
JA04 100086

LICENSED 96
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
96							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	96		

Name : DESERET HEALTHCARE & REHABILITATION AT W
Address : 1600 S WOODLAWN
City : WICHITA, KS 67218-4728
Operator : BRENDA BRADSHAW
Bldg Owner : NATIONWIDE HEALTH PROPERTIES LLC
Lessee : DESERET HEALTHCARE & REHABILITATION AT WI
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-087-052
Federal Provider : 175452
Telephone : 3166919999
Fax : 3166910100
GA08 100049
HA08 100074
JA08 100090

LICENSED 93
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
93							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	93			

Name : FAMILY HEALTH & REHABILITATION CENTER
Address : 639 S MAIZE COURT
City : WICHITA, KS 67209-1337
Operator : KAREN DAO
Bldg Owner : FHRC PROPERTY DEVELOPMENT LLC
Lessee :
Sublessee :
Management Firm : AXIOM HEALTHCARE MANAGEMENT LLC

State ID : N-087-061
Federal Provider : 175501
Telephone : 3164255600
Fax :
GA08 100049
JA08 100090

LICENSED 72
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
72							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	72			

Name : GOLDEN LIVINGCENTER - WICHITA
Address : 4007 E LINCOLN ST
City : WICHITA, KS 67218-2111
Operator : RHODY BURNETT
Bldg Owner : GPH LINCOLN LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC LINCOLN LLC
Management Firm :

State ID : N-087-011
Federal Provider : 175273
Telephone : 3166837588
Fax : 3166837280
GA08 100049
HA08 100074
IA08 100082

LICENSED 59
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
59							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	59			

Name : HOMESTEAD HEALTH CENTER
Address : 2133 S. ELIZABETH
City : WICHITA, KS 67213-3403
Operator : NANCY VESTRING
Bldg Owner : HOMESTEAD HEALTH CENTER INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-006
Federal Provider : 175487
Telephone : 3162624473
Fax : 3164620826
GA05 100046

LICENSED 62
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
62							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	62			

Name : KANSAS MASONIC HOME
Address : 401 S SENECA ST
City : WICHITA, KS 67213-5597
Operator : COLE MCKINNEY
Bldg Owner : CITY OF WICHITA
Lessee : KANSAS MASONIC HOME
Sublessee :
Management Firm :

State ID : N-087-008
Federal Provider : 175118
Telephone : 3162670271
Fax : 3162672199
GA06 100047
HA05 100071

LICENSED 120
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
120							

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	120			

Name : LAKEPOINT RETIREMENT & REHAB CENTER OF
Address : 1315 N WEST STREET
City : WICHITA, KS 67203-1302
Operator : BONNI JACKSON
Bldg Owner : LAKEPOINT WICHITA LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-049
Federal Provider : 175466
Telephone : 3169431295
Fax : 3169431399
GA08 100049

LICENSED 173
Area : SC
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR
110		63					

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID ONLY	MEDICAID NF	IMR
	110			

Name	: LARKSFIELD PLACE	State ID	: N-087-031		*LICENSED BEDS**********LIMITED**
Address	: 2828 N GOVERNEOUR ST	Federal Provider	: 175181	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67226-3405	Telephone	: 3166361111	90	90
Operator	: NANCY ROZZELLE	Fax	: 3166369698		
Bldg Owner	: LARKSFIELD PLACE RETIREMENT COMMUNITIES I	GA05	100046		**********CERTIFIED BEDS**********
Lessee	:			Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	:			County :	
Management Firm	:			SEDGWICK	90

Name	: LIFE CARE CENTER OF WICHITA	State ID	: N-087-045		*LICENSED BEDS**********LIMITED**
Address	: 622 N EDGEMOOR ST	Federal Provider	: 175407	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67208-3602	Telephone	: 3166865100	120	120
Operator	: KYLE E SCHAFFER	Fax	: 3166863993		
Bldg Owner	: WICHITA REAL ESTATE INVESTORS LLC	GA08	100049		**********CERTIFIED BEDS**********
Lessee	: WICHITA MEDICAL INVESTORS LLC	HA08	100074	Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	:			County :	
Management Firm	: LIFE CARE CENTERS OF AMERICA INC	JA04	100086	SEDGWICK	120

Name	: MANORCARE HEALTH SERVICES - WICHITA	State ID	: N-087-030		*LICENSED BEDS**********LIMITED**
Address	: 7101 E 21ST ST N	Federal Provider	: 175168	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67206-1044	Telephone	: 3166848018	118	118
Operator	: T. MARIE HOCK-RASDON	Fax	: 3166828909		
Bldg Owner	: HCP PROPERTIES LP	GA02	100043		**********CERTIFIED BEDS**********
Lessee	: HCR III HEALTHCARE LLC	HA08	100074	Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	: MANORCARE OF WICHITA, KS LLC	IA08	100082	County :	
Management Firm	:			SEDGWICK	118

Name	: MEDICALODGES WICHITA	State ID	: N-087-021		*LICENSED BEDS**********LIMITED**
Address	: 2280 S MINNEAPOLIS	Federal Provider	: 175008	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67211-5398	Telephone	: 3162655693	70	70
Operator	: DOUG WYCKOFF	Fax	: 3162653700		
Bldg Owner	: ML-RE WICHITA LLC	GA08	100049		**********CERTIFIED BEDS**********
Lessee	: MEDICALODGES INC	HA04	100070	Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	:			County :	
Management Firm	:			SEDGWICK	70

Name	: MERIDIAN NURSING & REHABILITATION CENTER	State ID	: N-087-003		*LICENSED BEDS**********LIMITED**
Address	: 1555 N MERIDIAN ST	Federal Provider	: 175274	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67203-1998	Telephone	: 3169428471	106	106
Operator	: MELISA LANG	Fax	: 3169457682		
Bldg Owner	: COLUMBIA PRATHER LLC	GA08	100049		**********CERTIFIED BEDS**********
Lessee	: MERIDIAN NURSING & REHABILITATION CENTER L	HA08	100074	Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	:			County :	
Management Firm	: WALNUT CREEK MANAGEMENT COMPANY LLC	JA08	100090	SEDGWICK	106

Name	: PARK WEST PLAZA	State ID	: N-087-046		*LICENSED BEDS**********LIMITED**
Address	: 505 N. MAIZE ROAD	Federal Provider	:	LICENSED	NF ALF RHCF NFMH ADC BCH HP MR
City	: WICHITA, KS 67212-	Telephone	: 3167294114	120	40 80
Operator	: WAYNE L. CASH	Fax	: 3167290504		
Bldg Owner	: 505 N MAIZE RD LLC	GA08	100049		**********CERTIFIED BEDS**********
Lessee	: MAIZE CCRC LLC	HA08	100074	Area : SC	MEDICARE SNF ONLY / MEDICARE MEDICAID SNF/NF / MEDICAID NF ONLY / MEDICAID IMR
Sublessee	:			County :	
Management Firm	: LEGEND SENIOR LIVING LLC	JA08	100090	SEDGWICK	

Name	: REGENT PARK REHABILITATION & HEALTHCARE	State ID	:	N-087-070		*LICENSED BEDS**********LIMITED**									
Address	: 10604 E 13TH STREET	Federal Provider	:	175527	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67206	Telephone	:	3163375450	80	80									
Operator	: CHRISTOPHER A REA	Fax	:	7852093077											
Bldg Owner	: HCRI KANSAS PROPERTIES LLC	GA08	100049			**********CERTIFIED BEDS**********									
Lessee	: ICT 13 SNF LLC	HA08	100074	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	: FOUNDATION PROPERTIES CORPORATION	JA04	100086	SEDGWICK		80									

Name	: SANDPIPER HEALTHCARE AND REHABILITATION	State ID	:	N-087-029		*LICENSED BEDS**********LIMITED**									
Address	: 5808 W 8TH STREET	Federal Provider	:	175344	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67212	Telephone	:	3169453606	145	145									
Operator	: SUE SUDER	Fax	:	3162609544											
Bldg Owner	: SHG RESOURCES LP	GA02	100043			**********CERTIFIED BEDS**********									
Lessee	: SANDPIPER HEALTHCARE & REHABILITATION CEN	HA08	100074	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	:			SEDGWICK		145									

Name	: SEVILLE CARE CENTER LLC	State ID	:	N-087-010		*LICENSED BEDS**********LIMITED**									
Address	: 1319 SEVILLE ST	Federal Provider	:	175253	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67209-3306	Telephone	:	3167226916	85	85									
Operator	: VICKY L MENDEZ	Fax	:	3167225641											
Bldg Owner	: SEDGWICK PROPERTIES LLC	GA08	100049			**********CERTIFIED BEDS**********									
Lessee	: SEVILLE CARE CENTER LLC	HA08	100074	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	: DESERET HEALTH GROUP LLC	JA08	100090	SEDGWICK		85									

Name	: VIA CHRISTI HOPE HEALTH CENTER	State ID	:	N-087-060		*LICENSED BEDS**********LIMITED**									
Address	: 2622 W CENTRAL	Federal Provider	:	17E629	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67203-4902	Telephone	:	3169465110	24	24									
Operator	: BRANDI RENE WARDEN	Fax	:	3169465299											
Bldg Owner	: VIA CHRISTI VILLAGES INC	GA05	100046			**********CERTIFIED BEDS**********									
Lessee	: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM	HA05	100071	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	:			SEDGWICK		24									

Name	: VIA CHRISTI VILLAGE MCLEAN INC	State ID	:	N-087-056		*LICENSED BEDS**********LIMITED**									
Address	: 777 N MCLEAN BLVD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67203-4980	Telephone	:	3169427000	95	36	59								
Operator	: DOUGLAS W FRIHART	Fax	:	3169465727											
Bldg Owner	: CITY OF WICHITA	GA06	100047			**********CERTIFIED BEDS**********									
Lessee	: VIA CHRISTI VILLAGE MCLEAN INC	HA05	100071	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	: VIA CHRISTI VILLAGES INC	JA05	100087	SEDGWICK											

Name	: WICHITA PRESBYTERIAN MANOR	State ID	:	N-087-023		*LICENSED BEDS**********LIMITED**									
Address	: 4700 W 13TH ST N	Federal Provider	:	175301	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR		
City	: WICHITA, KS 67212-5599	Telephone	:	3169427456	91	60		31							
Operator	: MARK B SCHULTE	Fax	:	3169413806											
Bldg Owner	: CITY OF WICHITA	GD06	100064			**********CERTIFIED BEDS**********									
Lessee	: PRESBYTERIAN MANORS INC	HA05	100071	Area	: SC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Sublessee	:			County	:										
Management Firm	: PRESBYTERIAN MANORS OF MID-AMERICA INC	JA05	100087	SEDGWICK		60									

Name	: GOLDEN LIVINGCENTER - WILSON	State ID	:	N-027-003		*LICENSED BEDS**********LIMITED**								
Address	: 611 31ST ST PO BOX 160	Federal Provider	:	175205	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: WILSON, KS 67490-160	Telephone	:	7856582505	50	50								
Operator	: ANITA WINKEL	Fax	:	7856582504										
Bldg Owner	: GPH WILSON LLC	GA08	100049			**********CERTIFIED BEDS**********								
Lessee	: GGNSC EQUITY HOLDINGS LLC	HA08	100074	Area	: NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	: GGNSC WILSON LLC	IA08	100082	County	: ELLSWORTH		50							
Management Firm	:													

Name	: CUMBERNAULD VILLAGE	State ID	:	N-018-009		*LICENSED BEDS**********LIMITED**								
Address	: 716 TWEED ST	Federal Provider	:	17E589	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: WINFIELD, KS 67156-1595	Telephone	:	6202214141	60	42		18						
Operator	: LINDA VOTH	Fax	:	6202214146										
Bldg Owner	: CITY OF WINFIELD	GD06	100064			**********CERTIFIED BEDS**********								
Lessee	: CUMBERNAULD VILLAGE	HA05	100071	Area	: SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	:			County	: COWLEY		42							
Management Firm	:													

Name	: GOOD SAMARITAN SOCIETY - WINFIELD	State ID	:	N-018-006		*LICENSED BEDS**********LIMITED**								
Address	: 1320 WHEAT RD	Federal Provider	:	175327	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: WINFIELD, KS 67156-4704	Telephone	:	6202214660	85	45	40							
Operator	: TOM ANDERSON	Fax	:	6202211999										
Bldg Owner	: THE EV LUTHERAN GOOD SAMARITAN SOCIETY	GA05	100046			**********CERTIFIED BEDS**********								
Lessee	:			Area	: SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	:			County	: COWLEY		45							
Management Firm	:													

Name	: KANSAS VETERANS HOME	State ID	:	N-018-011		*LICENSED BEDS**********LIMITED**								
Address	: 1220 WORLD WAR II MEMORIAL DRIVE	Federal Provider	:	175516	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: WINFIELD, KS 67156-9801	Telephone	:	6202219479	155	107	48							
Operator	: LINDA K POYNER	Fax	:	6202299050										
Bldg Owner	: STATE OF KANSAS	GA06	100047			**********CERTIFIED BEDS**********								
Lessee	:			Area	: SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	:			County	: COWLEY		107							
Management Firm	:													

Name	: WINFIELD REST HAVEN II LC	State ID	:	N-018-007		*LICENSED BEDS**********LIMITED**								
Address	: 1611 RITCHIE ST	Federal Provider	:	175488	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: WINFIELD, KS 67156-5252	Telephone	:	6202219290	45	45								
Operator	: OLA UTT	Fax	:	6202298297										
Bldg Owner	: WINFIELD REST HAVEN II LC	GA08	100049			**********CERTIFIED BEDS**********								
Lessee	:			Area	: SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	:			County	: COWLEY		45							
Management Firm	:													

Name	: YATES CENTER NURSING & REHABILITATION LL	State ID	:	N-104-001		*LICENSED BEDS**********LIMITED**								
Address	: 801 S FRY ST PO BOX 265	Federal Provider	:	175389	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP	MR	
City	: YATES CENTER, KS 66783-	Telephone	:	6206252111	45	45								
Operator	: SUZANNE MISENHELTER	Fax	:	6206253630										
Bldg Owner	: ARMA YATES LLC	GA08	100049			**********CERTIFIED BEDS**********								
Lessee	: YATES CENTER NURSING & REHABILITATION LLC	HA08	100074	Area	: SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Sublessee	:			County	: WOODSON		45							
Management Firm	: DESERET HEALTH GROUP LLC	JA08	100090											

Name : COUNTRYSIDE HOME INC
Address : 2454 HWY 15 NORTH
City : ABILENE, KS 67410-6077
Administrator : PAMELA MARTIN
Bldg Owner : COUNTRYSIDE HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-021-006
Federal Provider :
Telephone : 7852637197
Fax : 7852639885
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	16			16			

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
MH/RF				

County : DICKINSON

Name : STERLING HOUSE OF ABILENE I
Address : 1100 N VINE
City : ABILENE, KS 67410-4009
Administrator : JANINE SCHAICH
Bldg Owner : BKD KANSAS PROPERTIES LLC
Lessee : BROOKDALE SENIOR LIVING COMMUNITITES INC.
Sublessee :
Management Firm :

State ID : N-021-007
Federal Provider :
Telephone : 7852637400
Fax : 7852633044
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34		34				

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
MH/RF				

County : DICKINSON

Name : STERLING HOUSE OF ABILENE II
Address : 1102 N VINE ST
City : ABILENE, KS 67410-
Administrator : STEPHANIE SILMON
Bldg Owner : AHC PURCHASER INC
Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC.
Sublessee :
Management Firm :

State ID : N-021-008
Federal Provider :
Telephone : 7852637800
Fax : 7852632455
GA04 100045
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	43		43				

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
MH/RF				

County : DICKINSON

Name : ALMA MANOR
Address : 234 MANOR CIR
City : ALMA, KS 66401-127
Administrator : ADAM ENTRESS
Bldg Owner : ALMA MANOR INC
Lessee : ALMA MANOR OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-099-001
Federal Provider : 175346
Telephone : 7857653318
Fax : 7857653589
GA04 100045
HA08 100074

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	60	37		23			

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
NE				

County : WABAUNSEE

37

Name : ANDOVER COURT ASSISTED LIVING
Address : 721 WEST 21ST ST
City : ANDOVER, KS 67002-8491
Administrator : ANGELA CORNELL
Bldg Owner : ANDOVER COURT REAL ESTATE INVESTORS LLC
Lessee : ANDOVER COURT MEDICAL INVESTORS LLC
Sublessee :
Management Firm : CENTURY PARK ASSOCIATES LLC

State ID : N-008-010
Federal Provider :
Telephone : 3167332662
Fax : 3167336754
GA08 100049
HA08 100074
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	56		56				

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
MH/RF				

County : BUTLER

Name : VICTORIA FALLS ASSISTED LIVING
Address : 408 E CENTRAL PO BOX 906
City : ANDOVER, KS 67002-
Administrator : BRUCE MOREAU
Bldg Owner : CITY OF ANDOVER
Lessee : ANDOVER SENIOR CARE LLC
Sublessee :
Management Firm :

State ID : N-008-011
Federal Provider :
Telephone : 3167330334
Fax : 3167330995
GD06 100064
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	96		96				

**********CERTIFIED BEDS**********

Area	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
MH/RF				

County : BUTLER

Name : COUNTRY LIVING INC
Address : 420 N 5TH
City : ANTHONY, KS 67003-
Administrator : CINDY ASH
Bldg Owner : COUNTRY LIVING INC
Lessee :
Sublessee :
Management Firm :

State ID : N-039-004
Federal Provider :
Telephone : 6208425858
Fax : 6208425840
GA05 100046

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
25		25				

**********CERTIFIED BEDS**********

Area : MH/RF
County : HARPER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ARKANSAS CITY PRESBYTERIAN MANOR
Address : 1711 N 4TH ST
City : ARKANSAS CITY, KS 67005-1607
Administrator : SARAH GRIGGS
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-018-008
Federal Provider : 175309
Telephone : 6204428700
Fax : 6204428224
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
110	60	50				

**********CERTIFIED BEDS**********

Area : SE
County : COWLEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : STERLING HOUSE OF ARKANSAS CITY
Address : 402 E WINDSOR RD
City : ARKANSAS CITY, KS 67005-3866
Administrator : KATHLEEN B ZIEGLER
Bldg Owner : BKD KANSAS PROPERTIES LLC
Lessee : BROOKDALE SENIOR LIVING COMMUNITIES, INC.
Sublessee :
Management Firm :

State ID : N-018-010
Federal Provider :
Telephone : 6204424400
Fax : 6204424035
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
43		43				

**********CERTIFIED BEDS**********

Area : MH/RF
County : COWLEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GRAN VILLAS ATCHISON
Address : 1635 RILEY ST
City : ATCHISON, KS 66002-1514
Administrator : BRENDA NORRIS
Bldg Owner : CITY OF ATCHISON
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-003-004
Federal Provider :
Telephone : 9133672077
Fax : 9133671755
GD06 100064
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
25		25				

**********CERTIFIED BEDS**********

Area : MH/RF
County : ATCHISON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT ATCHISON LLC
Address : 1301 N 4TH
City : ATCHISON, KS 66002-
Administrator : CHERYL L. CONTRERAS
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT ATCHISON
Sublessee :
Management Firm :

State ID : N-003-005
Federal Provider :
Telephone : 9133672655
Fax : 9133670642
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
48		48				

**********CERTIFIED BEDS**********

Area : MH/RF
County : ATCHISON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE HOMESTEAD OF AUBURN
Address : 280 E VALLEY SPRINGS DR
City : AUBURN, KS 66402-
Administrator : KATE CLEMMONS
Bldg Owner : TWIN OAKS HOLDING #3 LLC
Lessee : VALLEY SPRINGS ASSISTED LIVING OPERATIONS
Sublessee :
Management Firm :

State ID : N-089-042
Federal Provider :
Telephone : 7852567100
Fax : 7852567902
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
33		33				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : EMERITUS AT AUGUSTA
Address : 1611 FAIRWAY
City : AUGUSTA, KS 67010-2246
Administrator : RITA ELROD
Bldg Owner : EMERIKEYT FAIRWAYS OF AUGUSTA LLC
Lessee : EMERITUS PROPERTIES XVI, INC.
Sublessee :
Management Firm :

State ID : N-008-008
Federal Provider :
Telephone : 3167751000
Fax : 3167756309
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	56		36	20			

**********CERTIFIED BEDS**********

Area : MH/RF
County : BUTLER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : LAKEPOINT NURSING CENTER
Address : 901 LAKEPOINT DR
City : AUGUSTA, KS 67010-
Administrator : TRACI J HAYDEN
Bldg Owner : CITY OF AUGUSTA
Lessee : LAKEPOINT AUGUSTA LLC
Sublessee :
Management Firm :

State ID : N-008-005
Federal Provider : 175424
Telephone : 3167756333
Fax : 3167756330
GA06 100047
HA08 100074

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	140	100	40				

**********CERTIFIED BEDS**********

Area : SE
County : BUTLER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	100		

Name : VINTAGE PARK AT BALDWIN CITY LLC
Address : 321 CRIMSON AVE
City : BALDWIN, KS 66006-4011
Administrator : SUE BROWN
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT BALDWIN CITY LLC
Sublessee :
Management Firm :

State ID : N-023-018
Federal Provider :
Telephone : 7855944255
Fax : 7855942280
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	47		47				

**********CERTIFIED BEDS**********

Area : MH/RF
County : DOUGLAS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE AUTUMN PLACE
Address : 120 AARON LANE
City : BAXTER SPRINGS, KS 66713-1200
Administrator : SHERRI ZINN
Bldg Owner : AUTUMN PLACE OF BAXTER SPRINGS LLC
Lessee : AUTUMN HOME CARE FACILITIES INC
Sublessee :
Management Firm :

State ID : N-011-008
Federal Provider :
Telephone : 6208563999
Fax : 6208562488
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	37			37			

**********CERTIFIED BEDS**********

Area : MH/RF
County : CHEROKEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CATHOLIC CARE CENTER
Address : 6700 E 45TH ST N
City : BELAIRE, KS 67226-9970
Administrator : KAREN E STURCHIO
Bldg Owner : SEDGWICK COUNTY
Lessee : CATHOLIC CARE CENTER INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-087-001
Federal Provider : 175410
Telephone : 3167442020
Fax : 3167442182
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	298	178	80	40			

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	178		

Name : COUNTRY PLACE SENIOR LIVING OF BELLEVILLE
Address : 530 23RD STREET
City : BELLEVILLE, KS 66935-
Administrator : JANET JONES
Bldg Owner : REPUBLIC COUNTY
Lessee : REPUBLIC COUNTY ASSISTED LIVING LLC
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-079-003
Federal Provider :
Telephone : 7855275300
Fax : 7855275303
GD06 100064
HA08 100074
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : REPUBLIC

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : HILLTOP LODGE NURSING HOME
Address : 815 N INDEPENDENCE AVE
City : BELOIT, KS 67420-1639
Administrator : JOSEPH L FUENTEZ
Bldg Owner : HILLTOP LODGE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-062-001
Federal Provider : 175348
Telephone : 7857383516
Fax : 7857382332
GA04 100045

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
130	100	30				

**********CERTIFIED BEDS**********

Area : NC
County : MITCHELL

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	100		

Name : HILL TOP HOUSE
Address : 505 W ELM PO BOX 248
City : BUCKLIN, KS 67834-248
Administrator : JUDITH K. KREGAR
Bldg Owner : BUCKLIN HOSPITAL DISTRICT
Lessee :
Sublessee :
Management Firm :

State ID : N-029-004
Federal Provider : 175500
Telephone : 6208263202
Fax : 6208263591
GC06 100055

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
39	32	7				

**********CERTIFIED BEDS**********

Area : W
County : FORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	32		

Name : BUHLER SUNSHINE HOME
Address : 400 S BUHLER RD
City : BUHLER, KS 67522-
Administrator : KEITH R. PANKRATZ
Bldg Owner : CITY OF BUHLER
Lessee : BUHLER SUNSHINE HOME INC
Sublessee :
Management Firm :

State ID : N-078-009
Federal Provider : 175404
Telephone : 6205432251
Fax : 6205432328
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
87	55	32				

**********CERTIFIED BEDS**********

Area : SC
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	55		

Name : THE MEADOWS
Address : 1201 MARTINDALE ST
City : BURLINGTON, KS 66839-2400
Administrator : ALBERTA ANDRICK
Bldg Owner : COFFEY HEALTH SYSTEM
Lessee :
Sublessee :
Management Firm :

State ID : N-016-003
Federal Provider :
Telephone : 6203648861
Fax : 6203645504
GA06 100047

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
34		34				

**********CERTIFIED BEDS**********

Area : MH/RF
County : COFFEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GUEST HOME ESTATES
Address : 400 S MCGEE
City : CANEY, KS 67333-2157
Administrator : ROBIN RUSH
Bldg Owner : STALWART ENTERPRISES LLC
Lessee : LIGHTNING CREEK INVESTMENT GROUP INC
Sublessee :
Management Firm :

State ID : N-063-013
Federal Provider :
Telephone : 6208795199
Fax : 6208795291
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
34			34			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MONTGOMERY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GUEST HOME ESTATES II
Address : 1202 S PLUMMER
City : CHANUTE, KS 66720-
Administrator : SHELLEY RAE GROMER
Bldg Owner : WIND ROW PROPERTIES LLC
Lessee : LIGHTNING CREEK INVESTMENT GROUP INC
Sublessee :
Management Firm :

State ID : N-067-009
Federal Provider :
Telephone : 6204319509
Fax : 6204310471
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
34			34			

**********CERTIFIED BEDS**********

Area : MH/RF
County : NEOSHO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GUEST HOME ESTATES III
Address : 7440 220TH RD
City : CHANUTE, KS 66720-
Administrator : MANDY HILLMON
Bldg Owner : LIGHTNING CREEK INVESTMENT GROUP INC
Lessee :
Sublessee :
Management Firm :

State ID : N-067-008
Federal Provider :
Telephone : 6204317115
Fax : 6204310402
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	25			25			

**********CERTIFIED BEDS**********

Area : MH/RF
County : NEOSHO

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CLAY CENTER PRESBYTERIAN MANOR
Address : 924 EIGHTH ST
City : CLAY CENTER, KS 67432-2620
Administrator : MICHAEL DEROUSSEAU
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-014-001
Federal Provider : 175310
Telephone : 7856325646
Fax : 7856325874
GA05 100046
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	56	30		26			

**********CERTIFIED BEDS**********

Area : NC
County : CLAY

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	30		

Name : COUNTRY PLACE SENIOR LIVING OF CLAY CENT
Address : 722 LIBERTY STREET
City : CLAY CENTER, KS 67432-
Administrator : RAY FRIGON
Bldg Owner : CLAY COUNTY ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-014-005
Federal Provider :
Telephone : 7856325052
Fax : 7856325175
GA08 100049
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : CLAY

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MEDICALODGES CLAY CENTER
Address : 715 LIBERTY PO BOX 517
City : CLAY CENTER, KS 67432-517
Administrator : FAE A. MANN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-014-004
Federal Provider : 175351
Telephone : 7856325696
Fax : 7856322855
GA04 100045

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	70	51		19			

**********CERTIFIED BEDS**********

Area : NC
County : CLAY

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	51		

Name : CLEARWATER VILLAGE
Address : 440 N FOURTH
City : CLEARWATER, KS 67026-
Administrator : NOREEN STONEHOCKER
Bldg Owner : HACIENDA CARE XV LP
Lessee : PINNACLE HEALTH FACILITIES XXXII LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT GR

State ID : N-087-053
Federal Provider :
Telephone : 6205844183
Fax : 6205844575
GA02 100043
HA02 100068
JA02 100084

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	40		40				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ASBURY VILLAGE
Address : 3800 ASBURY DR
City : COFFEYVILLE, KS 67337-337
Administrator : RICHARD PATTERSON
Bldg Owner : CONVENANT HOUSING CORPORATION
Lessee :
Sublessee :
Management Firm : LEGEND SENIOR LIVING LLC

State ID : N-063-012
Federal Provider :
Telephone : 6202516270
Fax : 6202514770
GA05 100046
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	32			32			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MONTGOMERY

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ASSISTED LIVING AT WINDSOR PLACE
Address : 2904 W 8TH
City : COFFEYVILLE, KS 67337-
Administrator : SONIA LARIMORE
Bldg Owner : CITY OF COFFEYVILLE
Lessee : ASSISTED LIVING AT WINDSOR PLACE LLC
Sublessee :
Management Firm :

State ID : N-063-016
Federal Provider :
Telephone : 6202510214
Fax : 6202515345
GA06 100047
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	36		36				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
MONTGOMERY		ONLY	SNF/NF	ONLY	

Name : ASSISTED LIVING AT WINDSOR PLACE LLC
Address : 106 TYLER
City : COFFEYVILLE, KS 67337-2441
Administrator : MONTE COFFMAN
Bldg Owner : MEDICALODGES INC
Lessee : HEALTH MANAGEMENT OF KANSAS INC
Sublessee :
Management Firm :

State ID : N-063-015
Federal Provider :
Telephone : 6202510214
Fax : 6202515345
GA04 100045
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	20		20				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
MONTGOMERY		ONLY	SNF/NF	ONLY	

Name : FAIRVIEW ESTATES RETIREMENT COMMUNITY,
Address : 1630 SEWELL AVENUE
City : COLBY, KS 67701-
Administrator : GARY L STEWART
Bldg Owner : FAIRVIEW ESTATES RETIREMENT COMMUNITY, IN
Lessee :
Sublessee :
Management Firm :

State ID : N-097-003
Federal Provider :
Telephone : 7854622154
Fax : 7854622154
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34		34				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
THOMAS		ONLY	SNF/NF	ONLY	

Name : PIONEER LODGE
Address : 300 W 3RD PO BOX 487
City : COLDWATER, KS 67029-487
Administrator : DIANA THOMPSON
Bldg Owner : PIONEER COMMUNITY CARE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-017-001
Federal Provider : 17E580
Telephone : 6205822123
Fax : 6205822461
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34	25		9			

**********CERTIFIED BEDS**********

Area	W	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
COMANCHE		ONLY	SNF/NF	ONLY	
				25	

Name : MEDICALODGES COLUMBUS
Address : 101 LEE AVE PO BOX 351
City : COLUMBUS, KS 66725-351
Administrator : TRAVIS MCBRIDE
Bldg Owner : ML-RE COLUMBUS LLC
Lessee : MEDICALODGES INC
Sublessee :
Management Firm :

State ID : N-011-003
Federal Provider : 175264
Telephone : 6204292134
Fax : 6204298956
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	67	45		22			

**********CERTIFIED BEDS**********

Area	SE	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
CHEROKEE		ONLY	SNF/NF	ONLY	
			45		

Name : THE AUTUMN PLACE
Address : 311 S EAST AVE
City : COLUMBUS, KS 66725-2181
Administrator : CONNIE BENNETT
Bldg Owner : AUTUMN PLACE OF COLUMBUS LLC
Lessee : AUTUMN HOME CARE FACILITIES INC
Sublessee :
Management Firm :

State ID : N-011-007
Federal Provider :
Telephone : 6204291011
Fax : 6204291389
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	45			45			

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID
County		SNF	MEDICAID	NF	IMR
CHEROKEE		ONLY	SNF/NF	ONLY	

Name : THE AUTUMN PLACE MEMORY CARE UNIT
Address : 315 S EAST AVE
City : COLUMBUS, KS 66725-
Administrator : CHRISTINA MCDOWELL
Bldg Owner : AUTUMN PLACE OF COLUMBUS LLC
Lessee : AUTUMN HOME CARE FACILITIES INC
Sublessee :
Management Firm :

State ID : N-011-011
Federal Provider :
Telephone : 6204292212
Fax : 6204292312
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	32			32			

**********CERTIFIED BEDS**********

Area : MH/RF
County : CHEROKEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MARQUIS PLACE
Address : 205 W 21ST ST
City : CONCORDIA, KS 66901-
Administrator : SONIA DERUSSEAU
Bldg Owner : CITY OF CONCORDIA
Lessee : MARQUIS PLACE OF CONCORDIA LLC
Sublessee :
Management Firm :

State ID : N-015-008
Federal Provider :
Telephone : 7852432255
Fax : 7852432409
GA06 100047
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	42		42				

**********CERTIFIED BEDS**********

Area : MH/RF
County : CLOUD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MOUNT JOSEPH SENIOR VILLAGE LLC
Address : 1110 W 11TH
City : CONCORDIA, KS 66901-9203
Administrator : JANET CHAPMAN
Bldg Owner : MT JOSEPH SENIOR VILLAGE LLC
Lessee :
Sublessee :
Management Firm : FOUNDATION PROPERTIES CORPORATION

State ID : N-015-003
Federal Provider : 175420
Telephone : 7852431347
Fax : 7852431907
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	84	60		24			

**********CERTIFIED BEDS**********

Area : NC
County : CLOUD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : SUNSET HOME INC
Address : 620 2ND AVE
City : CONCORDIA, KS 66901-2727
Administrator : LAURENCE BLOCHLINGER
Bldg Owner : SUNSET HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-015-006
Federal Provider : 175422
Telephone : 7852432720
Fax : 7852431576
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	93	45	15	33			

**********CERTIFIED BEDS**********

Area : NC
County : CLOUD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : COUNCIL GROVE ASSISTED LIVING
Address : 554 COUNTRY LANE
City : COUNCIL GROVE, KS 66846
Administrator : ROSARAH ZIRKEL
Bldg Owner : COUNCIL GROVE ASSISTED LIVING LLC
Lessee : CGAL MANAGEMENT LLC
Sublessee :
Management Firm :

State ID : N-064-002
Federal Provider :
Telephone : 6207675600
Fax : 6207676552
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	30		30				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MORRIS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : HILLSIDE VILLAGE OF DESOTO
Address : 33600 W 85TH ST
City : DE SOTO, KS 66018-8118
Administrator : PAMELA J. HALL
Bldg Owner : HILLSIDE VILLAGE REAL ESTATE LLC
Lessee : HILLSIDE VILLAGE LLC
Sublessee :
Management Firm :

State ID : N-046-064
Federal Provider : 175472
Telephone : 9135831260
Fax : 9135851225
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	95	49	46				

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	49		

Name	AVITA SENIOR LIVING AT DERBY	State ID	N-087-066	*LICENSED BEDS**********LIMITED**									
Address	719 N KLEIN CIRCLE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DERBY, KS 67037-	Telephone	3162604447	35		35							
Administrator	ALBERT COCCETELLA	Fax	3164404093	**********CERTIFIED BEDS**********									
Bldg Owner	DAL DEVELOPMENT LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	DERBY ASSISTED LIVING LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	AXIOM HEALTHCARE MANAGEMENT LLC	OTHER	100090										

Name	GLEN CARR HOUSE #1	State ID	N-087-073	*LICENSED BEDS**********LIMITED**									
Address	1433 N HAMILTON DR	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DERBY, KS 67037	Telephone	3167889999	14			14						
Administrator	JANICE BALDRIDGE	Fax		**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF DERBY	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	OXFORD DERBY MEMORY CARE LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	OXFORD MANAGEMENT GROUP LLC	OTHER	100090										

Name	GLEN CARR HOUSE #2	State ID	N-087-078	*LICENSED BEDS**********LIMITED**									
Address	1435 N HAMILTON DR	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DERBY, KS 67037	Telephone	3167889999	14			14						
Administrator	JANICE BALDRIDGE	Fax	3167881476	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF DERBY	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	OXFORD DERBY MEMORY CARE LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	OXFORD MANAGEMENT GROUP LLC	OTHER	100090										

Name	STERLING HOUSE OF DERBY	State ID	N-087-038	*LICENSED BEDS**********LIMITED**									
Address	1709 E WALNUT GROVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DERBY, KS 67037-3528	Telephone	3167886100	34		34							
Administrator	CHRISTIE UNDERWOOD	Fax	3167881239	**********CERTIFIED BEDS**********									
Bldg Owner	JER/NHP SENIOR LIVING KANSAS INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	ASSISTED LIVING PROPERTIES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	BROOKDALE SENIOR LIVING COMMUNITIES, INC.	JA04	100086										

Name	VINTAGE PLACE OF DERBY	State ID	N-087-036	*LICENSED BEDS**********LIMITED**									
Address	1701 E WALNUT GROVE RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DERBY, KS 67037-3527	Telephone	3167889600	36		36							
Administrator	STEPHANIE WEINMANN	Fax	3167888963	**********CERTIFIED BEDS**********									
Bldg Owner	VINTAGE PLACE OF EL DORADO INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	VINTAGE GROUP INC	JA04	100086										

Name	DIAMOND VIEW ESTATES	State ID	N-051-001	*LICENSED BEDS**********LIMITED**									
Address	775 E. DIAMOND VIEW DRIVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	DIGHTON, KS 67839	Telephone	6203975111	20		20							
Administrator	MELANIE BAALMAN	Fax	6203975119	**********CERTIFIED BEDS**********									
Bldg Owner	LANE COUNTY SENIOR LIVING FOUNDATION	GA05	100046	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				LANE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	MANOR OF THE PLAINS	State ID	N-029-005	*LICENSED BEDS*********LIMITED**								ATTACHED
Address	200 CAMPUS DR	Federal Provider	175306	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	DODGE CITY, KS 67801-2706	Telephone	6202251928	70	50	20						
Administrator	TAMMY LAMPE	Fax	6202253982	**********CERTIFIED BEDS**********								
Bldg Owner	CITY OF WICHITA	GA06	100047	Area	W	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee	PRESBYTERIAN MANORS INC	HA05	100071	County		SNF	MEDICAID	NF	IMR			
Sublessee				FORD		ONLY	SNF/NF	ONLY				
Management Firm	PRESBYTERIAN MANORS OF MID-AMERICA INC	JA05	100087				50					

Name	STERLING HOUSE OF DODGE CITY	State ID	N-029-007	*LICENSED BEDS*********LIMITED**								
Address	2400 N 14TH AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	DODGE CITY, KS 67801-2313	Telephone	6202257555	45		45						
Administrator	LARRY GABEL	Fax	6202256714	**********CERTIFIED BEDS**********								
Bldg Owner	CITY OF DODGE CITY	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee	LTC PROPERTIES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR			
Sublessee	BROOKDALE SENIOR LIVING COMMUNITIES INC	IA04	100078	FORD		ONLY	SNF/NF	ONLY				
Management Firm												

Name	TRINITY MANOR	State ID	N-029-001	*LICENSED BEDS*********LIMITED**								ATTACHED
Address	510 W FRONTVIEW ST	Federal Provider	175377	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	DODGE CITY, KS 67801-2213	Telephone	6202278133	72	59		13					
Administrator	JEANNE SCHINSTOCK	Fax	6202258630	**********CERTIFIED BEDS**********								
Bldg Owner	CITY OF DODGE CITY	GA06	100047	Area	W	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee	METHODIST HOSPITAL ASSOCIATION INC	HA05	100071	County		SNF	MEDICAID	NF	IMR			
Sublessee				FORD		ONLY	SNF/NF	ONLY				
Management Firm	FRONTIER MANAGEMENT INC DBA FRONTLINE MC	JA04	100086				59					

Name	LAKEPOINT NURSING & REHAB CENTER OF EL D	State ID	N-008-002	*LICENSED BEDS*********LIMITED**								ATTACHED
Address	1313 S HIGH ST	Federal Provider	175124	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	EL DORADO, KS 67042-3751	Telephone	3163214140	121	85	36						
Administrator	VANESSA M UNDERWOOD	Fax	3163217690	**********CERTIFIED BEDS**********								
Bldg Owner	BUTLER COUNTY	GA06	100047	Area	SE	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee	LAKEPOINT ELDORADO LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR			
Sublessee				BUTLER		ONLY	SNF/NF	ONLY				
Management Firm							85					

Name	VINTAGE PLACE OF ELDORADO	State ID	N-008-009	*LICENSED BEDS*********LIMITED**								
Address	1650 EAST 12TH AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	EL DORADO, KS 67042-	Telephone	3163217777	48			48					
Administrator	TAMARA STEPHENS	Fax	3163216115	**********CERTIFIED BEDS**********								
Bldg Owner	VINTAGE PLACE OF EL DORADO INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee				County		SNF	MEDICAID	NF	IMR			
Sublessee				BUTLER		ONLY	SNF/NF	ONLY				
Management Firm	VINTAGE GROUP INC	JA04	100086									

Name	MORTON COUNTY HEALTH SYSTEM ASSISTED L	State ID	N-065-002	*LICENSED BEDS*********LIMITED**								
Address	500 4TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	ELKHART, KS 67950-937	Telephone	6206975649	23		23						
Administrator	LORI RODRIGUEZ	Fax	6206975646	**********CERTIFIED BEDS**********								
Bldg Owner	MORTON COUNTY	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID			
Lessee				County		SNF	MEDICAID	NF	IMR			
Sublessee				MORTON		ONLY	SNF/NF	ONLY				
Management Firm												

Name	GOOD SAMARITAN SOCIETY - ELLIS	State ID	N-026-002	*LICENSED BEDS*********LIMITED**								ATTACHED	
Address	1101 SPRUCE ST	Federal Provider	175328	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	ELLIS, KS 67637-1799	Telephone	7857263101	57	45	-	12	0	0	0	0		
Administrator	JOSE GILLESPIE	Fax	7857264029										
Bldg Owner	THE EV LUTHERAN GOOD SAMARITAN SOCIETY	GA05	100046	**********CERTIFIED BEDS**********									
Lessee				Area	W	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				ELLIS			45		0				

Name	GOOD SAMARITAN SOCIETY- ELLSWORTH VILLA	State ID	N-027-001	*LICENSED BEDS*********LIMITED**								ATTACHED	
Address	1156 HIGHWAY 14	Federal Provider	175231	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	ELLSWORTH, KS 67439	Telephone	7854723167	74	58	16							
Administrator	BEN ANDERSON	Fax	7854725423										
Bldg Owner	THE EV LUTHERAN GOOD SAMARITAN SOCIETY	GA05	100046	**********CERTIFIED BEDS**********									
Lessee				Area	NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				ELLSWORTH			58						

Name	EMPORIA PRESBYTERIAN MANOR	State ID	N-056-006	*LICENSED BEDS*********LIMITED**								ATTACHED	
Address	2300 INDUSTRIAL RD	Federal Provider	175304	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	EMPORIA, KS 66801-6636	Telephone	6203432613	90	60	30							
Administrator	ROGER CLOSSON	Fax	6203439195										
Bldg Owner	CITY OF WICHITA	GA06	100047	**********CERTIFIED BEDS**********									
Lessee	PRESBYTERIAN MANORS INC	HA05	100071	Area	SE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm	PRESBYTERIAN MANORS OF MID-AMERICA INC	JA05	100087	LYON			60						

Name	STERLING HOUSE OF EMPORIA	State ID	N-056-012	*LICENSED BEDS*********LIMITED**									
Address	1200 W 12TH AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	EMPORIA, KS 66801-2557	Telephone	6203421000	34		34							
Administrator	DONNA MAYER	Fax	6203422762										
Bldg Owner	BKD KANSAS PROPERTIES LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	BROOKDALE SENIOR LIVING COMMUNITIES INC.	HA04	100070	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				LYON									

Name	GUEST HOME ESTATES VIII	State ID	N-067-001	*LICENSED BEDS*********LIMITED**									
Address	114 E MARSHALL	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	ERIE, KS 66733-1128	Telephone	6202445301	34			34						
Administrator	MARGARET E MOYER	Fax	6202445482										
Bldg Owner	GUEST HOME ESTATES OF ERIE LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	LIGHTNING CREEK INVESTMENT GROUP INC	HA04	100070	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				NEOSHO									

Name	VINTAGE PARK AT EUREKA LLC	State ID	N-037-005	*LICENSED BEDS*********LIMITED**									
Address	1820 E RIVER ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	EUREKA, KS 67045-2156	Telephone	6205837473	46		46							
Administrator	MIKALA SMITH	Fax	6205837574										
Bldg Owner	SHG RESOURCES LP	GA02	100043	**********CERTIFIED BEDS**********									
Lessee	VINTAGE PARK AT EUREKA LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				GREENWOOD									

Name	FORT SCOTT PRESBYTERIAN VILLAGE	State ID		N-006-005	*LICENSED BEDS*********LIMITED**								
Address	2401 S HORTON ST	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	FORT SCOTT, KS 66701-3196	Telephone		6202235550	63		63						
Administrator	GINGER DIERKSEN	Fax		6202237800	***********CERTIFIED BEDS**********								
Bldg Owner	CITY OF WICHITA	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	PRESBYTERIAN MANORS INC	HA05	100071	County		SNF	MEDICAID	NF	IMR				
Sublessee				BOURBON		ONLY	SNF/NF	ONLY					
Management Firm	PRESBYTERIAN MANORS OF MID-AMERICA INC	JA05	100087										

Name	GUEST HOME ESTATES VI	State ID		N-006-001	*LICENSED BEDS*********LIMITED**								
Address	737 HEYLMAN ST	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	FORT SCOTT, KS 66701-2421	Telephone		6202231620	42			42					
Administrator	CYNTHIA L. LIPE	Fax		(620223-0942	***********CERTIFIED BEDS**********								
Bldg Owner	GUEST HOME ESTATES OF FORT SCOTT LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				BOURBON		ONLY	SNF/NF	ONLY					
Management Firm													

Name	VINTAGE PARK AT FREDONIA LLC	State ID		N-103-004	*LICENSED BEDS*********LIMITED**								
Address	2111 E WASHINGTON	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	FREDONIA, KS 66736-1759	Telephone		6203782329	30		30						
Administrator	LAURA FINDLEY	Fax		6203782792	***********CERTIFIED BEDS**********								
Bldg Owner	SHG RESOURCES LP	GA02	100043	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	VINTAGE PARK AT FREDONIA LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				WILSON		ONLY	SNF/NF	ONLY					
Management Firm													

Name	OAKVIEW ESTATES	State ID		N-019-014	*LICENSED BEDS*********LIMITED**								
Address	316 WICKWARE DR	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	FRONTENAC, KS 66763-2202	Telephone		6202323555	40			40					
Administrator	DESIREE HUMBLE	Fax		6202323381	***********CERTIFIED BEDS**********								
Bldg Owner	JLMS PROPERTIES LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				CRAWFORD		ONLY	SNF/NF	ONLY					
Management Firm													

Name	THE HOMESTEAD OF GARDEN CITY	State ID		N-028-003	*LICENSED BEDS*********LIMITED**								
Address	2414 N HENDERSON DR	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	GARDEN CITY, KS 67846-	Telephone		6202729800	45		45						
Administrator	TIMOTHY D WHITE	Fax		6202720555	***********CERTIFIED BEDS**********								
Bldg Owner	MIDWEST HOMESTEAD OF GARDEN CITY LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	MIDWEST HOMESTEAD OF GARDEN CITY OPERAT	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				FINNEY		ONLY	SNF/NF	ONLY					
Management Firm													

Name	VINTAGE PARK AT GARDNER LLC	State ID		N-046-055	*LICENSED BEDS*********LIMITED**								
Address	869 JUNIPER TERR	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	GARDNER, KS 66030-	Telephone		9138567643	46		46						
Administrator	DEE KUDRNA	Fax		9138844582	***********CERTIFIED BEDS**********								
Bldg Owner	SHG RESOURCES LP	GA02	100043	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	VINTAGE PARK AT GARDNER LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				JOHNSON		ONLY	SNF/NF	ONLY					
Management Firm													

Name : GUEST HOME ESTATES VII
Address : 806 WEST 4TH
City : GARNETT, KS 66032-2415
Administrator : ELLEN HONN
Bldg Owner : GEM ASSOCIATES LLC
Lessee : LIGHTNING CREEK INVESTMENT GROUP INC
Sublessee :
Management Firm :

State ID : N-002-001
Federal Provider :
Telephone : 7854486884
Fax : 7854483377
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	30			30			

**********CERTIFIED BEDS**********

Area : MH/RF
County : ANDERSON

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : WESTRIDGE
Address : 950 W ST JOHN ST
City : GIRARD, KS 66743-
Administrator : KATHRYN NELSON
Bldg Owner : THE CRAWFORD CO ASSISTED LIVING COMM INC
Lessee :
Sublessee :
Management Firm :

State ID : N-019-011
Federal Provider :
Telephone : 6207246760
Fax : 6207246766
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	24		24				

**********CERTIFIED BEDS**********

Area : MH/RF
County : CRAWFORD

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MEDICALODGES GODDARD
Address : 501 EASY ST
City : GODDARD, KS 67052-9235
Administrator : FRANK P DUNGAN
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-012
Federal Provider : 175294
Telephone : 3167948635
Fax : 3167943476
GA04 100045

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	85	60		25			

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : BETHESDA HOME
Address : 408 E MAIN PO BOX 37
City : GOESSEL, KS 67053-37
Administrator : ERIC SCHRAG
Bldg Owner : MENNONITE BETHESDA SOCIETY INC
Lessee :
Sublessee :
Management Firm :

State ID : N-057-006
Federal Provider : 175403
Telephone : 6203672291
Fax : 6203672294
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	67	57	10				

**********CERTIFIED BEDS**********

Area : NC
County : MARION

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	57		

Name : WHEAT RIDGE ACRES
Address : 707 WHEATRIDGE CIR
City : GOODLAND, KS 67735-2259
Administrator : DONNA SWAGER
Bldg Owner : GOODLAND ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : HERITAGE HEALTHCARE MANAGEMENT INC

State ID : N-091-002
Federal Provider :
Telephone : 7858990100
Fax : 7858990277
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	50		40	10			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHERMAN

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CHERRY VILLAGE
Address : 1401 CHERRY LANE
City : GREAT BEND, KS 67530
Administrator : PAMLA S. LEWIS
Bldg Owner : CHERRY VILLAGE BENEVOLENCE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-005-001
Federal Provider : 175522
Telephone : 6207922165
Fax : 6207936341
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	70	44		26			

**********CERTIFIED BEDS**********

Area : NC
County : BARTON

MEDICARE SNF ONLY	MEDICAREMEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	44		0

Name	RIVER BEND ASSISTED LIVING	State ID	N-005-006	*LICENSED BEDS**********LIMITED**									
Address	3820 BROADWAY	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	GREAT BEND, KS 67530-	Telephone	6207927017	40		40							
Administrator	BRYAN STACEY	Fax	6207927117	**********CERTIFIED BEDS**********									
Bldg Owner	GREAT BEND HOMESTEAD ASSISTED LIVING LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				BARTON		ONLY	SNF/NF	ONLY					
Management Firm	AMERICARE SYSTEMS INC	JA04	100086										

Name	STERLING HOUSE OF GREAT BEND	State ID	N-005-005	*LICENSED BEDS**********LIMITED**									
Address	1206 PATTON RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	GREAT BEND, KS 67530-3118	Telephone	6207927000	43		43							
Administrator	TIA M. HOMEIER-BLEHM	Fax	6207927487	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF GREAT BEND	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	LTC PROPERTIES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee	BROOKDALE SENIOR LIVING COMMUNITIES INC	IA04	100078	BARTON		ONLY	SNF/NF	ONLY					
Management Firm													

Name	CARRIAGE HOUSE OF GREENSBURG	State ID	N-049-003	*LICENSED BEDS**********LIMITED**									
Address	723 S ELM	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	GREENSBURG, KS 67054-	Telephone	6207233400	32		32							
Administrator	GLENDA THOMPSON	Fax	6207233436	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF GREENSBURG	GD06	100064	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	KANSAS ASSISTED LIVING LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				KIOWA		ONLY	SNF/NF	ONLY					
Management Firm													

Name	THE HOMESTEAD OF HALSTEAD	State ID	N-040-008	*LICENSED BEDS**********LIMITED**									
Address	715 W 6TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HALSTEAD, KS 67056-	Telephone	3168302424	35		35							
Administrator	BETTE CREACH	Fax	3168303030	**********CERTIFIED BEDS**********									
Bldg Owner	HOMESTEAD OF HALSTEAD REAL ESTATE LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	HOMESTEAD OF HALSTEAD OPERATIONS LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				HARVEY		ONLY	SNF/NF	ONLY					
Management Firm													

Name	HERITAGE ESTATES ASSISTED LIVING	State ID	N-039-005	*LICENSED BEDS**********LIMITED**									
Address	1212 HICKORY	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HARPER, KS 67058-1455	Telephone	6208962646	18		18							
Administrator	CAROL MCKEE	Fax	6208967127	**********CERTIFIED BEDS**********									
Bldg Owner	HARPER HOSPITAL DISTRICT #5	GC06	100055	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				HARPER		ONLY	SNF/NF	ONLY					
Management Firm													

Name	CEDARVIEW ASSISTED LIVING	State ID	N-026-010	*LICENSED BEDS**********LIMITED**									
Address	2929 STERNBERG DR	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HAYS, KS 67601-	Telephone	7856283200	50		50							
Administrator	TREVA BENOIT	Fax	7856289992	**********CERTIFIED BEDS**********									
Bldg Owner	PLAINS ASSISTED LIVING LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				ELLIS		ONLY	SNF/NF	ONLY					
Management Firm	FF, LLC	OTHER	100090										

Name	STERLING HOUSE OF HAYS	State ID	N-026-008	*LICENSED BEDS**********LIMITED**									
Address	1801 E 27TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HAYS, KS 67601-	Telephone	7856281111	45		45							
Administrator	LISA LEIKER	Fax	7856256757	**********CERTIFIED BEDS**********									
Bldg Owner	AHC PURCHASER INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	BROOKDALE SENIOR LIVING COMMUNITIES INC.	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				ELLIS		ONLY	SNF/NF	ONLY					
Management Firm													

Name	VIA CHRISTI VILLAGE - HAYS INC	State ID	N-026-001	*LICENSED BEDS**********LIMITED**							ATTACHED		
Address	2225 CANTERBURY	Federal Provider	175498	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HAYS, KS 67601-2243	Telephone	7856283241	146	96	50							
Administrator	RENEE DAVISON	Fax	7856283310	**********CERTIFIED BEDS**********									
Bldg Owner	VIA CHRISTI VILLAGE - HAYS INC	GA05	100046	Area	W	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				ELLIS		ONLY	SNF/NF	ONLY					
Management Firm	VIA CHRISTI VILLAGES INC	JA05	100087				96						

Name	HAYSVILLE HEALTHCARE CENTER	State ID	N-087-005	*LICENSED BEDS**********LIMITED**							ATTACHED		
Address	215 N LAMAR AVE	Federal Provider	175133	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HAYSVILLE, KS 67060-1266	Telephone	3165243211	126	119		7						
Administrator	ELAINE MCDANIEL	Fax	3165247470	**********CERTIFIED BEDS**********									
Bldg Owner	SENIORTRUST OF HAYSVILLE LLC	GA08	100049	Area	SC	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	KANSAS HEALTHCARE ADVISORS LLC	OTHER	100090				119						

Name	MEDICALODGES HERINGTON	State ID	N-021-004	*LICENSED BEDS**********LIMITED**							ATTACHED		
Address	2 E ASH ST	Federal Provider	175490	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HERINGTON, KS 67449-1662	Telephone	7852582283	70	45	25							
Administrator	MICHELLE CLORE	Fax	7852583769	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF HERINGTON	GA06	100047	Area	NC	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	MEDICALODGES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				DICKINSON		ONLY	SNF/NF	ONLY					
Management Firm							45						

Name	SCHOWALTER VILLA	State ID	N-040-006	*LICENSED BEDS**********LIMITED**							ATTACHED		
Address	200 W CEDAR PO BOX 5000	Federal Provider	175386	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HESSTON, KS 67062-2095	Telephone	6203270400	145	105	40							
Administrator	JAMES KREHBIEL	Fax	6203274262	**********CERTIFIED BEDS**********									
Bldg Owner	MENNONITE BOARD MISSIONS CHAR OF KS INC	GA05	100046	Area	SC	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				HARVEY		ONLY	SNF/NF	ONLY					
Management Firm							105						

Name	MAPLE HEIGHTS NURSING & REHABILITATION C	State ID	N-007-005	*LICENSED BEDS**********LIMITED**							ATTACHED		
Address	302 E IOWA ST	Federal Provider	175508	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	HIAWATHA, KS 66434-9802	Telephone	7857427465	76	61		15						
Administrator	DENISE WOLNEY	Fax	7857423979	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF HIAWATHA	GA06	100047	Area	NE	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	LAFAYETTE LIFEPLANS OF HIAWATHA INC	HA05	100071	County		SNF	MEDICAID	NF	IMR				
Sublessee				BROWN		ONLY	SNF/NF	ONLY					
Management Firm	ALTACARE CORPORATION	JA04	100086				61						

Name : VINTAGE PARK AT HIAWATHA LLC
Address : 400 KANSAS AVE
City : HIAWATHA, KS 66434-
Administrator : SUSAN D WULZ
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT HIAWATHA LLC
Sublessee :
Management Firm :

State ID : N-007-006
Federal Provider :
Telephone : 7857424566
Fax : 7857424573
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
53		53				

**********CERTIFIED BEDS**********

Area : MH/RF
County : BROWN

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : SEALYE HOUSE
Address : 619 N 4TH AVE
City : HILL CITY, KS 67642-
Administrator : JO MC DERMOTT
Bldg Owner : SEALYE HOUSE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-033-002
Federal Provider :
Telephone : 7854212662
Fax : 7854212198
GA04 100045

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
9		9				

**********CERTIFIED BEDS**********

Area : MH/RF
County : GRAHAM

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : PARKSIDE HOMES
Address : 200 WILLOW RD
City : HILLSBORO, KS 67063-1904
Administrator : GRETCHEN WAGNER
Bldg Owner : CITY OF HILLSBORO
Lessee : PARKSIDE HOMES INC
Sublessee :
Management Firm :

State ID : N-057-004
Federal Provider : 175387
Telephone : 6209472301
Fax : 6209475608
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
122	72	50				

**********CERTIFIED BEDS**********

Area : NC
County : MARION

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	72		

Name : COUNTRY PLACE SENIOR LIVING OF HOISINGTC
Address : 259 W 6TH ST
City : HOISINGTON, KS 67544-2014
Administrator : MALISSIA PFLUGHOEFT
Bldg Owner : BARTON COUNTY ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-005-007
Federal Provider :
Telephone : 6206534121
Fax : 6206532360
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : BARTON

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : VINTAGE PARK AT HOLTON LLC
Address : 410 JUNIPER DR
City : HOLTON, KS 66436-
Administrator : PHYLLIS TWOMBLY
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT HOLTON LLC
Sublessee :
Management Firm :

State ID : N-043-004
Federal Provider :
Telephone : 7853645051
Fax : 7853645010
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
51		51				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JACKSON

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : PLUM CREEK PLAZA
Address : 100 N COUNTY RD
City : HOLYROOD, KS 67450-248
Administrator : BRANDI DEMEL
Bldg Owner : HEARTLAND ASSISTED LIVING CENTER OF HOLYF
Lessee :
Sublessee :
Management Firm :

State ID : N-027-006
Federal Provider :
Telephone : 7852523800
Fax : 7852523899
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
16		16				

**********CERTIFIED BEDS**********

Area : MH/RF
County : ELLSWORTH

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : TRI-COUNTY MANOR LIVING CENTER INC
Address : 1890 EUCLID AVE
City : HORTON, KS 66439-1248
Administrator : MARY BROWN
Bldg Owner : CITY OF HORTON
Lessee : TRI-COUNTY MANOR LIVING CENTER INC
Sublessee :
Management Firm : NEK CENTER FOR HEALTH & WELLNESS INC

State ID : N-007-003
Federal Provider : 17E358
Telephone : 7854862697
Fax : 7854862359
GD06 100064
HA05 100071
JA05 100087

Area : NE
County : BROWN

*LICENSED BEDS**********LIMITED**						ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
66	50		16			

**********CERTIFIED BEDS**********			
MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			50

Name : SHERIDAN COUNTY HOSPITAL LTCU
Address : 826 18TH BOX 167
City : HOXIE, KS 67740-167
Operator : STEVE GRANZOW
Bldg Owner : SHERIDAN COUNTY
Lessee :
Sublessee :
Management Firm :

State ID : H-090-101
Telephone : 7856753281
Fax : 7855673840
GC06 100055

Area : W
County : SHERIDAN

*LICENSED BEDS**********LIMITED**						ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
46	38		8			

Name : ARROWOOD LANE
Address : 615 E FRANKLIN
City : HUMBOLDT, KS 66748-
Administrator : PEGGY STRONG
Bldg Owner : HUMBOLDT ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : DIMENSIONS IN SENIOR LIVING LLC

State ID : N-001-007
Federal Provider :
Telephone : 6204733456
Fax : 6204733803
GA08 100049

Area : MH/RF
County : ALLEN

*LICENSED BEDS**********LIMITED**						
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
26			26			

**********CERTIFIED BEDS**********			
MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : EMERITUS AT ELM GROVE ESTATES
Address : 2416 BRENTWOOD
City : HUTCHINSON, KS 67502
Administrator : ROBIN SAFFLE
Bldg Owner : HCRI KANSAS PROPERTIES LLC
Lessee : EMERITUS CORPORATION
Sublessee :
Management Firm :

State ID : N-078-015
Federal Provider :
Telephone : 6206639195
Fax : 6206636602
GA08 100049
HA04 100070

Area : MH/RF
County : RENO

*LICENSED BEDS**********LIMITED**						
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
226		226				

**********CERTIFIED BEDS**********			
MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GOLDEN YEARS SENIOR CARE HOME
Address : 414 EAST 1ST BOX A
City : HUTCHINSON, KS 67504-1972
Administrator : LELA JENKS
Bldg Owner : LELA MARIE JENKS
Lessee :
Sublessee :
Management Firm :

State ID : N-078-014
Federal Provider :
Telephone : 6206628519
Fax : 6207280150
GA01 100042

Area : MH/RF
County : RENO

*LICENSED BEDS**********LIMITED**						
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
9			9			

**********CERTIFIED BEDS**********			
MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GOOD SAMARITAN SOCIETY - HUTCHINSON VILL
Address : 810 E 30TH AVE
City : HUTCHINSON, KS 67502-4398
Administrator : BRENDA JANDA
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-078-004
Federal Provider : 175260
Telephone : 6206631189
Fax : 6206634549
GA05 100046

Area : SC
County : RENO

*LICENSED BEDS**********LIMITED**						ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
95	79	16				

**********CERTIFIED BEDS**********			
MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			79

Name : RAY E DILLON LIVING CENTER
Address : 1901 E 23RD AVE
City : HUTCHINSON, KS 67502-1107
Administrator : TYLER LAWRENCE
Bldg Owner : PROMISE REGIONAL MEDICAL CENTER - HUTCHIN
Lessee :
Sublessee :
Management Firm : LIVING CENTER INC

State ID : N-078-013
Federal Provider : 175405
Telephone : 6206652170
Fax : 6206631140
GA05 100046
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	96	60	36				

**********CERTIFIED BEDS**********

Area : SC
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : WALDRON PLACE
Address : 1700 E 23RD
City : HUTCHINSON, KS 67502-
Administrator : LISA VALENTINE
Bldg Owner : HUTCHINSON HOMESTEAD ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-078-016
Federal Provider :
Telephone : 6206624114
Fax : 6206629002
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : WESLEY TOWERS INC
Address : 700 MONTEREY PL
City : HUTCHINSON, KS 67502-2248
Administrator : DAWN E. VEH
Bldg Owner : WESLEY TOWERS INC
Lessee :
Sublessee :
Management Firm :

State ID : N-078-010
Federal Provider : 175383
Telephone : 6206639175
Fax : 6206632961
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	160	130	30				

**********CERTIFIED BEDS**********

Area : SC
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	130		

Name : BRADFORD PLACE
Address : 621 S 2ND ST
City : INDEPENDENCE, KS 67301-4311
Administrator : STACI CLUBINE
Bldg Owner : GLENWOOD ESTATE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-063-005
Federal Provider :
Telephone : 6203312260
Fax : 6203317082
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	40			40			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MONTGOMERY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : EAGLE ESTATES INC
Address : 1354 TAYLOR RD
City : INDEPENDENCE, KS 67301-
Administrator : JENNIFER JARNAGIN
Bldg Owner : EAGLE ESTATES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-063-011
Federal Provider :
Telephone : 6203311662
Fax : 6203310720
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	45			45			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MONTGOMERY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE GANSEL HOUSE
Address : 3768 CR 5250
City : INDEPENDENCE, KS 67301
Administrator : WENCIE AGOSTO-TUCKER
Bldg Owner : WAT CORPORATION
Lessee :
Sublessee :
Management Firm :

State ID : N-063-014
Federal Provider :
Telephone : 6203317422
Fax : 6203317161
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	11			11			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MONTGOMERY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : FOUNTAIN VILLA RESIDENTIAL CARE
Address : 2620 N KENTUCKY
City : IOLA, KS 66749
Administrator : JOE MONSOUR
Bldg Owner : FOUNTAIN VILLA INC
Lessee :
Sublessee :
Management Firm :

State ID : N-001-006
Federal Provider :
Telephone : 620/365/6002
Fax : 620/365/3510
GA04 100045

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
18			18			

**********CERTIFIED BEDS**********

Area : MH/RF
County : ALLEN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : IOLA NURSING CENTER
Address : 1336 N WALNUT RD E
City : IOLA, KS 66749-1651
Administrator : WALTER BRAD BAKER
Bldg Owner : GUEST HOME ESTATES OF IOLA LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-001-001
Federal Provider : 17E634
Telephone : 6203656989
Fax : 6203655780
GA08 100049

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
75	44		31			

**********CERTIFIED BEDS**********

Area : SE
County : ALLEN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		44	

Name : TARA GARDENS INC
Address : 1110 E CARPENTER
City : IOLA, KS 66749-
Administrator : PEGGY STRONG
Bldg Owner : TARA GARDENS INC
Lessee :
Sublessee :
Management Firm : DIMENSIONS IN SENIOR LIVING

State ID : N-001-005
Federal Provider :
Telephone : 6203653107
Fax : 6203655267
GA04 100045

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
24			24			

**********CERTIFIED BEDS**********

Area : MH/RF
County : ALLEN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MEMORIAL LIVING CENTER
Address : 102 E. LANE DR.
City : JOHNSON CITY, KS 67855
Administrator : GAYLE LAMB
Bldg Owner : STANTON COUNTY BOARD OF COUNTY COMMISS
Lessee :
Sublessee :
Management Firm :

State ID : N-094-001
Federal Provider :
Telephone : 6204922356
Fax : 6204924241
GA06 100047

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
15		15				

**********CERTIFIED BEDS**********

Area : MH/RF
County : STANTON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : STERLING HOUSE OF JUNCTION CITY
Address : 1022 CAROLINE AVE
City : JUNCTION CITY, KS 66441-5206
Administrator : JOYE ACKER-GFELLER
Bldg Owner : BKD STERLING HOUSE OF JUNCTION CITY
Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC.
Sublessee :
Management Firm :

State ID : N-031-004
Federal Provider :
Telephone : 7857623123
Fax : 7857626222
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
34		34				

**********CERTIFIED BEDS**********

Area : MH/RF
County : GEARY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VALLEY VIEW SENIOR LIFE
Address : 1417 W ASH ST
City : JUNCTION CITY, KS 66441-3332
Administrator : TYRONE DUANE WILKENS
Bldg Owner : VALLEY VIEW MEDICAL INVESTORS LLC
Lessee : VALLEY VIEW SENIOR LIFE LLC
Sublessee :
Management Firm : FOUNDATION PROPERTIES CORPORATION

State ID : N-031-003
Federal Provider : 175126
Telephone : 7857622162
Fax : 7852388410
GA08 100049
HA08 100074
JA04 100086

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
129	103		26			

**********CERTIFIED BEDS**********

Area : NC
County : GEARY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	103		

Name : DELAWARE HIGHLANDS ASSISTED LIVING
Address : 12600 DELAWARE PARKWAY
City : KANSAS CITY, KS 66106-
Administrator : THOMAS A. WALKER
Bldg Owner : DELAWARE HIGHLANDS ASSISTED LIVING LLC
Lessee : DELAWARE HIGHLAND ASSISTED LIVING SERVICE
Sublessee :
Management Firm : NET GIVER LLC

State ID : N-105-014
Federal Provider :
Telephone : 9137211400
Fax : 9134007405
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	133		133				

**********CERTIFIED BEDS**********

Area : MH/RF
County : WYANDOTTE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : KANSAS CITY PRESBYTERIAN MANOR
Address : 7850 FREEMAN AVE
City : KANSAS CITY, KS 66112-2133
Administrator : SHELDON KLASSEN
Bldg Owner : PRESBYTERIAN MANORS INC
Lessee :
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-105-006
Federal Provider : 175298
Telephone : 9133343666
Fax : 9133342904
GA05 100046
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	174	161	13				

**********CERTIFIED BEDS**********

Area : NE
County : WYANDOTTE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	161		

Name : VICTORY HILLS SENIOR LIVING COMMUNITY
Address : 1900 N 70TH
City : KANSAS CITY, KS 66102-
Administrator : MARK O'HARA
Bldg Owner : TI - VICTORY HILLS LLC
Lessee : VICTORY HILLS SENIOR LIVING COMMUNITY LLC
Sublessee :
Management Firm : WALNUT CREEK MANAGEMENT COMPANY LLC

State ID : N-105-015
Federal Provider :
Telephone : 9132991166
Fax : 9132999474
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	60		60				

**********CERTIFIED BEDS**********

Area : MH/RF
County : WYANDOTTE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE WHEATLANDS HEALTH CARE CENTER
Address : 750 W WASHINGTON ST
City : KINGMAN, KS 67068-2000
Administrator : SHARON RINKE
Bldg Owner : CITY OF KINGMAN
Lessee : KINGMAN COUNTY RETIREMENT HOME ASSOCIAT
Sublessee :
Management Firm :

State ID : N-048-003
Federal Provider : 175521
Telephone : 6205325801
Fax : 6205325587
GA06 100047
HA04 100070

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	78	54		24			

**********CERTIFIED BEDS**********

Area : SC
County : KINGMAN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	54		

Name : MEDICALODGES KINSLEY
Address : 620 WINCHESTER AVE
City : KINSLEY, KS 67547-9500
Administrator : MICHAEL R VELDER
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-024-001
Federal Provider : 175275
Telephone : 6206592156
Fax : 6206592043
GA04 100045

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	51	42		9			

**********CERTIFIED BEDS**********

Area : W
County : EDWARDS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : KEARNY COUNTY HOSPITAL LTCU
Address : 607 COURT PL
City : LAKIN, KS 67860-9704
Operator : JOHN LOEBL
Bldg Owner : KEARNY COUNTY HEALTH CARE FOUNDATION
Lessee : KEARNY COUNTY
Sublessee :
Management Firm :

State ID : H-047-101
Telephone : 6203557836
Fax :
GC06 100055
GC06 100055

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	75	40	35				

Area : W
County : KEARNY

Name	TWIN OAKS ASSISTED LIVING	State ID	N-052-007	*LICENSED BEDS*********LIMITED**									
Address	657 EISENHOWER	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LANSING, KS 66043-1913	Telephone	9137276100	32		32							
Administrator	DEBRA EYERLY	Fax	9137271722	**********CERTIFIED BEDS**********									
Bldg Owner	TWIN OAKS ASSISTED LIVING REAL ESTATES LLC	GA04	100045	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	TWIN OAKS ASSISTED LIVING OPERATIONS LLC	HA08	100074	County	LEAVENWORTH								
Sublessee													
Management Firm													

Name	COUNTRY PLACE SENIOR LIVING OF LARNED	State ID	N-073-002	*LICENSED BEDS*********LIMITED**									
Address	714 W 9TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LARNED, KS 67550-2452	Telephone	6202856900	22		22							
Administrator	LAURA SMITH	Fax	6202856907	**********CERTIFIED BEDS**********									
Bldg Owner	LARNED SENIOR LIVING LLC	GA08	100049	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee				County	PAWNEE								
Sublessee													
Management Firm	NEIGHBORHOOD SENIOR LIVING INC	JA04	100086										

Name	LARNED HEALTHCARE CENTER	State ID	N-073-001	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	1114 W 11TH ST	Federal Provider	175235	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LARNED, KS 67550-1941	Telephone	6202856914	99	80		19						
Administrator	CARIE MAE PEREZ	Fax	6202856173	**********CERTIFIED BEDS**********									
Bldg Owner	SENIORTRUST OF LARNED LLC	GA08	100049	Area	W	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee				County	PAWNEE								
Sublessee							80						
Management Firm	KANSAS HEALTHCARE ADVISORS LLC	OTHER	100090										

Name	BRANDON WOODS AT ALVAMAR	State ID	N-023-009	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	1501 INVERNESS DR.	Federal Provider	175277	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LAWRENCE, KS 66047-1825	Telephone	7858388000	184	140	24	20						
Administrator	JERRY B LINDENBAUM	Fax	7853127233	**********CERTIFIED BEDS**********									
Bldg Owner	SNH CHS PROPERTIES TRUST	GA07	100048	Area	NE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	FIVE STAR QUALITY CARE TRUST	HA07	100073	County	DOUGLAS								
Sublessee	FIVE STAR QUALITY CARE - KS LLC	IA08	100082				140						
Management Firm													

Name	LAWRENCE PRESBYTERIAN MANOR	State ID	N-023-005	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	1429 KASOLD DR	Federal Provider	175305	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LAWRENCE, KS 66049-3425	Telephone	7858414262	90	48		42						
Administrator	RHONDA PARKS	Fax	7858410923	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF WICHITA	GA06	100047	Area	NE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	PRESBYTERIAN MANORS INC	HA05	100071	County	DOUGLAS								
Sublessee							48						
Management Firm	PRESBYTERIAN MANORS OF MID-AMERICA INC	JA05	100087										

Name	NEUVANT HOUSE OF LAWRENCE	State ID	N-023-020	*LICENSED BEDS*********LIMITED**									
Address	1216 BILTMORE DRIVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LAWRENCE, KS 66049-	Telephone	7858567900	16		16							
Administrator	MATTHEW STEPHENS	Fax	7858567901	**********CERTIFIED BEDS**********									
Bldg Owner	NEUVANT HOUSE INC	GA04	100045	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee				County	DOUGLAS								
Sublessee													
Management Firm	SENIOR COMMUNITY SOLUTIONS	JA03	100085										

Name	PIONEER RIDGE RETIREMENT COMMUNITY	State ID	N-023-019	*LICENSED BEDS*********LIMITED**								ATTACHED	
Address	4851 HARVARD RD	Federal Provider	175445	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LAWRENCE, KS 66049-3964	Telephone	7857492000	146	76	70							
Administrator	STEVE CARDWELL	Fax	7853441199										
Bldg Owner	PIONEER RIDGE LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	PIONEER RIDGE NURSING FACILITY OPERATIONS	HA08	100074	Area	NE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				DOUGLAS			76						

Name	THE WINDSOR OF LAWRENCE	State ID	N-023-017	*LICENSED BEDS*********LIMITED**									
Address	3220 PETERSON RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LAWRENCE, KS 66049-1942	Telephone	7858329900	44		44							
Administrator	BRANDON ZIPH	Fax	7858329167										
Bldg Owner	3220 PETERSON RD LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	PETERSON ALF LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm	LEGEND SENIOR LIVING LLC	OTHER	100090	DOUGLAS									

Name	THE HOMESTEAD OF LEAVENWORTH	State ID	N-052-006	*LICENSED BEDS*********LIMITED**									
Address	5150 HUGHES RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LEAVENWORTH, KS 66048-5022	Telephone	9137279600	46		46							
Administrator	VICKY WALKER	Fax	9137279604										
Bldg Owner	MIDWEST HOMESTEAD OF LEAVENWORTH LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	MIDWEST HOMESTEAD OF LEAVENWORTH OPER/	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm				LEAVENWORTH									

Name	CLARE BRIDGE OF LEAWOOD	State ID	N-046-052	*LICENSED BEDS*********LIMITED**									
Address	12724 STATELINE ROAD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LEAWOOD, KS 66209-	Telephone	9133458808	38			38						
Administrator	ANDREA SCHROETKE	Fax	9133458858										
Bldg Owner	PSLT ALS PROPERTIES III LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	ALS PROPERTIES TENANT I LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee	BROOKDALE SENIOR LIVING COMMUNITIES INC	IA04	100078	County									
Management Firm				JOHNSON									

Name	GRACE GARDENS OF LEAWOOD ASSISTED LIVIN	State ID	N-046-065	*LICENSED BEDS*********LIMITED**									
Address	5201 W 143RD ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LEAWOOD, KS 66224-	Telephone	9136854800	87		60	27						
Administrator	KATHY WILCOX	Fax	9136851153										
Bldg Owner	GRACE GARDENS ALF OF LEAWOOD INC	GA04	100045	**********CERTIFIED BEDS**********									
Lessee				Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm	SUPERIOR SENIOR LIVING INC	JA04	100086	JOHNSON									

Name	SUNRISE ASSISTED LIVING OF LEAWOOD	State ID	N-046-072	*LICENSED BEDS*********LIMITED**									
Address	11661 GRANADA AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LEAWOOD, KS 66211-	Telephone	9139060200	99		61	38						
Administrator	STACEY TRUNECEK	Fax	9139060201										
Bldg Owner	SZR LEAWOOD LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	MS LEAWOOD SH LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County									
Management Firm	SUNRISE SENIOR LIVING MANAGEMENT INC	JA04	100086	JOHNSON									

Name : THE HOMESTEAD OF LEAWOOD
Address : 12720 STATELINE RD
City : LEAWOOD, KS 66209-1619
Administrator : BRANDON DUNKLAU
Bldg Owner : MIDWEST HOMESTEAD OF LEAWOOD LLC
Lessee : MIDWEST HOMESTEAD OF LEAWOOD OPERATION
Sublessee :
Management Firm :

State ID : N-046-039 GA08 100049
Federal Provider :
Telephone : 9136633351 HA08 100074
Fax : 9136632357

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GARDEN VILLAS OF LENEXA
Address : 9705 MONROVIA ST
City : LENEXA, KS 66215-1564
Administrator : JENNIFER DROZDA
Bldg Owner : DELMAR GARDENS OF LENEXA INC
Lessee :
Sublessee :
Management Firm : DELMAR GARDENS MANAGEMENT SERVICES INC

State ID : N-046-078 GA04 100045
Federal Provider :
Telephone : 9134921133 JA04 100086
Fax : 9134921427

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : LAKEVIEW VILLAGE
Address : 13840 W 91ST TERR
City : LENEXA, KS 66215-3374
Administrator : JANICE K PEARSON
Bldg Owner : CITY OF LENEXA
Lessee : LAKEVIEW VILLAGE INC
Sublessee :
Management Firm :

State ID : N-046-007 GA06 100047
Federal Provider : 175242 HA05 100071
Telephone : 9138881900
Fax :

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	198	172	26				

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF 172	MEDICAID NF ONLY	MEDICAID IMR

Name : SUNRISE ASSISTED LIVING OF LENEXA
Address : 15055 W 87TH ST PARKWAY
City : LENEXA, KS 66215-
Administrator : PATTI YOUNG
Bldg Owner : CLPSUN III LENEXA SENIOR LIVING LLC
Lessee : CLPSUN III TENANT LP
Sublessee :
Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC

State ID : N-046-071 GA08 100049
Federal Provider :
Telephone : 9133070665 HA02 100068
Fax : 9133070673 JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	101		63	38			

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE HOMESTEAD OF LENEXA
Address : 8740 CAENEN LAKE RD
City : LENEXA, KS 66215-
Administrator : DEBORAH HATLESTAD
Bldg Owner : MIDWEST HOMESTEAD OF LENEXA LLC
Lessee : MIDWEST HOMESTEAD OF LENEXA OPERATIONS
Sublessee :
Management Firm :

State ID : N-046-043 GA08 100049
Federal Provider :
Telephone : 9138940014 HA08 100074
Fax : 9133458858

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT LENEXA LLC
Address : 8710 CAENEN LAKE RD
City : LENEXA, KS 66215-2069
Administrator : JAYNE HEILMAN
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT LENEXA LLC
Sublessee :
Management Firm :

State ID : N-046-037 GA02 100043
Federal Provider :
Telephone : 9138946979 HA08 100074
Fax : 9138940901

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : EMERITUS AT LIBERAL SPRINGS
Address : 1500 N TERRACE
City : LIBERAL, KS 67901-
Administrator : SUSAN INGLAND
Bldg Owner : EMERIKEYT LIBERAL SPRINGS LLC
Lessee : EMERITUS PROPERTIES XVI, INC
Sublessee :
Management Firm :

State ID : N-088-003
Federal Provider :
Telephone : 6206248000
Fax : 6206249513
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
56		56				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEWARD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : LINCOLN PARK MANOR INC
Address : 922 N 5TH ST PO BOX 466
City : LINCOLN, KS 67455-466
Administrator : CHRISTEN ROBINSON
Bldg Owner : LINCOLN COUNTY
Lessee : LINCOLN PARK MANOR INC
Sublessee :
Management Firm :

State ID : N-053-001
Federal Provider : 175419
Telephone : 7855244428
Fax : 7855243522
GD06 100064
HA04 100070

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
53	40	13				

**********CERTIFIED BEDS**********

Area : NC
County : LINCOLN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : SANDSTONE HEIGHTS
Address : 440 STATE ST BOX 50A
City : LITTLE RIVER, KS 67457-9632
Administrator : BENJAMIN CRUPPER
Bldg Owner : RICE COUNTY HOSPITAL DIST 2
Lessee :
Sublessee :
Management Firm :

State ID : N-080-002
Federal Provider : 175509
Telephone : 6208976266
Fax : 6208975210
GA06 100047

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
52	40	12				

**********CERTIFIED BEDS**********

Area : NC
County : RICE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	40		

Name : LOGAN MANOR COMMUNITY HEALTH SERVICES
Address : 108 S ADAMS PO BOX 308
City : LOGAN, KS 67646-308
Administrator : ROY KENT BLAKE
Bldg Owner : CITY OF LOGAN
Lessee :
Sublessee :
Management Firm :

State ID : N-074-001
Federal Provider : 175480
Telephone : 7856894201
Fax : 7856897411
GC06 100055

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
50	36	14				

**********CERTIFIED BEDS**********

Area : NC
County : PHILLIPS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	36		

Name : VINTAGE PARK AT LOUISBURG LLC
Address : 202 S ROGERS
City : LOUISBURG, KS 66053-
Administrator : JOYCE HENDERSON
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT LOUISBURG LLC
Sublessee :
Management Firm :

State ID : N-061-008
Federal Provider :
Telephone : 9138375133
Fax : 9138375169
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
43		43				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MIAMI

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : COUNTRY PLACE SENIOR LIVING OF LYONS
Address : 502 S MILES ST
City : LYONS, KS 67554-
Administrator : CHERI BAUER
Bldg Owner : RICE COUNTY ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-080-004
Federal Provider :
Telephone : 6202575012
Fax :
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : RICE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name	GOOD SAMARITAN SOCIETY - LYONS	State ID	N-080-001	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	1311 S DOUGLAS AVE	Federal Provider	175336	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	LYONS, KS 67554-3704	Telephone	6202575163	66	50	16							
Administrator	ORIE ENSZ	Fax	6202573382	**********CERTIFIED BEDS**********									
Bldg Owner	THE EV LUTHERAN GOOD SAMARITAN SOCIETY	GA05	100046	Area	NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee				County									
Sublessee				RICE									
Management Firm							50						

Name	MEADOWLARK HILLS	State ID	N-081-004	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	2121 MEADOWLARK RD	Federal Provider	175174	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	MANHATTAN, KS 66502-4569	Telephone	7855374610	179	133	46							
Administrator	HEATHER GENERALI	Fax	7855373022	**********CERTIFIED BEDS**********									
Bldg Owner	MANHATTAN RETIREMENT FOUNDATION INC	GA05	100046	Area	NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee				County									
Sublessee				RILEY									
Management Firm							133						

Name	STONEYBROOK ASSISTED LIVING	State ID	N-081-007	*LICENSED BEDS*********LIMITED**									
Address	2029 LITTLE KITTEN AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	MANHATTAN, KS 66503-7545	Telephone	7855371065	32		32							
Administrator	MARY JO BERG	Fax	7855370835	**********CERTIFIED BEDS**********									
Bldg Owner	STONEYBROOK ASSISTED LIVING REAL ESTATE L	GA08	100049	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	STONEYBROOK ASSISTED LIVING OPERATIONS LI	HA08	100074	County									
Sublessee				RILEY									
Management Firm													

Name	STONEYBROOK RETIREMENT COMMUNITY	State ID	N-081-005	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	2025 LITTLE KITTEN AVE	Federal Provider	175191	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	MANHATTAN, KS 66503-7545	Telephone	7857760065	100	64	36							
Administrator	FLOYD C EATON III	Fax	7857766825	**********CERTIFIED BEDS**********									
Bldg Owner	STONEYBROOK NURSING FACILITY REAL ESTATE	GA08	100049	Area	NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	STONEYBROOK NURSING FACILITY OPERATIONS	HA08	100074	County									
Sublessee				RILEY									
Management Firm							64						

Name	THE HOMESTEAD OF MANHATTAN	State ID	N-081-006	*LICENSED BEDS*********LIMITED**									
Address	1923 LITTLE KITTEN AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	MANHATTAN, KS 66502-7545	Telephone	7857761772	40		40							
Administrator	ERICA SMITH	Fax	7855659707	**********CERTIFIED BEDS**********									
Bldg Owner	MIDWEST HOMESTEAD OF MANHATTAN LLC	GA08	100049	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	MIDWEST HOMESTEAD OF MANHATTAN OPERATI(	HA08	100074	County									
Sublessee				RILEY									
Management Firm													

Name	VIA CHRISTI VILLAGE MANHATTAN INC	State ID	N-081-001	*LICENSED BEDS*********LIMITED**							ATTACHED		
Address	2800 WILLOW GROVE RD	Federal Provider	175100	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	MANHATTAN, KS 66502-2096	Telephone	7855397671	132	96	36							
Administrator	AMY L BLOCKCOLSKY	Fax	7855399125	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF MANHATTAN	GA06	100047	Area	NC	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Lessee	VIA CHRISTI VILLAGE MANHATTAN INC	HA05	100071	County									
Sublessee				RILEY									
Management Firm	VIA CHRISTI VILLAGES INC	JA05	100087				96						

Name : MARION ASSISTED LIVING LLC
Address : 200 N EISENHOWER RD
City : MARION, KS 66861-
Administrator : BONNIE S. SAWYER
Bldg Owner : CITY OF MARION
Lessee : MARION ASSISTED LIVING LLC
Sublessee :
Management Firm : BROOKS DEVELOPMENT COMPANY LLC

State ID : N-057-007
Federal Provider :
Telephone : 6203823000
Fax : 6203822353
GA06 100047
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MARION

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CAMBRIDGE PLACE
Address : 1100 N. 16TH
City : MARYSVILLE, KS 66508
Administrator : ARLENE WESSEL
Bldg Owner : MARYSVILLE HEALTH CORPORATION
Lessee :
Sublessee :
Management Firm : ARBOR SPRINGS MANAGEMENT SERVICES LLC

State ID : N-058-003
Federal Provider : 175350
Telephone : 7855625321
Fax : 7855625398
GA04 100045
JA04 100086

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	120	96		24			

**********CERTIFIED BEDS**********

Area : NC
County : MARSHALL

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	96		

Name : COUNTRY PLACE SENIOR LIVING OF MARYSVILL
Address : 1149 COUNTRY PLACE DR
City : MARYSVILLE, KS 66508-
Administrator : MELVA SANNER
Bldg Owner : MARSHALL COUNTY
Lessee : MARSHALL COUNTY ASSISTED LIVING, LLC
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-058-007
Federal Provider :
Telephone : 7855624001
Fax : 7855624002
GA08 100049
HA08 100074
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MARSHALL

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ANGEL ARMS
Address : 1318 OAKLANE
City : MCPHERSON, KS 67460-2522
Administrator : SABRINA SHARP
Bldg Owner : MERLIN AND IMOJEAN FRANTZ
Lessee : D & P INC
Sublessee :
Management Firm :

State ID : N-059-017
Federal Provider :
Telephone : 6202450848
Fax : 6202415781
GA01 100042
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	23			23			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MCPHERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : STERLING HOUSE OF MCPHERSON
Address : 1460 N MAIN ST
City : MCPHERSON, KS 67460-1902
Administrator : DONNA E BECKER
Bldg Owner : CITY OF MCPHERSON
Lessee : LTC PROPERTIES INC
Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC
Management Firm :

State ID : N-059-016
Federal Provider :
Telephone : 6202416600
Fax : 6202417406
GA06 100047
HA04 100070
IA04 100078

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	43		43				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MCPHERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE CEDARS
Address : 1021 CEDARS DR
City : MCPHERSON, KS 67460-2735
Administrator : JUDITH M. WINELAND
Bldg Owner : CITY OF MCPHERSON
Lessee : THE CEDARS INC
Sublessee :
Management Firm :

State ID : N-059-009
Federal Provider : 175380
Telephone : 6202410919
Fax : 6202410254
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	167	107	60				

**********CERTIFIED BEDS**********

Area : NC
County : MCPHERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	107		

Name : MILTONVALE MANOR RESIDENTIAL CARE
Address : 110 SPRUCE
City : MILTONVALE, KS 67466-322
Administrator : DIANE MAHIN
Bldg Owner : CITY OF MILTONVALE
Lessee : MILTONVALE MANOR INC
Sublessee :
Management Firm :

State ID : N-015-007
Federal Provider :
Telephone : 7854272466
Fax : 7854272466
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	8			8			

**********CERTIFIED BEDS**********

Area : MH/RF
County : CLOUD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : BICKFORD AT MISSION SPRINGS I
Address : 5300 W 61ST PLACE
City : MISSION, KS 66205-
Administrator : ROXANNE R RICHARD
Bldg Owner : BICKFORD AT MISSION SPRINGS I, LLC
Lessee :
Sublessee :
Management Firm : BICKFORD SENIOR LIVING GROUP, LLC

State ID : N-046-042
Federal Provider :
Telephone : 9138317700
Fax : 9138317733
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	55		55				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : BICKFORD AT MISSION SPRINGS II
Address : 5350 WEST 61ST PLACE
City : MISSION, KS 66205-
Administrator : LINDA ENLOW
Bldg Owner : BICKFORD AT MISSION SPRINGS II LLC
Lessee :
Sublessee :
Management Firm : BICKFORD SENIOR LIVING GROUP, LLC

State ID : N-046-044
Federal Provider :
Telephone : 9138317700
Fax : 9138317733
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	60		60				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PINE VILLAGE
Address : 86 22ND AVE
City : MOUNDRIDGE, KS 67107-
Administrator : JIM HUXMAN
Bldg Owner : MEMORIAL HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : N-059-002
Federal Provider : 175414
Telephone : 6203452901
Fax : 6203452937
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	99	74		25			

**********CERTIFIED BEDS**********

Area : NC
County : MCPHERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
74			

Name : MARIA COURT
Address : 633 E MAIN ST
City : MULVANE, KS 67110-1799
Administrator : CHAD BOS
Bldg Owner : CITY OF MULVANE
Lessee : VILLA MARIA INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-096-011
Federal Provider :
Telephone : 3167779917
Fax : 3167774090
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SUMNER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT NEODESHA LLC
Address : 400 FIR ST
City : NEODESHA, KS 66757-1298
Administrator : TERRI M GREAVES
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT NEODESHA LLC
Sublessee :
Management Firm :

State ID : N-103-005
Federal Provider :
Telephone : 6203252244
Fax : 6203252762
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	29		29				

**********CERTIFIED BEDS**********

Area : MH/RF
County : WILSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ASBURY PARK
Address : 200 SW 14TH
City : NEWTON, KS 67114-
Administrator : THOMAS WILLIAMS
Bldg Owner : ASBURY PARK, INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-002
Federal Provider : 175385
Telephone : 3162834770
Fax : 3162834799
GA05 100046

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
139	99	40				

**********CERTIFIED BEDS**********

Area : SC
County : HARVEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR
	99		

Name : NEWTON PRESBYTERIAN MANOR
Address : 1200 E 7TH ST
City : NEWTON, KS 67114-2862
Administrator : MARC KESSINGER
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-040-005
Federal Provider : 175302
Telephone : 3162835400
Fax : 3162845900
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
125	60	65				

**********CERTIFIED BEDS**********

Area : SC
County : HARVEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR
	60		

Name : BETHEL HEALTH CARE CENTRE
Address : 3001 IVY DR
City : NORTH NEWTON, KS 67117-8005
Administrator : LEIGH PECK
Bldg Owner : KIDRON BETHEL RETIREMENT SERVICES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-040-001
Federal Provider : 175402
Telephone : 3162842900
Fax : 3162840173
GA05 100046

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
90	60	30				

**********CERTIFIED BEDS**********

Area : SC
County : HARVEY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR
	60		

Name : WHISPERING PINES
Address : 200 WHISPERING PINES
City : NORTON, KS 67654-
Administrator : JOHN R GRACE
Bldg Owner : NORTON RETIREMENT & ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-069-010
Federal Provider :
Telephone : 7858745500
Fax : 7858745501
GA08 100049

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
30		30				

**********CERTIFIED BEDS**********

Area : MH/RF
County : NORTON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR

Name : VILLAGE ESTATES
Address : PO BOX 346
City : NORTONVILLE, KS 66060-346
Administrator : GARY FOWLER
Bldg Owner : VILLAGE ESTATES INC
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-044-004
Federal Provider :
Telephone : 9138866400
Fax : 9138868695
GA04 100045
JA04 100086

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
8		8				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JEFFERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR

Name : ABERDEEN VILLAGE
Address : 17500 WEST 119TH ST
City : OLATHE, KS 66061-
Administrator : JOHN T ALLIN
Bldg Owner : CITY OF OLATHE
Lessee : ABERDEEN VILLAGE INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-046-057
Federal Provider : 175448
Telephone : 9135996100
Fax : 9135993810
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
114	60	54				

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	NF ONLY	IMR
	60		

Name	ASSISTED LIFESTYLES	State ID	N-046-035		
Address	625 LINCOLN AVE	Federal Provider			
City	OLATHE, KS 66061-2594	Telephone	9138296920		
Administrator	AMANDA BOND	Fax	9138296993		
Bldg Owner	UNITED SENIOR PROPERTIES OF OLATHE LLC	GA08	100049		
Lessee					
Sublessee					
Management Firm	UNITED RESOURCE MANAGEMENT LLC	OTHER	100090		

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
47		47				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
JOHNSON					

Name	CEDAR LAKE VILLAGE	State ID	N-046-059		
Address	15325 S LONE ELM RD	Federal Provider			
City	OLATHE, KS 66061-5331	Telephone	9137809916		
Administrator	ALESA MILLER	Fax	9137688903		
Bldg Owner	CEDAR LAKE VILLAGE INC	GA05	100046		
Lessee					
Sublessee					
Management Firm	THE EVANGELICAL LUTHERAN GOOD SAMARITAN	JA05	100087		

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
48		48				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
JOHNSON					

Name	THE HOMESTEAD OF OLATHE NORTH	State ID	N-046-040		
Address	791 N SOMERSET TERRACE	Federal Provider			
City	OLATHE, KS 66062	Telephone	9138291403		
Administrator	LAURA TENPENNY	Fax	9138296182		
Bldg Owner	MIDWEST HOMESTEAD OF OLATHE LLC	GA08	100049		
Lessee	MIDWEST HOMESTEAD OF OLATHE OPERATIONS	HA08	100074		
Sublessee					
Management Firm					

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
46		46				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
JOHNSON					

Name	THE HOMESTEAD OF OLATHE SOUTH	State ID	N-046-038		
Address	751 N. SOMERSET TERR	Federal Provider			
City	OLATHE, KS 66062-5450	Telephone	9138294663		
Administrator	TERESA HOOK	Fax	9138296495		
Bldg Owner	MIDWEST HOMESTEAD OF OLATHE, LLC	GA08	100049		
Lessee	MIDWEST HOMESTEAD OF OLATHE OPERATIONS	HA08	100074		
Sublessee					
Management Firm					

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
44		44				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
JOHNSON					

Name	THE PLAZA HEALTH SERVICES AT SANTA MARTA	State ID	N-046-075		
Address	13875 W 115TH TERR	Federal Provider	175503		
City	OLATHE, KS 66062-7833	Telephone	9139060990		
Administrator	RYAN GRACE	Fax	9133237192		
Bldg Owner	CITY OF OLATHE	GD06	100064		
Lessee	CATHOLIC CARE CAMPUS INC	HA05	100071		
Sublessee					
Management Firm	GREYSTONE MANAGEMENT SERVICES COMPANY	OTHER	100090		

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
92	34	40	18			

**********CERTIFIED BEDS**********

Area	NE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
JOHNSON					
		34			

Name	REDBUD PLAZA	State ID	N-075-007		
Address	205 W 9TH	Federal Provider			
City	ONAGA, KS 67107-	Telephone	7858894142		
Administrator	LINDA WERREN	Fax	7858894172		
Bldg Owner	COMMUNITY HOSPITAL DISTRICT NO. 1	GA05	100046		
Lessee	COMMUNITY HEALTHCARE SYSTEM INC.	HA05	100071		
Sublessee					
Management Firm					

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
56		56				

**********CERTIFIED BEDS**********

Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
County					
POTTAWATOMIE					

Name	PETERSON ASSISTED LIVING	State ID	N-070-007	*LICENSED BEDS**********LIMITED**									
Address	629 HOLLIDAY ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OSAGE CITY, KS 66523-1138	Telephone	7855283301	28		28							
Administrator	BETTY WRIGHT	Fax	7855283501	**********CERTIFIED BEDS**********									
Bldg Owner	PETERSON'S ASSISTED LIVING INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	CRYSTAL CARE CENTERS INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				OSAGE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	VINTAGE PARK AT OSAGE CITY LLC	State ID	N-070-006	*LICENSED BEDS**********LIMITED**									
Address	1403 LAING	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OSAGE CITY, KS 66523-	Telephone	9135285095	39		39							
Administrator	JODI A. SMITH	Fax	7855284267	**********CERTIFIED BEDS**********									
Bldg Owner	SHG RESOURCES LP	GA02	100043	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	VINTAGE PARK AT OSAGE CITY LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				OSAGE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	VINTAGE PARK AT OSAWATOMIE LLC	State ID	N-061-009	*LICENSED BEDS**********LIMITED**									
Address	1520 PARKER AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OSAWATOMIE, KS 66064-	Telephone	9137552167	40		40							
Administrator	SHONNA LOONEY	Fax	9137554855	**********CERTIFIED BEDS**********									
Bldg Owner	SHG RESOURCES LP	GA02	100043	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	VINTAGE AT OSAWATOMIE LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				MIAMI		ONLY	SNF/NF	ONLY					
Management Firm													

Name	OSWEGO HOME PLACE INC	State ID	N-050-010	*LICENSED BEDS**********LIMITED**									
Address	1010 COMMERCIAL ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OSWEGO, KS 67356-9013	Telephone	6207954750	30			30						
Administrator	SHERRY BROWN	Fax	6207953068	**********CERTIFIED BEDS**********									
Bldg Owner	OSWEGO NURSING LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				LABETTE		ONLY	SNF/NF	ONLY					
Management Firm	AMERICARE SYSTEMS INC	JA04	100086										

Name	OTTAWA RETIREMENT PLAZA	State ID	N-030-006	*LICENSED BEDS**********LIMITED**									
Address	1042 W 15TH	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OTTAWA, KS 66067-3998	Telephone	7852421127	44		44							
Administrator	JEFFIE AGUIRRE	Fax	7852421536	**********CERTIFIED BEDS**********									
Bldg Owner	OTTAWA RETIREMENT PLAZA INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				FRANKLIN		ONLY	SNF/NF	ONLY					
Management Firm	DEACONESS LONG TERM CARE INC	JA04	100086										

Name	VILLAGE WEST	State ID	N-030-007	*LICENSED BEDS**********LIMITED**									
Address	1527 S TWYMAN ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OTTAWA, KS 66067-3998	Telephone	7852429378	44			44						
Administrator	DEE SHAFFER	Fax	9132422278	**********CERTIFIED BEDS**********									
Bldg Owner	OTTAWA SERVICES LP	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	OTTAWA MEDICAL SERVICES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				FRANKLIN		ONLY	SNF/NF	ONLY					
Management Firm	DEACONESS LONG TERM CARE INC	JA04	100086										

Name	VINTAGE PARK AT OTTAWA LLC	State ID	N-030-008	*LICENSED BEDS**********LIMITED**									
Address	2250 S ELM ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OTTAWA, KS 66067-	Telephone	7852423715	47		47							
Administrator	LUANNE FREUND	Fax	7852420188	**********CERTIFIED BEDS**********									
Bldg Owner	SHG RESOURCES LP	GA02	100043	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	VINTAGE PARK AT OTTAWA LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				FRANKLIN		ONLY	SNF/NF	ONLY					
Management Firm													

Name	BROOKSIDE RETIREMENT COMMUNITY ASSISTE	State ID	N-070-008	*LICENSED BEDS**********LIMITED**									
Address	702 W 7TH PO BOX 308	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERBROOK, KS 66524-308	Telephone	7856653246	24		24							
Administrator	LEVI DAVIS	Fax	7856653247	**********CERTIFIED BEDS**********									
Bldg Owner	VAREKAI HOLDINGS LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	ALEGRIA LIVING AND HEALTHCARE INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				OSAGE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	BICKFORD OF OVERLAND PARK	State ID	N-046-050	*LICENSED BEDS**********LIMITED**									
Address	10665 BARKLEY	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66212-	Telephone	9136425400	90			90						
Administrator	CORA WEBSTER	Fax	9136423488	**********CERTIFIED BEDS**********									
Bldg Owner	BICKFORD OF OVERELAND PARK LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				JOHNSON		ONLY	SNF/NF	ONLY					
Management Firm	BICKFORD SENIOR LIVING GROUP LLC	OTHER	100090										

Name	EMERITUS AT OVERLAND PARK	State ID	N-046-047	*LICENSED BEDS**********LIMITED**									
Address	11000 OAKMONT AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66210-1100	Telephone	9134911144	56			56						
Administrator	ARLIN BOHN	Fax	9134911991	**********CERTIFIED BEDS**********									
Bldg Owner	BREA OVERLAND PARK LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				JOHNSON		ONLY	SNF/NF	ONLY					
Management Firm	EMERITUS CORPORATION	JA04	100086										

Name	FREEDOM POINTE OF OVERLAND PARK	State ID	N-046-048	*LICENSED BEDS**********LIMITED**									
Address	9201 FOSTER	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66212-	Telephone	9133852052	124		124							
Administrator	PEGGY HACKETT	Fax	9133851354	**********CERTIFIED BEDS**********									
Bldg Owner	ARC OVERLAND PARK LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				JOHNSON		ONLY	SNF/NF	ONLY					
Management Firm	ARC MANAGEMENT LLC	OTHER	100090										

Name	LAMAR COURT ASSISTED LIVING COMMUNITY	State ID	N-046-051	*LICENSED BEDS**********LIMITED**									
Address	11909 LAMAR	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66209-	Telephone	9139069696	100		100							
Administrator	A MILES NEASE	Fax	9139069955	**********CERTIFIED BEDS**********									
Bldg Owner	TI-LAMAR COURT LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	LAMAR COURT LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				JOHNSON		ONLY	SNF/NF	ONLY					
Management Firm													

Name	MANORCARE HEALTH SERVICES - OVERLAND P.	State ID	N-046-031	*LICENSED BEDS*********LIMITED**								ATTACHED	
Address	5211 W 103RD ST	Federal Provider	175180	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66207-3100	Telephone	9133832569	248	223	25							
Administrator	AMY M WRIGHT	Fax	9133832611										
Bldg Owner	HCP PROPERTIES LP	GA02	100043	**********CERTIFIED BEDS**********									
Lessee	HCR III HEALTHCARE LLC	HA08	100074	Area	NE	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee	MANORCARE OF OVERLAND PARK, KS LLC	IA08	100082	County	JOHNSON								
Management Firm							223						

Name	PARK MEADOWS SENIOR LIVING	State ID	N-046-077	*LICENSED BEDS*********LIMITED**									
Address	5901 W 107TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66207-3851	Telephone	9139018200	96		96							
Administrator	ED HEIGEL	Fax	9139018243										
Bldg Owner	SF OVERLAND PARK LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	PARK MEADOWS SENIOR LIVING LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County	JOHNSON								
Management Firm	SRC OF KANSAS LLC	OTHER	100090										

Name	ROSE ESTATES ASSISTED LIVING COMMUNITY	State ID	N-046-060	*LICENSED BEDS*********LIMITED**									
Address	12700 ANTIOCH RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66213-2723	Telephone	9138259600	100		100							
Administrator	CHRISTI BROOKS	Fax	9138259601										
Bldg Owner	TI-ROSE ESTATES LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	ROSE ESTATES LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County	JOHNSON								
Management Firm													

Name	SILVERCREST AT DEER CREEK	State ID	N-046-070	*LICENSED BEDS*********LIMITED**									
Address	13060 S METCALF AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66213-2618	Telephone	9136811101	32		32							
Administrator	CATHERINE SAPPINGFIELD	Fax	9136854943										
Bldg Owner	VILLAS LTD	HA02	100068	**********CERTIFIED BEDS**********									
Lessee				Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County	JOHNSON								
Management Firm	DIAL SENIOR MANAGEMENT INC	JA04	100086										

Name	STRATFORD COMMONS	State ID	N-046-045	*LICENSED BEDS*********LIMITED**									
Address	12340 QUIVIRA RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66213-2408	Telephone	9138510215	57		57							
Administrator	ANTHONY M MENDOLIA	Fax	9138518675										
Bldg Owner	COLUMBIA HEALTH FACILITIES CAMBRIDGE LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee				Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County	JOHNSON								
Management Firm													

Name	SUNRISE ASSISTED LIVING OF OVERLAND PARK	State ID	N-046-074	*LICENSED BEDS*********LIMITED**									
Address	12500 W 135TH ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	OVERLAND PARK, KS 66221-	Telephone	9136853340	72		46	26						
Administrator	ANA M MAYYAHI	Fax	9136853341										
Bldg Owner	SZR OVERLAND PARK LLC	GA08	100049	**********CERTIFIED BEDS**********									
Lessee	MS OVERLAND PARK SH LLC	HA08	100074	Area	MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR				
Sublessee				County	JOHNSON								
Management Firm	SUNRISE SENIOR LIVING MANAGEMENT INC	JA04	100086										

Name : SWEET LIFE AT BROOKDALE PLACE
Address : 12000 LAMAR
City : OVERLAND PARK, KS 66209-
Administrator : KIM ELLIS
Bldg Owner : HCRI KANSAS PROPERTIES LLC
Lessee : BKD HCR MASTER LEASE 3 TENANT LLC
Sublessee :
Management Firm :

State ID : N-046-079
Federal Provider : 175517
Telephone : 9136632888
Fax :
GA08 100049
HA08 100074

*LICENSED BEDS*********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	190	100	45	45			

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
100			

Name : THE ATRIUMS
Address : 7300 W 107 ST
City : OVERLAND PARK, KS 66212-
Administrator : JEFFREY TULLY
Bldg Owner : THE ATRIUMS PARTNERS LP
Lessee : ATRIUMS MANAGEMENT COMPANY INC
Sublessee :
Management Firm : WALNUT CREEK MANAGEMENT COMPANY LLC

State ID : N-046-062
Federal Provider :
Telephone : 9133816000
Fax : 9136425319
GA02 100043
HA04 100070
OTHER 100090

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	38			38			

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : THE FORUM AT OVERLAND PARK
Address : 3501 W. 95TH STREET
City : OVERLAND PARK, KS 66206
Administrator : JENNIFER EVERS
Bldg Owner : SNH FM FINANCING LLC
Lessee : FVE FM FINANCING INC
Sublessee : FIVE STAR OVERLAND PARK LLC
Management Firm :

State ID : N-046-033
Federal Provider : 175189
Telephone : 9136484500
Fax : 9136486144
GA07 100048
HA04 100070
IA08 100082

*LICENSED BEDS*********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	94	60		34			

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
60			

Name : THE GABLES AT OVERLAND PARK
Address : 11701 NIEMAN ROAD
City : OVERLAND PARK, KS 66210-4310
Administrator : KATHY WILCOX
Bldg Owner : MID AMERICA ASSOCIATES & BJH FAMILY LLC AS
Lessee : ADVANTAGE HEALTH GROUP INC
Sublessee :
Management Firm :

State ID : N-046-068
Federal Provider :
Telephone : 9133452200
Fax : 9134511104
GA07 100048
HA04 100070

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	33		33				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : THE HERITAGE OF OVERLAND PARK
Address : 10101 W 127TH ST
City : OVERLAND PARK, KS 66213-
Administrator : DAVID THOMPSON
Bldg Owner : OVERLAND PARK SENIOR REALTY LLC
Lessee : OVERLAND PARK SENIOR LIVING LLC
Sublessee :
Management Firm : SENIOR LIVING SERVICES LLC

State ID : N-046-082
Federal Provider :
Telephone : 9139127800
Fax : 9139127801
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	48			48			

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : VILLAGE SHALOM INC
Address : 5500 W 123RD ST
City : OVERLAND PARK, KS 66209-
Administrator : MATTHEW LEWIS
Bldg Owner : VILLAGE SHALOM INC
Lessee :
Sublessee :
Management Firm :

State ID : N-046-054
Federal Provider : 175441
Telephone : 9133172600
Fax : 9133452611
GA05 100046

*LICENSED BEDS*********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	193	76	12	105			

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	76		

Name : VINTAGE PARK AT STANLEY LLC
Address : 14430 METCALF AVE
City : OVERLAND PARK, KS 66223-2989
Administrator : CONSTANCE J LAHUE
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT STANLEY LLC
Sublessee :
Management Firm :

State ID : N-046-069
Federal Provider :
Telephone : 9138971414
Fax : 9138971441
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	50		50				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : COUNTRY CLUB ESTATES LP
Address : 2 LEWIS DRIVE
City : PAOLA, KS 66071-1126
Administrator : DAVID ACHEY
Bldg Owner : COUNTRY CLUB ESTATES LP
Lessee :
Sublessee :
Management Firm :

State ID : N-061-007
Federal Provider :
Telephone : 9132944531
Fax : 9132946969
GA02 100043

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	22			22			

**********CERTIFIED BEDS**********

Area : MH/RF
County : MIAMI

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT PAOLA LLC
Address : 601 N EAST ST
City : PAOLA, KS 66071-1183
Administrator : CHRISTINA DICK
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT PAOLA LLC
Sublessee :
Management Firm :

State ID : N-061-010
Federal Provider :
Telephone : 9135570202
Fax : 9132949787
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	47		47				

**********CERTIFIED BEDS**********

Area : MH/RF
County : MIAMI

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PARSONS PRESBYTERIAN MANOR
Address : 3501 DIRR AVE
City : PARSONS, KS 67357-2298
Administrator : MARK D JOHNSTON
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-050-005
Federal Provider : 175303
Telephone : 6204211450
Fax : 6204211897
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	68	43	25				

**********CERTIFIED BEDS**********

Area : SE
County : LABETTE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			43

Name : WOODRIDGE ESTATES
Address : 329 N KAY LANE
City : PARSONS, KS 67357-329
Administrator : MADALINE SHOCKEY
Bldg Owner : CITY OF PARSONS
Lessee : WOODRIDGE ESTATES LLC
Sublessee :
Management Firm :

State ID : N-050-011
Federal Provider :
Telephone : 6204214700
Fax : 6204212666
GD06 100064
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	39		39				

**********CERTIFIED BEDS**********

Area : MH/RF
County : LABETTE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PEABODY CARE CENTER LLC
Address : 407 N LOCUST ST
City : PEABODY, KS 66866-
Administrator : MELISSA A PARMLEY
Bldg Owner : PEABODY ASSOCIATES TWO LLC
Lessee : PEABODY CARE CENTER LLC
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-057-005
Federal Provider : 175457
Telephone : 6209832152
Fax : 6209832281
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	74	55		19			

**********CERTIFIED BEDS**********

Area : NC
County : MARION

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			55

Name : PHILLIPS COUNTY RETIREMENT CENTER
Address : 1300 STATE ST BOX 628
City : PHILLIPSBURG, KS 67661-628
Administrator : KRISTI KUCK
Bldg Owner : PHILLIPS COUNTY
Lessee :
Sublessee :
Management Firm : PHILLIPS COUNTY RETIREMENT CORPORATION

State ID : N-074-003
Federal Provider : 17E432
Telephone : 7855432131
Fax : 7855435200
GA06 100047
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	76	60	16				

**********CERTIFIED BEDS**********

Area : NC
County : PHILLIPS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		60	

Name : CARRINGTON RETIREMENT COMMUNITY
Address : 1909 E FOURTH ST
City : PITTSBURG, KS 66762-9100
Administrator : MICHELLE VANDERFORD
Bldg Owner : CARRINGTON RESIDENTIAL LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-019-010
Federal Provider :
Telephone : 6202351212
Fax : 6202313975
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	43			43			

**********CERTIFIED BEDS**********

Area : MH/RF
County : CRAWFORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GRAN VILLAS PITTSBURG
Address : 1004 E CENTENNIAL
City : PITTSBURG, KS 66762-6603
Administrator : LYNN SPRAGG
Bldg Owner : MEDICALODGES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-019-009
Federal Provider :
Telephone : 6202314554
Fax : 6202311156
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34		34				

**********CERTIFIED BEDS**********

Area : MH/RF
County : CRAWFORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : GUEST HOME ESTATES IV
Address : 1910 E. CENTENNIAL
City : PITTSBURG, KS 66762
Administrator : SHELLEY GROMER
Bldg Owner : CARDINAL ASSOCIATES LLC
Lessee : LIGHTNING CREEK INVESTMENT GROUP INC
Sublessee :
Management Firm :

State ID : N-019-012
Federal Provider :
Telephone : 6202350522
Fax : 6202350533
GA04 100045
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34			34			

**********CERTIFIED BEDS**********

Area : MH/RF
County : CRAWFORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VIA CHRISTI VILLAGE PITTSBURG INC
Address : 1502 E CENTENNIAL
City : PITTSBURG, KS 66762-
Administrator : MELINDA EWAN
Bldg Owner : VIA CHRISTI VILLAGE PITTSBURG INC
Lessee :
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-019-013
Federal Provider : 175465
Telephone : 6202350020
Fax : 6202350520
GA05 100046
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	136	96	40				

**********CERTIFIED BEDS**********

Area : SE
County : CRAWFORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		96	

Name : ROOKS CO SENIOR SERVICES INC DBA REDBUD
Address : 1000 S WASHINGTON ST
City : PLAINVILLE, KS 67663-3699
Administrator : FONTELLA FANT
Bldg Owner : ROOKS COUNTY
Lessee :
Sublessee :
Management Firm : ROOKS COUNTY SENIOR SERVICES INC

State ID : N-082-001
Federal Provider : 17E197
Telephone : 7854344536
Fax : 7856884154
GC06 100055
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	53	37	16				

**********CERTIFIED BEDS**********

Area : NC
County : ROOKS

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		37	

Name : RESIDENCIES AT PLEASANTON
Address : 706 W 15TH
City : PLEASANTON, KS 66075-169
Administrator : TRISTIAN B. WURTZ
Bldg Owner : DJKIERL INC
Lessee :
Sublessee :
Management Firm :

State ID : N-054-005
Federal Provider :
Telephone : 9133526658
Fax : 9133526663
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	25			25			

**********CERTIFIED BEDS**********

Area : MH/RF
County : LINN

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : BRIGHTON GARDENS OF PRAIRIE VILLAGE
Address : 7105 MISSION RD
City : PRAIRIE VILLAGE, KS 66208-3302
Administrator : BROOKE DANKENBRING
Bldg Owner : HCP MA4 KANSAS CITY KS LP
Lessee : SOLOMAN HOLDINGS I THE TRIANGLE LLC
Sublessee :
Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC

State ID : N-046-049
Federal Provider : 175499
Telephone : 9132621611
Fax : 9132620204
GA02 100043
HA08 100074
JA04 100086

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	164	45		119			

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : PARKWOOD VILLAGE
Address : 401 ROCHESTER
City : PRATT, KS 67124-2900
Administrator : SHARON WILL
Bldg Owner : CITY OF PRATT
Lessee : COVENANT HOUSING CORPORATION
Sublessee :
Management Firm : LEGEND SENIOR LIVING LLC

State ID : N-076-003
Federal Provider :
Telephone : 6206725541
Fax : 6206722123
GA06 100047
HA05 100071
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	68		68				

**********CERTIFIED BEDS**********

Area : MH/RF
County : PRATT

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PRAIRIE SUNSET HOME INC
Address : 601 E MAIN ST
City : PRETTY PRAIRIE, KS 67570-9202
Administrator : REX MARIS
Bldg Owner : PRAIRIE SUNSET HOME INCPRPORATED
Lessee :
Sublessee :
Management Firm :

State ID : N-078-017
Federal Provider : 175489
Telephone : 6204596822
Fax : 6204597277
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	42	34		8			

**********CERTIFIED BEDS**********

Area : SC
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	34		

Name : FOUNTAINVIEW NURSING & REHAB CENTER
Address : 601 N ROSE HILL RD
City : ROSE HILL, KS 67133-9336
Administrator : CAROL GEORGE
Bldg Owner : HACIENDA CARE XXI, LP
Lessee : PINNACLE HEALTH FACILITIES XXXV, LP
Sublessee :
Management Firm : PREFERRED CARE PARTNERS MANAGEMENT COI

State ID : N-008-004
Federal Provider : 175221
Telephone : 3167762194
Fax : 3167769370
GA02 100043
HA02 100068
JA02 100084

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	86	56	30				

**********CERTIFIED BEDS**********

Area : SE
County : BUTLER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	56		

Name : VINTAGE PLACE OF RUSSELL
Address : 1070 E WICHITA AVE
City : RUSSELL, KS 67665-2452
Administrator : ERICA KEENER
Bldg Owner : VINTAGE PLACE OF RUSSELL INC
Lessee :
Sublessee :
Management Firm :

State ID : N-084-007
Federal Provider :
Telephone : 7854835882
Fax : 7854832797
GA04 100045

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	35		35				

**********CERTIFIED BEDS**********

Area : MH/RF
County : RUSSELL

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : APOSTOLIC CHRISTIAN HOME
Address : 511 PARAMOUNT ST
City : SABETHA, KS 66534-2120
Administrator : JOHN E. LEHMAN
Bldg Owner : APOSTOLIC CHRISTIAN HOME
Lessee :
Sublessee :
Management Firm :

State ID : N-066-001
Federal Provider : 175376
Telephone : 7852843471
Fax : 7852843697
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
110	86	24				

**********CERTIFIED BEDS**********

Area : NE
County : NEMAHA

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	86		

Name : COBBLESTONE COURT
Address : 913 DAKOTA ST
City : SABETHA, KS 66534-2031
Administrator : RONALD HICKS
Bldg Owner : SABETHA RESIDENTIAL LLC
Lessee :
Sublessee :
Management Firm : AMERICARE SYSTEMS INC

State ID : N-066-004
Federal Provider :
Telephone : 7852843418
Fax : 7852843845
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
36			36			

**********CERTIFIED BEDS**********

Area : MH/RF
County : NEMAHA

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PRAIRIE MISSION RETIREMENT VILLAGE
Address : 242 CARROLL ST BOX 1Z
City : SAINT PAUL, KS 66771-9802
Administrator : CRYSTAL PORT-PACKARD
Bldg Owner : PRAIRIE MISSION RETIREMENT VILLAGE INC
Lessee :
Sublessee :
Management Firm :

State ID : N-067-007
Federal Provider : 175468
Telephone : 6204492400
Fax : 6204492564
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
66	50	16				

**********CERTIFIED BEDS**********

Area : SE
County : NEOSHO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	50		

Name : DIGNITY CARE HOME
Address : 745 FAITH DR
City : SALINA, KS 67401-5269
Administrator : NATASHA GAWITH
Bldg Owner : JOAN JERKOVICH
Lessee :
Sublessee :
Management Firm :

State ID : N-085-008
Federal Provider :
Telephone : 7858233434
Fax : 7858233737
GA01 100042

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
32			32			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SALINE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : EAGLECREST RETIREMENT COMMUNITY
Address : 1501 EAST MAGNOLIA RD
City : SALINA, KS 67401-
Administrator : KAREN VIDRICKSEN
Bldg Owner : EAGLECREST REAL ESTATE LLC
Lessee : EAGLECREST OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-085-012
Federal Provider :
Telephone : 7853091501
Fax : 7853091502
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
48		48				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SALINE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : SALINA PRESBYTERIAN MANOR
Address : 2601 E CRAWFORD ST
City : SALINA, KS 67401-3791
Administrator : WILLIAM M TAYLOR
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-085-005
Federal Provider : 175300
Telephone : 7858251366
Fax : 7858256554
GD06 100064
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
96	60		36			

**********CERTIFIED BEDS**********

Area : NC
County : SALINE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	60		

Name : STERLING HOUSE OF FAIRDALE
Address : 2251 E CRAWFORD ST
City : SALINA, KS 67401-
Administrator : KAREN HALBERT
Bldg Owner : NATIONWIDE HEALTH PROPERTIES LLC
Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC.
Sublessee :
Management Firm :

State ID : N-085-010
Federal Provider :
Telephone : 7858238600
Fax : 7858237047
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
55		55				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SALINE

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : STERLING HOUSE OF SALINA
Address : 1200 E KIRWIN AVE
City : SALINA, KS 67401-6300
Administrator : MELISSA HOLCOM
Bldg Owner : CITY OF SALINA
Lessee : LTC PROPERTIES INC
Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC
Management Firm :

State ID : N-085-009
Federal Provider :
Telephone : 7858258200
Fax : 7858258284
GA06 100047
HA04 100070
IA04 100078

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
43		43				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SALINE

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : COUNTRY PLACE SENIOR LIVING OF SENECA
Address : 1700 COMMUNITY DR
City : SENECA, KS 66538
Administrator : DEBRA RETHMAN
Bldg Owner : NEMAHA COUNTY ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm : NEIGHBORHOOD SENIOR LIVING INC

State ID : N-066-008
Federal Provider :
Telephone : 7853366868
Fax :
GA08 100049
JA04 100086

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
22		22				

**********CERTIFIED BEDS**********

Area : MH/RF
County : NEMAHA

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : CRESTVIEW MANOR
Address : 808 N 8TH STREET
City : SENECA, KS 66538
Administrator : SARA SOURK
Bldg Owner : MANASSEH HEALTH LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-066-003
Federal Provider : 175426
Telephone : 7853362156
Fax : 7853363881
GA08 100049

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
44	34		10			

**********CERTIFIED BEDS**********

Area : NE
County : NEMAHA

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
	34		

Name : SHAWNEE HEARTLAND
Address : 16207 MIDLAND DR
City : SHAWNEE, KS 66217
Administrator : PHYLLIS CURTIS
Bldg Owner : HEARTLAND ASSISTED LIVING INC
Lessee :
Sublessee :
Management Firm : HEARTLAND GROUP MANAGEMENT LLC

State ID : N-046-056
Federal Provider :
Telephone : 9132486600
Fax : 9132486666
GA04 100045
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
55		55				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : THE SWEET LIFE AT ROSEHILL
Address : 12802 JOHNSON DR
City : SHAWNEE, KS 66216-
Administrator : ANGELA HULLINGER
Bldg Owner : ARC SWEET LIFE ROSEHILL LLC
Lessee :
Sublessee :
Management Firm : ARC MANAGEMENT LLC

State ID : N-046-063
Federal Provider : 175478
Telephone : 9139627600
Fax : 9139627601
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
160	104	56				

**********CERTIFIED BEDS**********

Area : NE
County : JOHNSON

MEDICARE SNF ONLY	MEDICAID SNF/NF	MEDICAID NF ONLY	IMR
74			

Name : THE SWEET LIFE AT SHAWNEE
Address : 11400 W 65TH ST
City : SHAWNEE, KS 66203-5555
Administrator : SAMANTHA SWAN
Bldg Owner : ARC SWEET LIFE SHAWNEE LLC
Lessee :
Sublessee :
Management Firm : ARC MANAGEMENT LLC

State ID : N-046-053
Federal Provider :
Telephone : 9132481500
Fax : 9132480030
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	56			56			

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : MENNONITE FRIENDSHIP COMMUNITIES INC
Address : 600 W BLANCHARD AVE
City : SOUTH HUTCHINSON, KS 67505-1526
Administrator : RENAE L KERSENBROCK
Bldg Owner : MENNONITE FRIENDSHIP COMMUNITIES INC
Lessee :
Sublessee :
Management Firm :

State ID : N-078-005
Federal Provider : 175379
Telephone : 6206637175
Fax : 6206634221
GA05 100046

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	154	126	28				

**********CERTIFIED BEDS**********

Area : SC
County : RENO

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	126		

Name : BLACKHAWK ASSISTED LIVING
Address : 22550 S FRANKLIN ST
City : SPRING HILL, KS 66083-8763
Administrator : VALERIE PELTZER
Bldg Owner : SPRING HILL HEALTH GROUP LLC
Lessee : AHG - BLACKHAWK LLC
Sublessee :
Management Firm :

State ID : N-046-066
Federal Provider :
Telephone : 9135925101
Fax : 9135925118
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	54		46	8			

**********CERTIFIED BEDS**********

Area : MH/RF
County : JOHNSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : KENWOOD PLAZA INC
Address : 607 EAST 1ST
City : ST. JOHN, KS 67576-2223
Administrator : MISTY NEWELL
Bldg Owner : KENWOOD PLAZA INC
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-093-004
Federal Provider :
Telephone : 6205496133
Fax : 6205499971
GA04 100045
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	39		8	31			

**********CERTIFIED BEDS**********

Area : MH/RF
County : STAFFORD

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT TONGANOXIE LLC
Address : 120 W 8TH ST
City : TONGANOXIE, KS 66086-
Administrator : SUZANNE GREEN JOHNSON
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT TONGANOXIE LLC
Sublessee :
Management Firm :

State ID : N-052-008
Federal Provider :
Telephone : 9138452204
Fax : 8667889563
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	50		50				

**********CERTIFIED BEDS**********

Area : MH/RF
County : LEAVENWORTH

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ALDERSGATE VILLAGE
Address : 3220 SW ALBRIGHT DR
City : TOPEKA, KS 66614-4707
Administrator : CARL L. NOYES
Bldg Owner : SHAWNEE COUNTY
Lessee : UNITED METHODIST HOMES INC
Sublessee :
Management Firm :

State ID : N-089-021
Federal Provider : 175340
Telephone : 7854789440
Fax : 7854780931
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	269	209	60				

**********CERTIFIED BEDS**********

Area : NE
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	209		

Name : ATRIA HEARTHSTONE EAST
Address : 3415 SW 6TH AVENUE
City : TOPEKA, KS 66606-1900
Administrator : SUE FERGUSON
Bldg Owner : VTR HEARTHSTONE EAST LLC
Lessee : WG HEARTHSTONE EAST SH LLC
Sublessee :
Management Firm : ATRIA MANAGEMENT COMPANY LLC

State ID : N-089-063
Federal Provider :
Telephone : 7852346806
Fax : 7852355709
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	102		102				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ATRIA HEARTHSTONE WEST
Address : 3515 SW 6TH AVE
City : TOPEKA, KS 66606-1900
Administrator : JARED HOLROYD
Bldg Owner : VTR HEARTHSTONE WEST LLC
Lessee : WG HEARTHSTONE WEST SH LLC
Sublessee :
Management Firm : ATRIA MANAGEMENT COMPANY LLC

State ID : N-089-030
Federal Provider :
Telephone : 7852346225
Fax : 7852344002
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	60		60				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : BREWSTER HEALTH CENTER
Address : 1001 SW 29TH ST
City : TOPEKA, KS 66611-1299
Administrator : LEANNA CHAFFEE
Bldg Owner : CITY OF TOPEKA
Lessee : THE CONGREGATIONAL HOME
Sublessee :
Management Firm :

State ID : N-089-001
Federal Provider : 175044
Telephone : 7852671666
Fax : 7852679355
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	142	97		45			

**********CERTIFIED BEDS**********

Area : NE
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			97

Name : BRIARCLIFF CARE CENTER
Address : 3224 SW 29TH ST
City : TOPEKA, KS 66614-2083
Administrator : TRACY BARTLEY
Bldg Owner : BRIARCLIFF CARE CENTER INC
Lessee :
Sublessee :
Management Firm : SENIOR ADULT MANAGEMENT INC

State ID : N-089-002
Federal Provider :
Telephone : 7852722601
Fax : 7852728834
GA04 100045
JA04 100086

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	41			41			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CLARE BRIDGE OF TOPEKA
Address : 5800 SW DRURY LANE
City : TOPEKA, KS 66604-2262
Administrator : JESSIE SHAFFER
Bldg Owner : PSLT ALS PROPERTIES III LLC
Lessee : ALS PROPERTIES TENANT I, LLC
Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC
Management Firm :

State ID : N-089-040
Federal Provider :
Telephone : 7852715100
Fax : 7852715595
GA08 100049
HA08 100074
IA04 100078

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	39			39			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : COUNTRYSIDE HEALTH CENTER
Address : 440 SE WOODLAND AVE
City : TOPEKA, KS 66607-2172
Administrator : GARY BURKDOLL
Bldg Owner : WOODLAND HEALTH CENTER REAL ESTATE LLC
Lessee : COUNTRYSIDE HEALTH CENTER OPERATIONS LL(
Sublessee :
Management Firm :

State ID : N-089-008
Federal Provider : 17E528
Telephone : 7852346147
Fax : 7852328781
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	94			17	77		

**********CERTIFIED BEDS**********

Area : NE
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			77

Name	FAIRLAWN HEIGHTS RESIDENTIAL CENTER	State ID		N-089-005	*LICENSED BEDS**********LIMITED**								
Address	5400 SW 7TH ST	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66606-2331	Telephone		7852726880	45			45					
Administrator	CLAUDIA ALEXANDER	Fax		7852726948	**********CERTIFIED BEDS**********								
Bldg Owner	FAIRLAWN HEIGHTS ASSISTED LIVING CENTER RE	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	FAIRLAWN HEIGHTS ASSISTED LIVING CENTERS (	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	LEGEND AT CAPITAL RIDGE	State ID		N-089-045	*LICENSED BEDS**********LIMITED**								
Address	1931 SW ARVONIA PLACE	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66615-	Telephone		7852729400	76		61	15					
Administrator	CHARLES SERVEY	Fax		7852281308	**********CERTIFIED BEDS**********								
Bldg Owner	1931 SW ARVONIA PLACE LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	ARVONIA ALF LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm	LEGEND SENIOR LIVING LLC	OTHER	100090										

Name	LEXINGTON PARK ASSISTED LIVING	State ID		N-089-041	*LICENSED BEDS**********LIMITED**								
Address	1021 SW FLEMING CT	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66604-1851	Telephone		7854400399	60		60						
Administrator	BEN RIGDON	Fax		7854400498	**********CERTIFIED BEDS**********								
Bldg Owner	LEXINGTON PARK LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	LEXINGTON PARK ASSISTED LIVING OPERATIONS	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	MCCRITE RETIREMENT ASSISTED LIVING	State ID		N-089-047	*LICENSED BEDS**********LIMITED**								
Address	1608 SW 37TH ST	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66611-2564	Telephone		7852672960	60		60						
Administrator	CASSIDY MCCRITE	Fax		7852670138	**********CERTIFIED BEDS**********								
Bldg Owner	MCCRITE REAL ESTATE INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	MCCRITE RETIREMENT ASSOCIATION	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	MIDLAND CARE RESIDENTIAL CENTER	State ID		N-089-043	*LICENSED BEDS**********LIMITED**								
Address	120 SW FRAZIER CIR	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66606-2800	Telephone		7852322044	22			12		10			
Administrator	KRISTI LEONARD	Fax		7852325567	**********CERTIFIED BEDS**********								
Bldg Owner	MIDLAND CARE CONNECTION, INC	GA05	100046	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm													

Name	PEGGY KELLY HOUSE I	State ID		N-089-033	*LICENSED BEDS**********LIMITED**								
Address	2111 SW RANDOLPH AVE	Federal Provider			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP		
City	TOPEKA, KS 66614-1547	Telephone		7852348888	10			10					
Administrator	NICOLE KOEHN	Fax		7852340885	**********CERTIFIED BEDS**********								
Bldg Owner	CONTEMPORARY HOUSING ALTERNATIVES OFTO	GA05	100046	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SHAWNEE		ONLY	SNF/NF	ONLY					
Management Firm	MIDWEST HEALTH INC	JA04	100086										

Name : PEGGY KELLY HOUSE II
Address : 1800 FAIRMONT RD
City : TOPEKA, KS 66604-3699
Administrator : NICOLE KOEHN
Bldg Owner : KELLY HOUSE REAL ESTATE LLC
Lessee : KELLY HOUSE OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-089-034
Federal Provider :
Telephone : 7852719594
Fax : 7852716638
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	10			10			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : ROLLING HILLS ASSISTED LIVING APARTMENTS
Address : 2410 SW URISH RD
City : TOPEKA, KS 66614-4347
Administrator : TAMMY BLAKE
Bldg Owner : ROLLING HILLS HEALTH CENTER INC
Lessee : ROLLING HILLS ASSISTED LIVING OPERATIONS LL
Sublessee :
Management Firm :

State ID : N-089-036
Federal Provider :
Telephone : 7852732202
Fax : 7852712496
GA04 100045
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	38		38				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE HOMESTEAD OF TOPEKA
Address : 5820 SW DRURY LN
City : TOPEKA, KS 66604-2262
Administrator : SUSAN BULLOCK
Bldg Owner : MIDWEST HOMESTEAD OF TOPEKA LLC
Lessee : MIDWEST HOMESTEAD OF TOPEKA OPERATIONS
Sublessee :
Management Firm :

State ID : N-089-035
Federal Provider :
Telephone : 7852722200
Fax : 7852723862
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	44		44				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : TOPEKA PRESBYTERIAN MANOR
Address : 4712 SW 6TH AVE
City : TOPEKA, KS 66606-2299
Administrator : THOMAS BECHTEL
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-089-018
Federal Provider : 175297
Telephone : 7852726510
Fax : 7852720496
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	192	120		72			

**********CERTIFIED BEDS**********

Area : NE
County : SHAWNEE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		120	

Name : THE LEGACY AT PARK VIEW
Address : 510 E SAN JACINTO AVE
City : ULYSSES, KS 67880-1899
Administrator : KIMBERLE B DOTY
Bldg Owner : GRANT COUNTY
Lessee :
Sublessee :
Management Firm :

State ID : N-034-001
Federal Provider : 17E041
Telephone : 6203563331
Fax : 6203561932
GC06 100055

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	84	60	24				

**********CERTIFIED BEDS**********

Area : W
County : GRANT

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		60	

Name : LINNWOOD PLACE OF VALLEY FALLS ASSISTED
Address : 1509 LINN STREET
City : VALLEY FALLS, KS 66088-1185
Administrator : KEITH J HAYNIE
Bldg Owner : CASTLE GROVE PROPERTIES LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-044-005
Federal Provider :
Telephone : 7859453634
Fax : 7859453684
GA08 100049

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	15		15				

**********CERTIFIED BEDS**********

Area : MH/RF
County : JEFFERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VALLEY HEALTH CARE CENTER
Address : PO BOX 189 400 12TH STREET
City : VALLEY FALLS, KS 66088-189
Administrator : WILLIAM BOLDRIDGE
Bldg Owner : VALLEY HEALTH CARE CENTER INC
Lessee : VALLEY HEALTH CARE CENTER OPERATIONS LLC
Sublessee :
Management Firm :

State ID : N-044-002 GA04 100045
Federal Provider : 17E591 HA08 100074
Telephone : 7859453832
Fax : 7859453708

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
61			21	40		

**********CERTIFIED BEDS**********

Area : NE
County : JEFFERSON

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		40	

Name : TREGO CO-LEMKE MEM HOSPITAL LTCU
Address : 320 N 13TH ST
City : WAKEENEY, KS 67672-2002
Operator : HAROLD COURTOIS
Bldg Owner : TREGO CO-LEMKE MEMORIAL HOSP
Lessee :
Sublessee :
Management Firm :

State ID : H-098-101 GC06 100055
Telephone : 7857432182
Fax : 7857435880

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
43	37	6				

Area : W
County : TREGO

Name : GOLDEN LIVINGCENTER - WAKEFIELD
Address : 509 GROVE
City : WAKEFIELD, KS 67487-250
Administrator : GLENDA DOWNING
Bldg Owner : GPH WAKEFIELD LLC
Lessee : GGNSC EQUITY HOLDINGS LLC
Sublessee : GGNSC WAKEFIELD LLC
Management Firm :

State ID : N-014-003 GA08 100049
Federal Provider : 175272 HA08 100074
Telephone : 7854615417 IA08 100082
Fax : 7854615667

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
68	48	20				

**********CERTIFIED BEDS**********

Area : NC
County : CLAY

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	48		

Name : VINTAGE PARK AT WAMEGO LLC
Address : 1607 4TH ST
City : WAMEGO, KS 66547-
Administrator : JENNIFER PAYTON
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT WAMEGO LLC
Sublessee :
Management Firm :

State ID : N-075-006 GA02 100043
Federal Provider :
Telephone : 7854568997 HA08 100074
Fax : 7854568796

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
36		36				

**********CERTIFIED BEDS**********

Area : MH/RF
County : POTTAWATOMIE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CHERISHED FRIENDS LLC
Address : 924 S WASHINGTON
City : WELLINGTON, KS 67152-2237
Administrator : MARSHA S BUNYAN
Bldg Owner : CHERISHED FRIENDS LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-096-012 GA01 100042
Federal Provider :
Telephone : 6203263700
Fax : 6203263705

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
22			22			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SUMNER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : STERLING HOUSE OF WELLINGTON
Address : 500 N PLUM
City : WELLINGTON, KS 67152-3556
Administrator : STEPHEN MITCHELL
Bldg Owner : JER/NHP SENIOR LIVING KANSAS INC
Lessee : ASSISTED LIVING PROPERTIES INC
Sublessee :
Management Firm : BROOKDALE SENIOR LIVING COMMUNITIES INC

State ID : N-096-009 GA04 100045
Federal Provider :
Telephone : 6203263031 HA04 100070
Fax : 6203267765 JA04 100086

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
34		34				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SUMNER

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : WESTY COMMUNITY CARE HOME
Address : 105 N HIGHWAY 99
City : WESTMORELAND, KS 66549-
Administrator : PHYLLIS HUPE
Bldg Owner : CITY OF WESTMORELAND
Lessee : WESTY COMMUNITY CARE HOME INC
Sublessee :
Management Firm :

State ID : N-075-005
Federal Provider : 175471
Telephone : 7854572801
Fax : 7854572130
GA06 100047
HA05 100071

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
77	57	20				

**********CERTIFIED BEDS**********

Area : NC
County : POTTAWATOMIE

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	57		

Name : AVITA SENIOR LIVING AT ROLLING HILLS
Address : 629 S MAIZE CT
City : WICHITA, KS 67209-
Administrator : FRED HERMES
Bldg Owner : WWAL DEVELOPMENT LLC
Lessee : WEST WICHITA ASSISTED LIVING LLC
Sublessee :
Management Firm : AXIOM HEALTHCARE MANAGEMENT LLC

State ID : N-087-067
Federal Provider :
Telephone : 3163612500
Fax :
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
100		68	32			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CARRINGTON AT CHERRY CREEK
Address : 8200 E PAWNEE
City : WICHITA, KS 67207-3448
Administrator : DENNIS BUSH
Bldg Owner : CHERRY CREEK SENIOR CARE LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-043
Federal Provider :
Telephone : 3166840905
Fax : 3167330995
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
110		110				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CARRINGTON HOUSE CENTRAL
Address : 1432 N WACO STREET
City : WICHITA, KS 67230-
Administrator : MCKENZIE MARIS
Bldg Owner : ABBEY SENIOR CARE LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-058
Federal Provider :
Telephone : 3162625516
Fax : 3162608594
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
60			60			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CHAUCER ESTATES LLC
Address : 10550 E 21ST ST NORTH
City : WICHITA, KS 67206-3509
Administrator : DEREK WHEELER
Bldg Owner : WC-CHAUCER LLC
Lessee : MERIDIAN WEST - CHAUCER LLC
Sublessee :
Management Firm :

State ID : N-087-048
Federal Provider :
Telephone : 3166308111
Fax : 3166306198
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
90		90				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : CLARE BRIDGE OF WICHITA
Address : 9191 EAST 21ST STREET NORTH
City : WICHITA, KS 67206-2923
Administrator : JESSICA PECENKA
Bldg Owner : BKD CLARE BRIDGE OF WICHITA LLC
Lessee : KGC OPERATOR INC
Sublessee :
Management Firm : BROOKDALE SENIOR LIVING COMMUNITIES INC

State ID : N-087-054
Federal Provider :
Telephone : 3166300788
Fax : 3166300211
GA04 100045
HA04 100070
JA04 100086

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
40			40			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name	COMFORT CARE HOMES INC #219	State ID	N-087-047	*LICENSED BEDS**********LIMITED**									
Address	219 S MORNINGSIDE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67218-1813	Telephone	3166853322	11			11						
Administrator	ANGELA LEE	Fax	3166859822	**********CERTIFIED BEDS**********									
Bldg Owner	MLC INC	GA04	100045	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	COMFORT CARE HOMES INC	HA04	100070	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm													

Name	CORNERSTONE ASSISTED LIVING INC	State ID	N-087-041	*LICENSED BEDS**********LIMITED**									
Address	1240 N BROADMOOR AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67206-3869	Telephone	3166365101	40		40							
Administrator	JOANNE ROGERS	Fax	3166362576	**********CERTIFIED BEDS**********									
Bldg Owner	VIA CHRISTI VILLAGES INC	GA05	100046	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	CORNERSTONE ASSISTED LIVING INC	HA05	100071	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	VIA CHRISTI VILLAGES INC	JA05	100087										

Name	CORNERSTONE RIDGE PLAZA	State ID	N-087-057	*LICENSED BEDS**********LIMITED**									
Address	3636 NORTH RIDGE RD BLDG #400	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67205-	Telephone	3164623636	72		72							
Administrator	ERIK HATTEN	Fax	3164623676	**********CERTIFIED BEDS**********									
Bldg Owner	CORNERSTONE ASSISTED LIVING INC	GA05	100046	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	VIA CHRISTI VILLAGES INC	JA05	100087										

Name	CYPRESS SPRINGS - WICHITA	State ID	N-087-071	*LICENSED BEDS**********LIMITED**									
Address	1859 N WEBB RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67206	Telephone	3165585775	66			66						
Administrator	THOMAS M BRODERICK	Fax	3165585763	**********CERTIFIED BEDS**********									
Bldg Owner	CYPRESS WICHITA REALTY LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	CYPRESS WICHITA OPERATIONS LLC	HA08	100074	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm	JERRY ERWIN ASSOCIATES INC	JA04	100086										

Name	KENNETH L CALDWELL ASSISTED LIVING MANOI	State ID	N-087-055	*LICENSED BEDS**********LIMITED**									
Address	400 S MARTINSON	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67213-5514	Telephone	3162697500	60		60							
Administrator	MICHAEL MILLER	Fax	3162672199	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF WICHITA	GA06	100047	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee	KANSAS MASONIC HOME	HA05	100071	County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm													

Name	LAKEPOINT ASSISTED LIVING AT CRESTVIEW	State ID	N-087-059	*LICENSED BEDS**********LIMITED**									
Address	600 NORTH 127TH ST EAST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP			
City	WICHITA, KS 67206-2830	Telephone	3167338100	48		48							
Administrator	CAROL SUE WILKERSON	Fax	3167338033	**********CERTIFIED BEDS**********									
Bldg Owner	LAKEPOINT AT CRESTVIEW LLC	GA08	100049	Area	MH/RF	MEDICARE	MEDICARE	MEDICAID	MEDICAID				
Lessee				County		SNF	MEDICAID	NF	IMR				
Sublessee				SEDGWICK		ONLY	SNF/NF	ONLY					
Management Firm													

Name : LAKEPOINT RETIREMENT & REHAB CENTER OF '
Address : 1315 N WEST STREET
City : WICHITA, KS 67203-1302
Administrator : BONNI JACKSON
Bldg Owner : LAKEPOINT WICHITA LLC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-049
Federal Provider : 175466
Telephone : 3169431295
Fax : 3169431399
GA08 100049

*LICENSED BEDS*********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	173	110		63			

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	110		

Name : LARKSFIELD PLACE ASSISTED LIVING
Address : 2727 N ROCK ROAD
City : WICHITA, KS 67226
Administrator : REGINALD HISLOP
Bldg Owner : CITY OF WICHITA
Lessee : LARKSFIELD PLACE RETIREMENT COMMUNITIES I
Sublessee :
Management Firm :

State ID : N-087-077
Federal Provider :
Telephone : 3163612800
Fax : 3163612828
GA06 100047
HA05 100071

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	80		48	32			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PARK WEST PLAZA
Address : 505 N. MAIZE ROAD
City : WICHITA, KS 67212-
Administrator : WAYNE L. CASH
Bldg Owner : 505 N MAIZE RD LLC
Lessee : MAIZE CCRC LLC
Sublessee :
Management Firm : LEGEND SENIOR LIVING LLC

State ID : N-087-046
Federal Provider :
Telephone : 3167294114
Fax : 3167290504
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS*********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	120	40	80				

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : PRAIRIE HOMESTEAD ASSISTED LIVING
Address : 1601 MAY ST
City : WICHITA, KS 67213-3511
Administrator : DIANE HULL
Bldg Owner : CITY OF WICHITA
Lessee : AMERICAN BAPTIST ESTATES INC
Sublessee :
Management Firm :

State ID : N-087-062
Federal Provider :
Telephone : 3162638264
Fax : 3162659904
GA06 100047
HA05 100071

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	36		36				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : REGENT PARK ASSISTED LIVING AND MEMORY (
Address : 10604 E 13TH ST NORTH
City : WICHITA, KS 67206
Administrator : JANET WINTER
Bldg Owner : HCRI KANSAS PROPERTIES LLC
Lessee : ICT 13 ALF LLC
Sublessee :
Management Firm : LEGEND SENIOR LIVING LLC

State ID : N-087-069
Federal Provider :
Telephone : 3166166288
Fax :
GA08 100049
HA08 100074
OTHER 100090

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	86		68	18			

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : SEDGWICK PLAZA
Address : 2455 N WOODLAWN ST
City : WICHITA, KS 67220-3950
Administrator : SUSAN B MOELLINGER
Bldg Owner : CAPITAL SENIOR LIVING A INC
Lessee :
Sublessee :
Management Firm :

State ID : N-087-033
Federal Provider :
Telephone : 3166873741
Fax : 3166873067
GA04 100045

*LICENSED BEDS*********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	35		35				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : STERLING HOUSE OF TALLGRASS
Address : 8600 E 21ST NORTH
City : WICHITA, KS 67206-2931
Administrator : STEPHANIE DUNLAP
Bldg Owner : BKD STERLING HOUSE OF WICHITA - TALLGRASS
Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC.
Sublessee :
Management Firm :

State ID : N-087-037
Federal Provider :
Telephone : 3166843100
Fax : 3166846612
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	34		34				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : THE HOMESTEAD OF WICHITA
Address : 12221 W MAPLE
City : WICHITA, KS 67235-
Administrator : KAREN MARIE WILKERSON
Bldg Owner : MIDWEST HOMESTEAD OF WICHITA REAL ESTATE
Lessee : MIDWEST HOMESTEAD OF WICHITA OPERATIONS
Sublessee :
Management Firm :

State ID : N-087-042
Federal Provider :
Telephone : 3167292400
Fax : 3167292403
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	50		50				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VIA CHRISTI VILLAGE GEORGETOWN INC
Address : 1655 GEORGETOWN ST
City : WICHITA, KS 67218-4120
Administrator : GREG HAYNES
Bldg Owner : VIA CHRISTI VILLAGE GEORGETOWN INC
Lessee :
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-087-051
Federal Provider :
Telephone : 3166850400
Fax : 3166850174
GA05 100046
JA05 100087

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	80		80				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VIA CHRISTI VILLAGE MCLEAN INC
Address : 777 N MCLEAN BLVD
City : WICHITA, KS 67203-4980
Administrator : DOUGLAS W FRIHART
Bldg Owner : CITY OF WICHITA
Lessee : VIA CHRISTI VILLAGE MCLEAN INC
Sublessee :
Management Firm : VIA CHRISTI VILLAGES INC

State ID : N-087-056
Federal Provider :
Telephone : 3169427000
Fax : 3169465727
GA06 100047
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	95	36	59				

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : VINTAGE PARK AT WATERFRONT LLC
Address : 900 N BAYSHORE DR
City : WICHITA, KS 67212-
Administrator : LINDA STEIN
Bldg Owner : SHG RESOURCES LP
Lessee : VINTAGE PARK AT WATERFRONT LLC
Sublessee :
Management Firm :

State ID : N-087-039
Federal Provider :
Telephone : 3169453344
Fax : 3169453344
GA02 100043
HA08 100074

*LICENSED BEDS**********LIMITED**

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	40		40				

**********CERTIFIED BEDS**********

Area : MH/RF
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR

Name : WICHITA PRESBYTERIAN MANOR
Address : 4700 W 13TH ST N
City : WICHITA, KS 67212-5599
Administrator : MARK B SCHULTE
Bldg Owner : CITY OF WICHITA
Lessee : PRESBYTERIAN MANORS INC
Sublessee :
Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC

State ID : N-087-023
Federal Provider : 175301
Telephone : 3169427456
Fax : 3169413806
GD06 100064
HA05 100071
JA05 100087

*LICENSED BEDS**********LIMITED** ATTACHED

	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
	91	60		31			

**********CERTIFIED BEDS**********

Area : SC
County : SEDGWICK

MEDICARE SNF ONLY	MEDICARE SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
			60

Name : JEFFERSON COUNTY MEM HOSPITAL LTCU
Address : 408 DELAWARE
City : WINCHESTER, KS 66097-4003
Operator : LAMONT COOK
Bldg Owner : JEFFERSON COUNTY MEMORIAL HOSPITAL INCO
Lessee :
Sublessee :
Management Firm :

State ID : H-044-101
Telephone : 9137744340
Fax : 9137743379
GA05 100046

Area : NE
County : JEFFERSON

*LICENSED BEDS**********	LIMITED**					ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
49	43	6				

Name : CUMBERNAULD VILLAGE
Address : 716 TWEED ST
City : WINFIELD, KS 67156-1595
Administrator : LINDA VOTH
Bldg Owner : CITY OF WINFIELD
Lessee : CUMBERNAULD VILLAGE
Sublessee :
Management Firm :

State ID : N-018-009
Federal Provider : 17E589
Telephone : 6202214141
Fax : 6202214146
GD06 100064
HA05 100071

Area : SE
County : COWLEY

*LICENSED BEDS**********	LIMITED**					ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
60	42		18			

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
		42	

Name : GOOD SAMARITAN SOCIETY - WINFIELD
Address : 1320 WHEAT RD
City : WINFIELD, KS 67156-4704
Administrator : TOM ANDERSON
Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY
Lessee :
Sublessee :
Management Firm :

State ID : N-018-006
Federal Provider : 175327
Telephone : 6202214660
Fax : 6202211999
GA05 100046

Area : SE
County : COWLEY

*LICENSED BEDS**********	LIMITED**					ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
85	45	40				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	45		

Name : KANSAS VETERANS HOME
Address : 1220 WORLD WAR II MEMORIAL DRIVE
City : WINFIELD, KS 67156-9801
Administrator : LINDA K POYNER
Bldg Owner : STATE OF KANSAS
Lessee :
Sublessee :
Management Firm :

State ID : N-018-011
Federal Provider : 175516
Telephone : 6202219479
Fax : 6202299050
GA06 100047

Area : SE
County : COWLEY

*LICENSED BEDS**********	LIMITED**					ATTACHED
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH HP
155	107	48				

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR
	107		

Name : FAMILY CARE HOME
Address : 1908 N BRADY
City : ABILENE, KS 67410-
Operator : BIRGITTE MAGER
Bldg Owner : WALTRAUD MADACS
Lessee :
Sublessee :
Management Firm :

State ID : B-021-010
Telephone : 7852631546
Fax : 7852633513
GA01 100042
Area : MH/RF
County : DICKINSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : PROGRESSIVE CARE HOME PLUS LLC
Address : 513 MILL ST
City : ALTON, KS 67623-
Operator : DONNA GREGORY
Bldg Owner : PROGRESSIVE CARE HOME PLUS LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-071-002
Telephone : 7859842290
Fax : 7859842293
GA08 100049
Area : MH/RF
County : OSBORNE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COMFORTCARE HOMES OF BALDWIN CITY LLC
Address : 232 ELM STREET
City : BALDWIN CITY, KS 66006-4120
Operator : SCOTT D SCHULTZ
Bldg Owner : SCOTT D & LINDA SCHULTZ
Lessee : COMFORTCARE HOMES OF BALDWIN CITY LLC
Sublessee :
Management Firm :

State ID : B-023-014
Telephone : 7855942603
Fax : 7855943924
GA01 100042
HA08 100074
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : COUNTRY ANGELS
Address : 2067 E 12TH ST
City : BAXTER SPRINGS, KS 66713-
Operator : LINDA CASE
Bldg Owner : GARY & LINDA CASE
Lessee :
Sublessee :
Management Firm :

State ID : B-011-001
Telephone : 6208565418
Fax : 6208561932
GA01 100042
Area : MH/RF
County : CHEROKEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Name : GOODRICK'S ADULT CARE HOME
Address : 510 N OSAGE ST
City : CALDWELL, KS 67022-1138
Operator : VERLA CROW
Bldg Owner : VERLA CROW
Lessee :
Sublessee :
Management Firm :

State ID : B-096-001
Telephone : 6208452456
Fax :
GA01 100042
Area : MH/RF
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
4						4	

Name : PHOENIX HOUSE
Address : 618 N MAIN
City : CALDWELL, KS 67022-1457
Operator : PENNY WILLIS
Bldg Owner : B & P CARE SERVICE INC
Lessee :
Sublessee :
Management Firm :

State ID : B-096-013
Telephone : 6208452211
Fax : 6208452311
GA04 100045
Area : MH/RF
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : SWEET COUNTRY HOMES INC
Address : 13450 S TOPEKA AVE
City : CARBONDALE, KS 66414-
Operator : MONICA ORTIZ
Bldg Owner : WILLIAM D SNYDER
Lessee : SWEET COUNTRY HOMES INC
Sublessee :
Management Firm :

State ID : B-070-001
Telephone : 7858367105
Fax : 7858367205
GA01 100042
HA04 100070

Area : MH/RF
County : OSAGE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : CHENEY GOLDEN AGE HOME PLUS
Address : 802 NORTH MAIN STREET
City : CHENEY, KS 67025-0370
Operator : TERESA ACHILLES
Bldg Owner : CHENEY GOLDEN AGE HOME INC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-183
Telephone : 3165403691
Fax : 3165420165
GA05 100046

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : KEEN BOARDING CARE HOME
Address : 1561 NAVAJO RD
City : CLAY CENTER, KS 67432-9802
Operator : ROBERTA KEEN
Bldg Owner : ROBERTA KEEN
Lessee :
Sublessee :
Management Firm :

State ID : B-014-001
Telephone : 7856323667
Fax :
GA01 100042

Area : MH/RF
County : CLAY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
4						4	

Name : HARBOR HOME A
Address : 434 N FOURTH ST
City : CLEARWATER, KS 67026-9757
Operator : NOREEN STONEHOCKER
Bldg Owner : HACIENDA CARE XV LP
Lessee : PINNACLE HEALTH FACILITIES XXXII LP
Sublessee :
Management Firm :

State ID : B-087-123
Telephone : 6205842271
Fax : 6205842217
GA02 100043
HA02 100068

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : HARBOR HOME B
Address : 434 N FOURTH ST
City : CLEARWATER, KS 67026-
Operator : NOREEN STONEHOCKER
Bldg Owner : HACIENDA CARE XV LP
Lessee : PINNACLE HEALTH FACILITIES XXXII LP
Sublessee :
Management Firm :

State ID : B-087-124
Telephone : 6205842271
Fax : 6205842277
GA02 100043
HA02 100068

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : SUG'S HOME CARE
Address : 608 W ST. LOUIS
City : CONWAY SPRINGS, KS 67031-8208
Operator : LENORA D HISER
Bldg Owner : LENORA D HISER
Lessee :
Sublessee :
Management Firm :

State ID : B-096-002
Telephone : 6204562003
Fax : 6204563183
GA01 100042

Area : MH/RF
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5							5

Name : ELLINWOOD COUNTRY LIVING
Address : 302 N MAIN
City : ELLINWOOD, KS 67526-1613
Operator : LAWANDA POHLMAN
Bldg Owner : ELLINWOOD SENIOR LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-005-001
Telephone : 6205642100
Fax : 6205643200
GA08 100049
Area : MH/RF
County : BARTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : FRANKLIN HOUSE
Address : 721 BEECH
City : FORT SCOTT, KS 66701-
Operator : KENNA SMITH
Bldg Owner : WES & KENNA SMITH
Lessee :
Sublessee :
Management Firm :

State ID : B-006-004
Telephone : 6202232720
Fax :
GA01 100042
Area : MH/RF
County : BOURBON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Name : HILLSIDE GUEST HOME
Address : 1115 227TH STREET
City : FORT SCOTT, KS 66701-
Operator : DEBRA RENE MORTER
Bldg Owner : SASS INC
Lessee :
Sublessee :
Management Firm :

State ID : B-006-003
Telephone : 6202236132
Fax :
GA01 100042
Area : MH/RF
County : BOURBON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10						10	

Name : MOSAIC SENIOR LEGACY SERVICES
Address : 510 W KANSAS
City : GARDEN CITY, KS 67846
Operator : DEBBIE REYNOLDS
Bldg Owner : JIT PROPERTIES LLC
Lessee : MOSAIC
Sublessee :
Management Firm :

State ID : B-028-001
Telephone : 6202769180
Fax : 6202752565
GA08 100049
HA05 100071
Area : MH/RF
County : FINNEY

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
26					26		

Name : ARBOR HOMES - GARDEN PLAIN
Address : 101 AVENUE C
City : GARDEN PLAIN, KS 67050
Operator : CARMELL PERERA
Bldg Owner : ARBOR HOMES LC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-185
Telephone : 3166529420
Fax : 3166529273
GA08 100049
Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : HAVEN HOUSE
Address : 410 NORTH RENO AVE
City : HAVEN, KS 67543-280
Operator : CAROL TACKETT
Bldg Owner : BOGNER HOUSING ALTERNATIVES LLC
Lessee : KRA LLC
Sublessee :
Management Firm :

State ID : B-078-029
Telephone : 6204652421
Fax : 6204652643
GA08 100049
HA08 100074
Area : MH/RF
County : RENO

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : HOME AGAIN SENIOR LIVING LLC
Address : 321 N MAIN ST
City : HAVILAND, KS 67059-
Operator : MELANIE CHRISTINE JACKS
Bldg Owner : HOME AGAIN SENIOR LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-049-001
Telephone : 6208625867
Fax :
GA08 100049

Area : MH/RF
County : KIOWA

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10							10

Name : THE PINES OF HIAWATHA
Address : 505 S 1ST ST
City : HIAWATHA, KS 66434-240
Operator : CAROL VOIGTS
Bldg Owner : COMFORTS OF HOME LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-007-003
Telephone : 7857427463
Fax : 7857427463
GA08 100049

Area : MH/RF
County : BROWN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : THE PINES OF HIAWATHA - SOUTH
Address : 1480 230TH ST
City : HIAWATHA, KS 66434
Operator : HEIDI VOIGTS
Bldg Owner : CAROL AND HEIDI VOIGTS
Lessee : COMFORTS OF HOME LLC
Sublessee :
Management Firm :

State ID : B-007-004
Telephone : 7857407463
Fax : 7857407465
GA01 100042
HA08 100074

Area : MH/RF
County : BROWN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COUNTRY PLACE HOME PLUS OF HOISINGTON
Address : 520 NORTH VINE ST
City : HOISINGTON, KS 67544-2014
Operator : MALISSIA PFLUGHOEFT
Bldg Owner : BARTON COUNTY ASSISTED LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-005-002
Telephone : 6206534121
Fax : 6206532360
GA08 100049

Area : MH/RF
County : BARTON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : GLENN MOORE MEADOWS
Address : 14005 214TH ROAD
City : HOLTON, KS 66436-8183
Operator : SHERRI L MOORE
Bldg Owner : SHERRI MOORE
Lessee : GLENN MOORE MEADOWS LLC
Sublessee :
Management Firm :

State ID : B-043-004
Telephone : 7853640106
Fax : 7853644016
GA01 100042
HA08 100074

Area : MH/RF
County : JACKSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : THE PINES OF HOLTON
Address : 725 IOWA
City : HOLTON, KS 66436-
Operator : MANDY COLEMAN
Bldg Owner : JOHN & MANDY COLEMAN
Lessee : RN CARE SERVICES INC
Sublessee :
Management Firm :

State ID : B-043-003
Telephone : 7853643314
Fax : 7853643314
GA01 100042
GA01 100042

Area : MH/RF
County : JACKSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
12							12

Name : HUTCHINSON HOME PLUS
Address : 826 PORTER
City : HUTCHINSON, KS 67501-
Operator : BEULAH WALKER
Bldg Owner : TRUMAN IRVING
Lessee : BEULAH WALKER
Sublessee :
Management Firm :

State ID : B-078-028
Telephone : 6202596562
Fax :
GA01 100042
HA01 100067

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Area : MH/RF
County :
RENO

Name : HEARTLAND HAVEN HOME PLUS
Address : 1345 CHEROKEE ROAD
City : INMAN, KS 67546
Operator : PAMELA BRUSH
Bldg Owner : STEVE AND ARTIS PERRET
Lessee : ARTIS PERRET NP PA
Sublessee :
Management Firm :

State ID : B-059-012
Telephone : 6205856908
Fax : 6205856930
GA01 100042
HA07 100073

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
11							11

Area : MH/RF
County :
MCPHERSON

Name : CARING HEARTS ADULT DAY CENTER INC
Address : 1234 STATE AVE
City : KANSAS CITY, KS 66102
Operator : LAWRENCE D CRAIG
Bldg Owner : PHYSICIANS MANAGEMENT & MARKETING INC
Lessee : CARING HEARTS ADULT DAY CENTER INC
Sublessee :
Management Firm :

State ID : B-105-133
Telephone : 9136213108
Fax : 9133217387
GA04 100045
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
30					30		

Area : MH/RF
County :
WYANDOTTE

Name : HMONG ADULT DAY CARE
Address : 2617 69TH ST
City : KANSAS CITY, KS 66109
Operator : DIA L HERR
Bldg Owner : BENJAMIN L HERR & MIA CHANG
Lessee :
Sublessee :
Management Firm :

State ID : B-105-134
Telephone : 9133342427
Fax :
GA01 100042

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5					5		

Area : MH/RF
County :
WYANDOTTE

Name : JOHNSONVILLE HOME LLC
Address : 2419 N 22ND ST
City : KANSAS CITY, KS 66104-4612
Operator : TIFFANY JOHNSON
Bldg Owner : TIFFANY JOHNSON
Lessee : JOHNSONVILLE HOME LLC
Sublessee :
Management Firm :

State ID : B-105-114
Telephone : 9133713995
Fax : 8663729403
GA01 100042
GA01 100042

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County :
WYANDOTTE

Name : SOUTHVIEW ADULT DAY SERVICES
Address : 1701 S 45TH ST
City : KANSAS CITY, KS 66106-
Operator : COOKIE ERNST
Bldg Owner : TRINITY POWERS & ASSOCIATES LLC
Lessee : COMPREHENSIVE OUTPATIENT SERVICES INC D/E
Sublessee :
Management Firm :

State ID : B-105-122
Telephone : 9136772273
Fax : 9136772274
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
20					20		

Area : MH/RF
County :
WYANDOTTE

Name : SUNFLOWER ADULT DAY CARE
Address : 1109 N 5TH ST
City : KANSAS CITY, KS 66101-
Operator : TONY GORDON
Bldg Owner : FIFTH AVENUE PLAZA LLC
Lessee : SUNFLOWER ADULT DAYCARE INC
Sublessee :
Management Firm :

State ID : B-105-116
Telephone : 9132990800
Fax : 9132871990
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
39					39		

Area : MH/RF
County : WYANDOTTE

Name : THE HOMESTEAD ADULT DAY CARE
Address : 2605 W 39TH AVENUE #A
City : KANSAS CITY, KS 66103
Operator : SELENA OVERTON
Bldg Owner : VILLAGES OF CHRIST
Lessee :
Sublessee :
Management Firm :

State ID : B-105-132
Telephone : 9134030949
Fax :
GA05 100046

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
18					18		

Area : MH/RF
County : WYANDOTTE

Name : SHANK HOME LLC
Address : 111 W RAILROAD AVE
City : LAKIN, KS 67860-48
Operator : JULIA TUBBS
Bldg Owner : SHANK HOME LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-047-001
Telephone : 6203556215
Fax : 6203558043
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : KEARNY

Name : COUNTRY PLACE HOME PLUS OF LARNED
Address : 710 W 9TH ST
City : LARNED, KS 67550-2452
Operator : LAURA SMITH
Bldg Owner : LARNED SENIOR LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-073-001
Telephone : 6202856212
Fax : 6202856109
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : PAWNEE

Name : BRIDGE HAVEN CARE COTTAGE
Address : 3109 W. 26TH
City : LAWRENCE, KS 66047
Operator : J ROBERT WILSON JR
Bldg Owner : DOUGLAS COUNTY VISITING NURSES ASSOCIATI(
Lessee : BRIDGE HAVEN MEMORY CARE RESIDENCE LLC
Sublessee :
Management Firm :

State ID : B-023-010
Telephone : 7858561630
Fax : 7858561630
GA05 100046
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
4							4

Area : MH/RF
County : DOUGLAS

Name : BRIDGE HAVEN MEMORY CARE RESIDENCE LLC
Address : 1126 HILLTOP DRIVE
City : LAWRENCE, KS 66044
Operator : J. ROBERT WILSON JR
Bldg Owner : BECKMEISTERS LLC
Lessee : BRIDGE HAVEN MEMORY CARE RESIDENCE LLC
Sublessee :
Management Firm :

State ID : B-023-011
Telephone : 7853711106
Fax : 7858561077
GA08 100049
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10							10

Area : MH/RF
County : DOUGLAS

Name : COOPERS HOME CARE #1
Address : 2421 RIDGE COURT
City : LAWRENCE, KS 66046-4078
Operator : LILLIAN COOPER
Bldg Owner : LILLIAN COOPER
Lessee :
Sublessee :
Management Firm :

State ID : B-023-003
Telephone : 7858652525
Fax : 7857491747
GA01 100042
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : COOPERS HOME CARE #2
Address : 2138 LEARNARD AVE
City : LAWRENCE, KS 66046-3156
Operator : LILLIAN COOPER
Bldg Owner : LILLIAN & GARY COOPER
Lessee :
Sublessee :
Management Firm :

State ID : B-023-005
Telephone : 7858652525
Fax : 7857491747
GA01 100042
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COOPERS HOME CARE #3
Address : 2139 PENNSYLVANIA ST
City : LAWRENCE, KS 66046-3163
Operator : LILLIAN COOPER
Bldg Owner : LILLIAN COOPER
Lessee :
Sublessee :
Management Firm :

State ID : B-023-007
Telephone : 7858652525
Fax : 7857491747
GA01 100042
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : MIDLAND CARE LAWRENCE ADULT DAY HEALTH
Address : 319 PERRY ST
City : LAWRENCE, KS 66044-1560
Operator : BRENDA WAHL
Bldg Owner : MIDLAND CARE CONNECTION, INC
Lessee :
Sublessee :
Management Firm :

State ID : B-023-013
Telephone : 7858423627
Fax : 7852325567
GA05 100046
Area : MH/RF
County : DOUGLAS

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
40					40		

Name : MIDWEST HOMEPLACE WEST
Address : 523 LIMIT ST
City : LEAVENWORTH, KS 66048-
Operator : JILL GUENTHER
Bldg Owner : MIDWEST HOMEPLACE INC
Lessee :
Sublessee :
Management Firm :

State ID : B-052-011
Telephone : 9136512879
Fax :
GA04 100045
Area : MH/RF
County : LEAVENWORTH

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10						10	

Name : COMFORT CARE HOMES OF KC #9833
Address : 9833 OVERBROOK CT
City : LEAWOOD, KS 66207
Operator : NEIL BARNETT
Bldg Owner : COMFORT CARE HOMES OF KANSAS CITY LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-046-033
Telephone : 9136430111
Fax : 9132731520
GA07 100048
Area : MH/RF
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : GALWAY HOMES
Address : 9825 OVERBROOK RD
City : LEAWOOD, KS 66206-5308
Operator : JOHN D HIGGINS
Bldg Owner : W.H.E. HOMES LLC, D/B/A GALWAY HOMES
Lessee :
Sublessee :
Management Firm :

State ID : B-046-031
Telephone : 9133415547
Fax : 9133415457
GA08 100049
Area : MH/RF
County : JOHNSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : GALWAY HOMES #2
Address : 10205 HOWE DR
City : LEAWOOD, KS 66206-
Operator : JOHN HIGGINS
Bldg Owner : W.H.E. HOMES LLC DBA GALWAY HOMES #2
Lessee :
Sublessee :
Management Firm :

State ID : B-046-032
Telephone : 9133812580
Fax : 9133813379
GA08 100049
Area : MH/RF
County : JOHNSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : SENIORCARE HOMES NEWPORT HOUSE
Address : 10301 SAGAMORE RD
City : LEAWOOD, KS 66206-
Operator : JERALD L PULLINS JR
Bldg Owner : SENIORCARE REAL ESTATE LLC
Lessee : SENIORCARE HOMES LLC
Sublessee :
Management Firm :

State ID : B-046-042
Telephone : 9132360036
Fax : 9134323055
GA08 100049
HA08 100074
Area : MH/RF
County : JOHNSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : GOLDEN DAY'S ELDERLY DAY CENTER
Address : 1010 S KANSAS SUITE B7 & B8
City : LIBERAL, KS 67901
Operator : NITA MONROE
Bldg Owner : SOUTHGATE MALL LLC
Lessee : NITA MONROE
Sublessee :
Management Firm :

State ID : B-088-001
Telephone : 5804616127
Fax :
GA08 100049
HA01 100067
Area : MH/RF
County : SEWARD

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10					10		

Name : CONENE'S PRIVATE ADULT CARE HOME
Address : 411 S HARTUP ST
City : MCPHERSON, KS 67460-4927
Operator : CONENE TURNER
Bldg Owner : CONENE TURNER
Lessee :
Sublessee :
Management Firm :

State ID : B-059-003
Telephone : 6202417438
Fax :
GA01 100042
Area : MH/RF
County : MCPHERSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
2						2	

Name : HARMONY ADULT HOME PLUS
Address : 1108 EAST SIMPSON
City : MCPHERSON, KS 67460-6009
Operator : BRENDA A FOSTER
Bldg Owner : BRENDA A FOSTER
Lessee :
Sublessee :
Management Firm :

State ID : B-059-013
Telephone : 6202427981
Fax :
GA01 100042
Area : MH/RF
County : MCPHERSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : LOVING CARE OF MCPHERSON
Address : 1411 DOVER ROAD
City : MCPHERSON, KS 67460-1722
Operator : CASSANDRA RIERSON
Bldg Owner : JOE & CASSANDRA RIERSON
Lessee : LOVING CARE OF MPHERSON LLC
Sublessee :
Management Firm :

State ID : B-059-006
Telephone : 6202417943
Fax : 6202419091
GA01 100042
HA08 100074

Area : MH/RF
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : MTM BOARDING CARE HOME
Address : 101 N MAXWELL ST
City : MCPHERSON, KS 67460-4509
Operator : MARLA TOLBERT
Bldg Owner : MIKE AND MARLA TOLBERT
Lessee :
Sublessee :
Management Firm :

State ID : B-059-005
Telephone : 6202414671
Fax :
GA01 100042

Area : MH/RF
County : MCPHERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7						7	

Name : LINNWOOD PARK OF MERIDEN NORTH
Address : 6313 HIGHWAY K-4
City : MERIDEN, KS 66512-
Operator : KEITH HAYNIE
Bldg Owner : DEER PARK SENIOR GROUP HOMES LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-044-001
Telephone : 7854840100
Fax : 7854840100
GA08 100049

Area : MH/RF
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : LINNWOOD PARK OF MERIDEN SOUTH
Address : 3566 62ND ST
City : MERIDEN, KS 66512-
Operator : KEITH HAYNIE
Bldg Owner : DEER PARK SENIOR GROUP HOMES LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-044-002
Telephone : 7854842165
Fax : 7854840100
GA08 100049

Area : MH/RF
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : SENIORS ON THE GREEN ADULT CARE CENTER
Address : 19795 W 183RD STREET
City : OLATHE, KS 66062-9271
Operator : CINDY L EDWARDS
Bldg Owner : RONALD D AND CINDY L EDWARDS
Lessee : SENIORS ON THE GREEN ADULT CARE CENTER LI
Sublessee :
Management Firm :

State ID : B-046-047
Telephone : 9132714727
Fax : 9135922988
GA01 100042
HA08 100074

Area : MH/RF
County : JOHNSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5					5		

Name : CHRISTIAN CARE COTTAGE #2
Address : 415 S POPLAR
City : OTTAWA, KS 66067-
Operator : CAROLYN RANDEL
Bldg Owner : CAROLYN & JOHN RANDEL
Lessee :
Sublessee :
Management Firm :

State ID : B-030-007
Telephone : 7852426383
Fax : 7852426383
GA01 100042

Area : MH/RF
County : FRANKLIN

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name	COMFORT CARE HOMES OF KC #10001	State ID	B-046-039	*LICENSED BEDS*********LIMITED**										
Address	10001 FONTANA			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66207-3639	Telephone	9136430111	8							8			
Operator	NEIL BARNETT	Fax	9132731520											
Bldg Owner	HOWARD MICK, TRUSTEE	GA01	100042	Area	MH/RF									
Lessee	COMFORT CARE HOMES OF KANSAS CITY, LLC	HA08	100074	County	JOHNSON									
Sublessee														
Management Firm														

Name	COMFORT CARE HOMES OF KC #7010	State ID	B-046-030	*LICENSED BEDS*********LIMITED**										
Address	7010 WEST 69TH TERR			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66204-	Telephone	9136430111	5							5			
Operator	NEIL BARNETT	Fax	9132731520											
Bldg Owner	COMFORT CARE HOMES OF KANSAS CITY LLC	GA07	100048	Area	MH/RF									
Lessee				County	JOHNSON									
Sublessee														
Management Firm														

Name	SENIORCARE HOMES HANOVER HOUSE	State ID	B-046-036	*LICENSED BEDS*********LIMITED**										
Address	9939 FOSTER STREET			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66212-	Telephone	9132360036	6							6			
Operator	JERALD L PULLINS JR	Fax	9134323055											
Bldg Owner	SENIORCARE REAL ESTATE LLC	GA08	100049	Area	MH/RF									
Lessee	SENIORCARE HOMES LLC	HA08	100074	County	JOHNSON									
Sublessee														
Management Firm														

Name	SENIORCARE HOMES NANTUCKET HOUSE	State ID	B-046-045	*LICENSED BEDS*********LIMITED**										
Address	15100 ENGLAND ST			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66221	Telephone	9132360036	8							8			
Operator	JERALD L PULLINS JR	Fax	9134323055											
Bldg Owner	SENIORCARE REAL ESTATE LLC	GA08	100049	Area	MH/RF									
Lessee	SENIORCARE HOMES LLC	HA08	100074	County	JOHNSON									
Sublessee														
Management Firm														

Name	SENIORCARE HOMES WAVENY PARK HOUSE	State ID	B-046-040	*LICENSED BEDS*********LIMITED**										
Address	6918 W 68TH ST			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66204-	Telephone	9132360036	5							5			
Operator	JERALD L PULLINS JR	Fax	9134323055											
Bldg Owner	SENIORCARE REAL ESTATE LLC	GA08	100049	Area	MH/RF									
Lessee	SENIORCARE HOMES LLC	HA08	100074	County	JOHNSON									
Sublessee														
Management Firm														

Name	SPRINGVIEW ADULT CARE CENTER	State ID	B-046-048	*LICENSED BEDS*********LIMITED**										
Address	10644 W 87TH STREET			LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP			
City	OVERLAND PARK, KS 66212	Telephone	9133109221	10							10			
Operator	DAVID NDUNGU	Fax	8666394192											
Bldg Owner	QIAN MEI LUO REVOCABLE INTERVIVOS TRUST	GA07	100048	Area	MH/RF									
Lessee	SPRINGVIEW HOME HEALTHCARE LLC	HA08	100074	County	JOHNSON									
Sublessee														
Management Firm														

Name	JOY HOME	State ID		B-096-017	*LICENSED BEDS*********LIMITED**									
Address	419 N PACIFIC PO BOX 26				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	OXFORD, KS 67119-	Telephone		6204553224	10							10		
Operator	JUDITH A SAWYER	Fax		6204553284										
Bldg Owner	DON KLAUSMEYER CONSTRUCTION LLC	GA08	100049	Area	MH/RF									
Lessee	JOY HOME INC	HA04	100070	County	SUMNER									
Sublessee														
Management Firm														

Name	COMFORTCARE HOMES, MILLIES' PLACE	State ID		B-019-002	*LICENSED BEDS*********LIMITED**									
Address	803 LAKEVIEW DR				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	PITTSBURG, KS 66762	Telephone		6203086520	8							8		
Operator	DENISE MORRIS	Fax		6203085350										
Bldg Owner	CHRIS AND ALISHIA WINDSOR	GA01	100042	Area	MH/RF									
Lessee	COMFORTCARE HOMES OF PITTSBURG LLC	HA08	100074	County	CRAWFORD									
Sublessee														
Management Firm														

Name	HEART TO HEART HOME PLUS	State ID		B-030-008	*LICENSED BEDS*********LIMITED**									
Address	3600 COLORADO RD				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	POMONA, KS 66076-9449	Telephone		7855945345	4							4		
Operator	VELDA JANE WILSON	Fax		7855663868										
Bldg Owner	VELDA JANE WILSON	GA01	100042	Area	MH/RF									
Lessee				County	FRANKLIN									
Sublessee														
Management Firm														

Name	AUTUMN HILLS LLC	State ID		B-081-001	*LICENSED BEDS*********LIMITED**									
Address	7621 FALCON RD				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	RILEY, KS 66531	Telephone		7854852777	8							8		
Operator	HEATHER TREMBLAY	Fax		7854852778										
Bldg Owner	AUTUMN HILLS LLC	GA08	100049	Area	MH/RF									
Lessee				County	RILEY									
Sublessee														
Management Firm														

Name	PEACE OF MIND HOME PLUS	State ID		B-008-003	*LICENSED BEDS*********LIMITED**									
Address	400 E SCHOOL				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	ROSE HILL, KS 67133-8465	Telephone		3162607046	4							4		
Operator	SHALONDA BANKS	Fax												
Bldg Owner	JIM & SALLY PARTRIDGE; JOSH & CHANDRA BILHI	GA07	100048	Area	MH/RF									
Lessee	PEACE OF MIND LLC	HA08	100074	County	BUTLER									
Sublessee														
Management Firm														

Name	SUNFLOWER ADULT DAY SERVICES	State ID		B-085-007	*LICENSED BEDS*********LIMITED**									
Address	401 W IRON				LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP		
City	SALINA, KS 67401-2563	Telephone		7858236666	30					30				
Operator	MARY SUE WELLS	Fax		7858276666										
Bldg Owner	ST JOSEPH ANNEX INC	GA05	100046	Area	MH/RF									
Lessee	SALINE COUNTY COMMISSION ON AGING	GC06	100055	County	SALINE									
Sublessee														
Management Firm														

Name : COUNTRY PLACE HOME PLUS OF SCANDIA
Address : 308 WASHINGTON PO BOX 228
City : SCANDIA, KS 66966-
Operator : DIANE M LARSON-FLOERSCH
Bldg Owner : RAD HOMES LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-079-004
Telephone : 7853352508
Fax :
GA08 100049

Area : MH/RF
County : REPUBLIC

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : DESERET HEALTH AND REHAB AT SMITH CENTE
Address : 117 W 1ST ST #369
City : SMITH CENTER, KS 66967-2005
Operator : TAMMY PETTIJOHN
Bldg Owner : KANSAS FIVE PROPERTY LLC
Lessee : DESERET HEALTH & REHABILITATION AT SMITH C
Sublessee :
Management Firm : DESERET HEALTH GROUP LLC

State ID : N-092-001
Telephone : 7852826696
Fax : 7852823336
GA08 100049
HA08 100074
OTHER 100090

Area : NC
County : SMITH

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
45	35					10	

Name : HERITAGE HARBOR
Address : 104 W FRANCIS
City : SMITH CENTER, KS 66967-3004
Operator : BRENDA MCCRARY
Bldg Owner : BRENDA MCCRARY
Lessee :
Sublessee :
Management Firm :

State ID : B-092-002
Telephone : 7852823372
Fax :
GA01 100042

Area : MH/RF
County : SMITH

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10						10	

Name : INDEPENDENT LIVING
Address : 517 N MONROE ST
City : SMITH CENTER, KS 66967-1515
Operator : REBECCA ATTWOOD
Bldg Owner : REBECCA ATTWOOD
Lessee :
Sublessee :
Management Firm :

State ID : B-092-001
Telephone : 7852823536
Fax :
GA01 100042

Area : MH/RF
County : SMITH

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10						10	

Name : SERENITY SENIOR HOME CARE LLC
Address : 607 W ALLEN ST
City : SPRING HILL, KS 66083
Operator : LAURA ROZELL
Bldg Owner : TOM CARBAJO
Lessee : SERENITY SENIOR HOME CARE LLC
Sublessee :
Management Firm :

State ID : B-046-046
Telephone : 9135302439
Fax :
GA01 100042
HA08 100074

Area : MH/RF
County : JOHNSON

*LICENSED BEDS*********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3						3	

Name : LEISURE HOMESTEAD AT STAFFORD
Address : 405 GRAND AVE
City : STAFFORD, KS 67578-2009
Operator : JENNIFER GILLESPIE
Bldg Owner : LEISURE HOMESTEAD ASSOCIATION
Lessee :
Sublessee :
Management Firm :

State ID : N-093-002
Telephone : 6202345208
Fax : 6202346911
GA05 100046

Area : NC
County : STAFFORD

*LICENSED BEDS*********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
41	35						6

Name : ANEW HOME LLC
Address : 1402 SW LANCASTER ST
City : TOPEKA, KS 66604-2308
Operator : SHARON KAYE MULQUEEN
Bldg Owner : ANEW HOME LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-089-076
Telephone : 7852305158
Fax : 7852663706
GA08 100049

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : AUTUMN HOME PLUS, INC
Address : 747 NW WALNUT LN
City : TOPEKA, KS 66617-
Operator : BETTY CARSWELL
Bldg Owner : BARRY W & BETTY L CARSWELL
Lessee : AUTUMN HOME PLUS INC
Sublessee :
Management Firm :

State ID : B-089-068
Telephone : 7852320730
Fax : 7852860447
GA01 100042
HA04 100070

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : FOUNDATION HOUSES INC
Address : 3401 NE SEWARD AVENUE
City : TOPEKA, KS 66616
Operator : JOHN KING
Bldg Owner : JOHN KING
Lessee : FOUNDATION HOUSES INC
Sublessee :
Management Firm :

State ID : B-089-077
Telephone : 7852866388
Fax :
GA01 100042
HA04 100070

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
10						10	

Name : MIDLAND CARE RESIDENTIAL CENTER
Address : 120 SW FRAZIER CIR
City : TOPEKA, KS 66606-2800
Administrator : KRISTI LEONARD
Bldg Owner : MIDLAND CARE CONNECTION, INC
Lessee :
Sublessee :
Management Firm :

State ID : N-089-043
Federal Provider :
Telephone : 7852322044
Fax : 7852325567
GA05 100046

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED** ATTACHED

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
22			12		10		

**********CERTIFIED BEDS**********

MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	IMR

Name : MIDLAND CARE SERVICES
Address : 130 SW FRAZIER CIR
City : TOPEKA, KS 66606-2900
Operator : KIMBERLY K FRECKS
Bldg Owner : MIDLAND CARE CONNECTION, INC
Lessee :
Sublessee :
Management Firm :

State ID : B-089-057
Telephone : 7852325770
Fax : 7852325567
GA05 100046

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
88					88		

Name : MOORE ADULT CARE HOME
Address : 515 NW 35TH ST
City : TOPEKA, KS 66617-1703
Operator : DIXIE MOORE
Bldg Owner : DIXIE MOORE
Lessee :
Sublessee :
Management Firm :

State ID : B-089-040
Telephone : 7852862859
Fax :
GA01 100042

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3						3	

Name : TAMMY THE PRO LLC
Address : 4304 SW 17TH ST
City : TOPEKA, KS 66604-
Operator : TAMMY GONZALEZ
Bldg Owner : TAMMY & DANIEL GONZALEZ
Lessee : TAMMY THE PRO LLC
Sublessee :
Management Firm :

State ID : B-089-073
Telephone : 7857838398
Fax : 7857837417
GA01 100042
HA08 100074

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Name : THE BOGART HOUSE
Address : 1902 SW LANE
City : TOPEKA, KS 66604-
Operator : JUSTIN D BOGART
Bldg Owner : JUSTIN & JEAN BOGART
Lessee : THE BOGART HOUSE LLC
Sublessee :
Management Firm :

State ID : B-089-072
Telephone : 7853831152
Fax :
GA01 100042
HA08 100074

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Name : TOPEKA ADULT CARE CENTER
Address : 3314 SW FRONT STREET
City : TOPEKA, KS 66606-1952
Operator : MANDY COLEMAN
Bldg Owner : JOHN & MANDY COLEMAN
Lessee : RN CARE SERVICES INC
Sublessee :
Management Firm :

State ID : B-089-062
Telephone : 7852337397
Fax : 7852337397
GA01 100042
HA04 100070

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : WINTER MEADOW HOMES I
Address : 2832 SW MULVANE ST
City : TOPEKA, KS 66611-1626
Operator : BENNIE N BOXX II
Bldg Owner : LEA ENTERPRISES, LLC
Lessee : WINTER MEADOW HOMES INC
Sublessee :
Management Firm :

State ID : B-089-070
Telephone : 7852342989
Fax : 7852342989
GA02 100043
HA04 100070

Area : MH/RF
County : SHAWNEE

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : LINNWOOD PARK OF VALLEY FALLS HOME PLUS
Address : 1509 1/2 LINN ST
City : VALLEY FALLS, KS 66088-1185
Operator : KEITH J HAYNIE
Bldg Owner : CASTLE GROVE PROPERTIES LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-044-003
Telephone : 7859456100
Fax : 7859453684
GA08 100049

Area : MH/RF
County : JEFFERSON

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : GLENWOOD HOUSE
Address : 401 NORTH WOODLAWN
City : WELLINGTON, KS 67152-
Operator : BRENDA BACON
Bldg Owner : IRVIN PENNER
Lessee : BRENDA & LARRY BACON
Sublessee :
Management Firm :

State ID : B-096-011
Telephone : 6203263556
Fax : 6208925843
GA01 100042
HA01 100067

Area : MH/RF
County : SUMNER

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : ARBOR HOME - MARJORIE
Address : 6311 E MARJORIE
City : WICHITA, KS 67208-
Operator : HELEN SMITH
Bldg Owner : JOAN STINSON-MYERS & JERRELL MYERS
Lessee : ARBOR HOME LC
Sublessee :
Management Firm :

State ID : B-087-137
Telephone : 3166826849
Fax : 3166529273
GA01 100042
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : ARBOR HOME - ROCKWOOD
Address : 6807 E ROCKWOOD
City : WICHITA, KS 67206-
Operator : CARMELL PERERA
Bldg Owner : CLIFFORD HAMMOND
Lessee : ARBOR HOME LC
Sublessee :
Management Firm :

State ID : B-087-153
Telephone : 3166529421
Fax : 3166529273
GA01 100042
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : BETHEL HOUSE
Address : 1316 CHARLOTTE
City : WICHITA, KS 67208-2659
Operator : DARLENE FINLEY
Bldg Owner : LMC CAPITAL LLC
Lessee : BETHEL HOUSE LLC
Sublessee :
Management Firm :

State ID : B-087-145
Telephone : 3164404406
Fax : 3164404407
GA08 100049
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : CARING HEARTS FOR SENIOR LIVING
Address : 1229 S BYRON
City : WICHITA, KS 67209-
Operator : CATHY DIERKS
Bldg Owner : CATHY & LLOYD DIERKS
Lessee :
Sublessee :
Management Firm :

State ID : B-087-142
Telephone : 3169938942
Fax : 3167732492
GA01 100042

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : CATHOLIC CHARITIES ADULT DAY SERVICES
Address : 5920 W CENTRAL
City : WICHITA, KS 67212-
Operator : BRENDA. ETLING
Bldg Owner : CATHOLIC DIOCESE OF WICHITA
Lessee :
Sublessee :
Management Firm :

State ID : B-087-117
Telephone : 3169422008
Fax : 3169422260
GA05 100046

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
60					60		

Name : COMFORT CARE HOMES INC #147
Address : 147 S RIDGEWOOD
City : WICHITA, KS 67218-1817
Operator : ANGELA LEE
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-100
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : COMFORT CARE HOMES INC #441
Address : 441 S MORNINGSIDE ST
City : WICHITA, KS 67218-1817
Operator : DEBBIE GOODWIN
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-095
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : COMFORT CARE HOMES INC #509
Address : 509 N TALLYRAND
City : WICHITA, KS 67206-1603
Operator : ANGELA LEE
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-126
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : COMFORT CARE HOMES INC #557
Address : 557 N ARMOUR
City : WICHITA, KS 67218-1817
Operator : DEBBIE GOODWIN
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES, INC
Sublessee :
Management Firm :

State ID : B-087-186
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COMFORT CARE HOMES INC #641
Address : 641 N BROADMOOR
City : WICHITA, KS 67206-1603
Operator : ANGELA LEE
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-125
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COMFORT CARE HOMES INC #6504
Address : 6504 ONEIDA
City : WICHITA, KS 67206-1320
Operator : DEBBIE GOODWIN
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-097
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : COMFORT CARE HOMES INC #6505
Address : 6505 E 10TH
City : WICHITA, KS 67206-1320
Operator : DEBBIE GOODWIN
Bldg Owner : MLC INC
Lessee : COMFORT CARE HOMES INC
Sublessee :
Management Firm :

State ID : B-087-106
Telephone : 3166853322
Fax : 3166859822
GA04 100045
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
7							7

Name : COMPASSIONATE CARE WEST
Address : 968 NORTH TYLER
City : WICHITA, KS 67212-3240
Operator : SHELLY LUNSFORD
Bldg Owner : COMPASSIONATE CARE WEST LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-167
Telephone : 3164404167
Fax : 3164404169
GA08 100049

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : COVENANT CARE SENIOR LIVING
Address : 14422 TWIN LAKE DR
City : WICHITA, KS 67230-9517
Operator : GLENNIS SVANDA
Bldg Owner : TWIN LAKE LIVING LLC
Lessee : COVENANT CARE SENIOR LIVING INC
Sublessee :
Management Firm :

State ID : B-087-158
Telephone : 3166559996
Fax : 3167753172
GA08 100049
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
9							9

Name : FAIR MEADOWS
Address : 15 CRESTVIEW LAKE ESTATES
City : WICHITA, KS 67220
Operator : VEOMANY DANG
Bldg Owner : MATT MATHEWS
Lessee : THE MEADOWS LLC
Sublessee :
Management Firm :

State ID : B-087-192
Telephone : 3165585132
Fax :
GA01 100042
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : GRACIOUS SENIOR LIVING LLC I
Address : 551 S HOLLAND
City : WICHITA, KS 67209
Operator : JUANA BERRY
Bldg Owner : KTW LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-171
Telephone : 3163375461
Fax : 3163375462
GA08 100049
OTHER 100090

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : GRACIOUS SENIOR LIVING LLC II
Address : 555 S HOLLAND
City : WICHITA, KS 67209
Operator : JUANA BERRY
Bldg Owner : KTW LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-170
Telephone : 3163517660
Fax : 3163375462
GA08 100049
OTHER 100090

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : GRACIOUS SENIOR LIVING LLC III
Address : 573 S HOLLAND
City : WICHITA, KS 67209
Operator : JUANA BERRY
Bldg Owner : KTW LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-173
Telephone : 3162016300
Fax : 3163375462
GA08 100049
OTHER 100090

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : GRACIOUS SENIOR LIVING LLC IV
Address : 571 S HOLLAND
City : WICHITA, KS 67209
Operator : JUANA BERRY
Bldg Owner : KTW LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-172
Telephone : 3162014224
Fax : 3163375462
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : SEDGWICK

Name : GRACIOUS SENIOR LIVING LLC V
Address : 2115 N BROADMOOR
City : WICHITA, KS 67206
Operator : AMY E. SNYDER
Bldg Owner : BROADMOOR ONE LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-181
Telephone : 3162603625
Fax : 3162603621
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : SEDGWICK

Name : GRACIOUS SENIOR LIVING LLC VI
Address : 2119 N BROADMOOR
City : WICHITA, KS 67206
Operator : CORTEZ NELSON
Bldg Owner : BROADMOOR ONE LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-182
Telephone : 3162603237
Fax : 3162603621
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : SEDGWICK

Name : GRACIOUS SENIOR LIVING LLC VII
Address : 2117 N BROADMOOR
City : WICHITA, KS 67226-
Operator : CORTEZ NELSON
Bldg Owner : BROADMOOR ONE LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-174
Telephone : 3162601886
Fax : 3162603621
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : SEDGWICK

Name : GRACIOUS SENIOR LIVING LLC VIII
Address : 2123 N BROADMOOR
City : WICHITA, KS 67226-
Operator : CORTEZ NELSON
Bldg Owner : BROADMOOR ONE LLC
Lessee :
Sublessee :
Management Firm : OXFORD ICT MGMT LLC

State ID : B-087-175
Telephone : 3162601883
Fax : 3162603621
GA08 100049
OTHER 100090

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County : SEDGWICK

Name : HEALING HANDS COMFORT HOMES LLC
Address : 140 N TYLER RD
City : WICHITA, KS 67212-3714
Operator : CHELA LOVE
Bldg Owner : THE ELEANOR M RANKIN REVOCABLE TRUST
Lessee : HEALING HANDS COMFORT HOMES LLC
Sublessee :
Management Firm :

State ID : B-087-168
Telephone : 3162016452
Fax : 3162016452
GA07 100048
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Area : MH/RF
County : SEDGWICK

Name : HOME AWAY FROM HOME
Address : 333 N WOODLAWN
City : WICHITA, KS 67208
Operator : KEENA D. CHARLES
Bldg Owner : HAZEL BAKER
Lessee : HOME AWAY FROM HOME LLC
Sublessee :
Management Firm :

State ID : B-087-191
Telephone : 3162141967
Fax :
GA01 100042
HA08 100074

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
4							4

Area : MH/RF
County :
SEDGWICK

Name : MARJORIE'S HOME LLC
Address : 14601 TIMBER LAKE RD
City : WICHITA, KS 67230-9220
Operator : THERESA REGIER
Bldg Owner : MARJORIE'S HOME LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-162
Telephone : 3162601234
Fax : 3169778809
GA08 100049

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County :
SEDGWICK

Name : MARY MARTIN'S RETIREMENT
Address : 1418 PLEASANT VIEW DR
City : WICHITA, KS 67203-1711
Operator : MARY MARTIN
Bldg Owner : MARY MARTIN
Lessee :
Sublessee :
Management Firm :

State ID : B-087-149
Telephone : 3169425028
Fax : 3169425028
GA01 100042

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5						5	

Area : MH/RF
County :
SEDGWICK

Name : MEADOWLARK ADULT CARE HOME 1
Address : 438 S SOCORA
City : WICHITA, KS 67209-
Operator : JILL HAMES
Bldg Owner : 439 SOUTH SOCORA LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-121
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Area : MH/RF
County :
SEDGWICK

Name : MEADOWLARK ADULT CARE HOME 2
Address : 254 S ROBIN RD
City : WICHITA, KS 67209-
Operator : JILL HAMES
Bldg Owner : 254 SOUTH ROBIN ROAD LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-135
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County :
SEDGWICK

Name : MEADOWLARK ADULT CARE HOME 3
Address : 11216 W MAPLE
City : WICHITA, KS 67209-
Operator : SUSAN HATCHER
Bldg Owner : 11216 WEST MAPLE STREET LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-141
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Area : MH/RF
County :
SEDGWICK

Name : MEADOWLARK ADULT CARE HOME 4
Address : 1425 LEECREST
City : WICHITA, KS 67209-
Operator : SUSAN HATC HER
Bldg Owner : 1425 SOUTH LEECREST STREET LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-147
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : MEADOWLARK ADULT CARE HOME 5
Address : 8101 W MAPLE
City : WICHITA, KS 67209-
Operator : JILL HAMES
Bldg Owner : 8101 W MAPLE LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-148
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5							5

Name : MEADOWLARK ADULT CARE HOME 6
Address : 10001 W 12TH ST NORTH
City : WICHITA, KS 67212-
Operator : DANIEL HAMES
Bldg Owner : 10001 W 12TH ST NORTH LLC
Lessee : MEADOWLARK ADULT CARE HOME INC
Sublessee :
Management Firm :

State ID : B-087-178
Telephone : 3167732277
Fax : 3167737077
GA08 100049
HA04 100070

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : MOTHERS & OTHERS INC
Address : 234 S ANNA
City : WICHITA, KS 67209-2404
Operator : KAREN JAMES
Bldg Owner : CHARLES & KAREN JAMES
Lessee : MOTHERS & OTHERS INC
Sublessee :
Management Firm :

State ID : B-087-119
Telephone : 3169452028
Fax : 3169450670
GA01 100042
GA04 100045

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
12							12

Name : NEW BEGINNINGS HOME CARE
Address : 2625 N HALSTEAD
City : WICHITA, KS 67204-
Operator : SHIRLEY BURNETT
Bldg Owner : SHIRLEY L & CHESTER L BURNETT
Lessee : NEW BEGINNINGS HOME CARE INC
Sublessee :
Management Firm :

State ID : B-087-169
Telephone : 3168320007
Fax :
GA01 100042
HA05 100071

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
3							3

Name : REFLECTION LIVING LLC
Address : 1377 N IROQUOIS RD
City : WICHITA, KS 67203-4623
Operator : SUSAN ENGELS
Bldg Owner : REFLECTION LIVING LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-146
Telephone : 3169922119
Fax : 3164404224
GA08 100049

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
9							9

Name : REFLECTION LIVING MAIZE COURT 1
Address : 623 S MAIZE COURT
City : WICHITA, KS 67235
Operator : JENNIFER MAUL
Bldg Owner : REFLECTION LIVING SENIOR CARE LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-189
Telephone : 3166804724
Fax : 3164255531
GA08 100049

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
12							12

Name : REFLECTION LIVING MAIZE COURT 2
Address : 625S MAIZE COURT
City : WICHITA, KS 67209
Operator : JENNIFER MAUL
Bldg Owner : REFLECTION LIVING SENIOR CARE LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-188
Telephone : 3166804724
Fax : 3162016552
GA08 100049

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
12							12

Name : REFLECTION LIVING OF HIDDEN LAKES LLC
Address : 550 CIRCLE LAKE
City : WICHITA, KS 67209-1005
Operator : SUSAN ENGELS
Bldg Owner : REFLECTION LIVING OF HIDDEN LAKES, LLC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-155
Telephone : 3164255531
Fax : 3164255531
GA08 100049

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : REFLECTIONS AT PARK WEST PLAZA
Address : 515 N MAIZE RD
City : WICHITA, KS 67212-
Operator : KELLY THOMAS
Bldg Owner : 505 N MAIZE RD LLC
Lessee : MAIZE CCRC LLC
Sublessee :
Management Firm :

State ID : B-087-144
Telephone : 3167294114
Fax : 3167290504
GA08 100049
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : REFLECTIONS RESIDENTIAL CARE
Address : 1201 N PINECREST
City : WICHITA, KS 67208-2735
Operator : EVELYN HUNT
Bldg Owner : EVELYN L RUST
Lessee :
Sublessee :
Management Firm :

State ID : B-087-143
Telephone : 3162143359
Fax : 3162391477
GA01 100042

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5							5

Name : STRATFORD HOME
Address : 1425 N STRATFORD
City : WICHITA, KS 67206
Operator : BRANDI BUNYAN
Bldg Owner : BRANDI BUNYAN & BOYD FOSTER
Lessee : BUNYAN HOMES LLC
Sublessee :
Management Firm :

State ID : B-087-184
Telephone : 3164255509
Fax : 3164253648
GA07 100048
HA08 100074

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS*********LIMITED**							
LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
6							6

Name : SUNFLOWER MEADOWS #1
Address : 649 N STRATFORD
City : WICHITA, KS 67206-
Operator : BRENDA TUTEN
Bldg Owner : TENDER LOVING CARE BY TUTEN INC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-099
Telephone : 3166836660
Fax : 3166860781
GA04 100045

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
5							5

Name : SUNFLOWER MEADOWS #2
Address : 5502 POLO
City : WICHITA, KS 67208-
Operator : BRENDA S TUTEN
Bldg Owner : TENDER LOVING CARE BY TUTEN INC
Lessee :
Sublessee :
Management Firm :

State ID : B-087-116
Telephone : 3166868098
Fax : 3166860781
GA04 100045

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
8							8

Name : VIA CHRISTI HEALTHCARE OUTREACH PROGRAI
Address : 2622 W CENTRAL STE 101
City : WICHITA, KS 67203-
Operator : BRANDI RENE WARDEN
Bldg Owner : VIA CHRISTI VILLAGES INC
Lessee : VIA CHRISTI HEALTHCARE OUTREACH PROGRAM
Sublessee :
Management Firm :

State ID : B-087-131
Telephone : 3168581111
Fax : 3169465106
GA05 100046
HA05 100071

Area : MH/RF
County : SEDGWICK

*LICENSED BEDS**********LIMITED**

LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH	HP
130					130		