ASSISTED LIVING FACILITIES

SHIPP'S ASSISTED LIVING **ID Number** **5737**

103 SOUTH BROOKE AVENUE **PO BOX 702**

ABSAROKEE MT 59001-070 County: **STILLWATER**

Phone: 328-7361 **Fax:** **RN:**

Administrator: TESS SHIPP Health Planning Region Number: **3**

Category C Administrator:

License Number: **12728** Current License Duration: **3** **Expires:** 8/28/2017 **NOT PROV**

Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**

Total Beds: 10 (May have no more than 5 "B" beds)

Original License Date: **06/27/06**

CASLEN LIVING CENTERS INC, DBA NEW HORIZONS- ANACONDA **ID Number** **594**

402 CHRISTINE CT

ANACONDA MT 59711- County: **DEER LODGE**

Phone: 563-7008 **Fax:** **RN:** Bonnie Schaefer

Administrator: MARK MCDONALD Health Planning Region Number: **4**

Category C Administrator:

License Number: **13417** Current License Duration: **1** **Expires:** 6/30/2015 **NOT PROV**

Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**

Total Beds: 15 (May have no more than 5 "B" beds)

Original License Date: **04/13/98**

HERITAGE LIVING CENTER **ID Number** **5677**

2232 TONGUE RIVER RD **PO BOX 598**

ASHLAND MT 59003- County: **ROSEBUD**

Phone: 784-2840 **Fax:** **RN:**

Administrator: JAMIE OLSON Health Planning Region Number: **1**

Category C Administrator:

License Number: **13400** Current License Duration: **3** **Expires:** 3/15/2016 **NOT PROV**

Category A Beds: 40 **Category B Endorsement:** **Category C Endorsement:**

Total Beds: 40 (May have no more than 5 "B" beds)

Original License Date: **09/01/02**

SUPERIOR CARE VILLA LLC

ID Number **5628**

109 S 2ND ST W **PO BOX 994**
BAKER MT 59313- County: **FALLON**
Phone: 778-3201 **Fax:** **RN:** MICHELLE SHUMAKER
Administrator: MICHELLE SHUMAKER Health Planning Region Number: **1**
Category C Administrator:

License Number: **13163** Current License Duration: **1** **Expires:** 8/27/2015 **NOT PROV**
Category A Beds: 25 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 25 (May have no more than 5 "B" beds)
Original License Date: **09/08/99**

EDGEWOOD VISTA BELGRADE

ID Number **5618**

1011 CARDINAL DR
BELGRADE MT 59714- County: **GALLATIN**
Phone: 388-9439 **Fax:** 388-7722 **RN:** Chelsa Bronnenberg
Administrator: RENEE KEENEY Health Planning Region Number: **4**
Category C Administrator:

License Number: **13212** Current License Duration: **2** **Expires:** 10/15/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 13 (May have no more than 5 "B" beds)
Original License Date: **02/16/99**

ELSIES ASSISTED LIVING CORP

ID Number **5741**

1107 HAPPY LANE **PO BOX 396**
BELGRADE MT 59714- County: **GALLATIN**
Phone: 388-9473 **Fax:** 388-7259 **RN:** ROMINA ROBISON
Administrator: DIANE BARNER Health Planning Region Number: **4**
Category C Administrator:

License Number: **12625** Current License Duration: **3** **Expires:** 4/29/2017 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **11/03/06**

OPEN ARMS ELDER CARE **ID Number** **553**

505 MINNESOTA
BELGRADE MT 59714- County: **GALLATIN**
Phone: 388-1052 **Fax:** **RN:** CHELSA BRONNENBERG
Administrator: FAITH VANOVER Health Planning Region Number: **4**
Category C Administrator:

License Number: **12922** Current License Duration: **2** **Expires:** 2/17/2016 **NOT PROV**
Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 7 (May have no more than 5 "B" beds)
Original License Date:

BOULDER MEADOWS ASSISTED LIVING **ID Number** **5658**

302 W 8TH AVE **PO BOX 1390**
BIG TIMBER MT 59011- County: **SWEET GRASS**
Phone: 932-4603 **Fax:** 932-5468 **RN:** Jill Brown
Administrator: ERIK WOOD Health Planning Region Number: **3**
Category C Administrator:

License Number: **13381** Current License Duration: **2** **Expires:** 2/28/2015 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)
Original License Date: **03/02/01**

RISING MOUNTAINS ASSISTED LIVING **ID Number** **7122**

225 COVERDELL ROAD
BIGFORK MT 59911- County: **FLATHEAD**
Phone: 837-2698 **Fax:** **RN:** GINGER MAIRN
Administrator: ROSE CHADWELL Health Planning Region Number:
Category C Administrator:

License Number: **31468** Current License Duration: **1** **Expires:** 8/ 5/2015 **NOT PROV**
Category A Beds: 35 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 35 (May have no more than 5 "B" beds)
Original License Date: **02/04/14**

ADULT HOME CARE SERVICES INC

ID Number **5645**

106 ERICKSON CRT N
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 256-0168 **Fax:** **RN:** Rocky Mtn Home Care
Administrator: NANCY FEDERICO Health Planning Region Number: **3**
Category C Administrator:

License Number: **13220** Current License Duration: **2** **Expires:** 10/27/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **06/28/00**

AUTUMN CARE CENTER PERSONAL CARE

ID Number **548**

4739 RIMROCK RD
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 656-2434 **Fax:** **RN:** Jeanie Voorhis
Administrator: BRENDA BUEN Health Planning Region Number: **3**
Category C Administrator:

License Number: **13477** Current License Duration: **2** **Expires:** 5/17/2015 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date:

AUTUMN CARE II

ID Number **5666**

2233 MYRTLE DRIVE
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 656-2434 **Fax:** **RN:** Jeanie Voorhis
Administrator: BRENDA BUEN Health Planning Region Number: **3**
Category C Administrator:

License Number: **13222** Current License Duration: **3 YEAR** **Expires:** 10/31/2015 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **11/05/01**

AUTUMN SPRINGS ASSISTED LIVING **ID Number 5733**

3758 AVENUE B
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 656-0422 **Fax:** 656-1665 **RN:**
Administrator: DORIS BACKUS Health Planning Region Number: **3**
Category C Administrator:

License Number: **13531** Current License Duration: **3** **Expires:** 7/ 9/2016 **NOT PROV**
Category A Beds: 66 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 66 (May have no more than 5 "B" beds)
Original License Date: **01/10/06**

BEAR LODGE ASSISTED LIVING **ID Number 522**

659 LINCOLN LN
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 254-2851 **Fax:** **RN:**
Administrator: PEGGY BOURASSA Health Planning Region Number: **3**
Category C Administrator:

License Number: **13191** Current License Duration: **6 MONTH** **Expires:** 4/ 7/2015 **PROVISIONAL**
Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date:

BILLING CLINIC ASSISTED LIVING **ID Number 526**

3155 AVE C **PO BOX 37000**
BILLINGS MT 59107- County: **YELLOWSTONE**
Phone: 656-8818 **Fax:** **RN:** SUNDAY CRAWFORD
Administrator: CHERYL NELSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13440** Current License Duration: **2** **Expires:** 4/29/2015 **NOT PROV**
Category A Beds: 55 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 55 (May have no more than 5 "B" beds)
Original License Date:

BILLS ASSISTED LIVING DBA CASMUR ASSISTED LIVING **ID Number 7005**

930 AVE E
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 534-4585 **Fax:** **RN:**
Administrator: STEVEN CASSITY Health Planning Region Number: **3**
Category C Administrator:

License Number: **13436** Current License Duration: **3** **Expires:** 4/20/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **10/21/11**

BUTTERFLY HOMES **ID Number 5686**

77 LILY VALLEY CIRCLE
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 245-0334 **Fax:** 245-0460 **RN:** SALLY WALTON
Administrator: ELIZABETH HOFF Health Planning Region Number: **3**
Category C Administrator:

License Number: **13534** Current License Duration: **3** **Expires:** 7/13/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date: **02/04/03**

BUTTERFLY HOMES II **ID Number 5714**

72 LILY VALLEY CIRCLE
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 245-0334 **Fax:** 259-9066 **RN:** SALLY WALTON
Administrator: MELINDA SAUER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13533** Current License Duration: **3** **Expires:** 7/13/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **09/13/04**

CANYON CREEK MEMORY CARE COMMUNITY **ID Number 5779**

1785 MAJESTIC LANE
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 281-8455 **Fax:** 281-8456 **RN:** LORI ADAMS
Administrator: KEVIN CHAMBERS Health Planning Region Number: **3**
Category C Administrator:

License Number: **13432** Current License Duration: **3** **Expires:** 4/12/2017 **NOT PROV**
Category A Beds: 67 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 67 (May have no more than 5 "B" beds)

Original License Date: **10/13/11**

CHAPEL COURT **ID Number 5662**

3940 RIMROCK RD
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 655-5695 **Fax:** **RN:** Sylvia Gollick
Administrator: KARNA RHODES Health Planning Region Number: **3**
Category C Administrator:

License Number: **13017** Current License Duration: **2** **Expires:** 9/17/2015 **NOT PROV**
Category A Beds: 110 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 110 (May have no more than 5 "B" beds)

Original License Date: **06/18/01**

EDGEWOOD VISTA BILLINGS **ID Number 545**

1225 WICKS LN
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 256-5398 **Fax:** 256-3313 **RN:** Interim Nursing Service
Administrator: NITA STEWART Health Planning Region Number: **3**
Category C Administrator:

License Number: **12786** Current License Duration: **2** **Expires:** 10/14/2015 **NOT PROV**
Category A Beds: 30 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 30 (May have no more than 5 "B" beds)

Original License Date: **10/01/97**

GALLAGHERS ASSISTED LIVING

ID Number **1166**

1142 PARKHILL
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 969-3322 **Fax:** **RN:**
Administrator: JEFF GALLAGHER Health Planning Region Number:
Category C Administrator:

License Number: **31470** Current License Duration: **1** **Expires:** 11/ 1/2015 **NOT PROV**
Category A Beds: 4 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 4 (May have no more than 5 "B" beds)

Original License Date: **05/06/14**

GRAND PARK

ID Number **566**

1221 28TH ST W
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 652-6989 **Fax:** 652-4879 **RN:** Randall Kinsey
Administrator: STACIE KAUTZMAN Health Planning Region Number: **3**
Category C Administrator: JUDY ANNIN

License Number: **12502** Current License Duration: **3** **Expires:** 12/31/2016 **NOT PROV**
Category A Beds: 65 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 65 (May have no more than 5 "B" beds)

Original License Date:

HIGHGATE

ID Number **5692**

3980 PARKHILL DR
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 651-4833 **Fax:** 651-1908 **RN:** LISA HEITZ
Administrator: KEVIN REED Health Planning Region Number: **3**
Category C Administrator: KEVIN REED

License Number: **13050** Current License Duration: **3** **Expires:** 5/21/2017 **NOT PROV**
Category A Beds: 130 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 130 (May have no more than 5 "B" beds)

Original License Date: **05/22/03**

LANGEMO COTTAGE AT ST JOHNS **ID Number 5725**

2625 SHILO ROAD
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 655-5600 **Fax:** 655-5639 **RN:** LIBBY MARKUS
Administrator: MARLENE MORAN Health Planning Region Number: **3**
Category C Administrator:

License Number: **13189** Current License Duration: **3** **Expires:** 9/30/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **08/15/05**

MOORBERG COTTAGE AT ST JOHNS **ID Number 5726**

2621 SHILO ROAD
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 655-5600 **Fax:** 655-5639 **RN:** LIBBY MARKUS
Administrator: MARLENE MORAN Health Planning Region Number: **3**
Category C Administrator: MICHAEL FOLLETT

License Number: **13190** Current License Duration: **3** **Expires:** 9/30/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **08/15/05**

MORNING STAR OF BILLINGS **ID Number 7115**

4001 BELL AVE
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 652-9309 **Fax:** 652-9305 **RN:**
Administrator: STACIE KAUTZMAN Health Planning Region Number:
Category C Administrator:

License Number: **31466** Current License Duration: **1** **Expires:** 5/31/2015 **NOT PROV**
Category A Beds: 106 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 106 (May have no more than 5 "B" beds)

Original License Date: **12/01/13**

POWERS COTTAGE AT ST JOHNS **ID Number 5746**

2506 MISSION CIRCLE
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 655-7740 **Fax:** 655-7744 **RN:** LIBBY MARKUS
Administrator: MARLENE MORAN Health Planning Region Number: **3**
Category C Administrator:

License Number: **12763** Current License Duration: **3** **Expires:** 9/30/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **09/04/07**

PRIMROSE PERSONAL CARE HOME **ID Number 585**

1228 MAURINE ST
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 248-9943 **Fax:** **RN:** Vivian Thomas
Administrator: CYNTHIA JOHNSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13044** Current License Duration: **2** **Expires:** 5/ 8/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)
Original License Date: **05/07/97**

RIM SHADOWS **ID Number 580**

2138 SKYVIEW DR
BILLINGS MT 59105-362 County: **YELLOWSTONE**
Phone: 259-6624 **Fax:** **RN:** SCOTT WALBY
Administrator: MARY DIETRICH Health Planning Region Number: **3**
Category C Administrator:

License Number: **13243** Current License Duration: **1** **Expires:** 1/16/2015 **NOT PROV**
Category A Beds: 2 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 2 (May have no more than 5 "B" beds)
Original License Date: **08/08/99**

RIVER RIDGE ASSISTED LIVING **ID Number 586**

1415 YELLOWSTONE RIVER RD
BILLINGS MT 59105- County: **YELLOWSTONE**
Phone: 245-9330 **Fax:** 245-4219 **RN:** CARRIE HEID
Administrator: BRIAN HUSO Health Planning Region Number: **3**
Category C Administrator:

License Number: **13527** Current License Duration: **1** **Expires:** 5/16/2015 **NOT PROV**
Category A Beds: 26 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 26 (May have no more than 5 "B" beds)
Original License Date:

TENDERNEST 5 B **ID Number 7071**

4040 PARKHILL DRIVE
BILLINGS MT 59106- County:
Phone: 655-7100 **Fax:** 655-4415 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number:
Category C Administrator:

License Number: **13480** Current License Duration: **3** **Expires:** 5/29/2017 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)
Original License Date: **11/29/12**

TENDERNEST 6B **ID Number 7120**

4040 PARKHILL DR #3
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 655-9100 **Fax:** 655-4415 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number:
Category C Administrator:

License Number: **31467** Current License Duration: **1** **Expires:** 7/27/2015 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)
Original License Date: **01/28/14**

TENDERNEST LLC 1B **ID Number** **5680**

4001 PARKHILL DR
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 655-9100 **Fax:** 651-5044 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13422** Current License Duration: **3** **Expires:** 9/13/2016 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **10/04/02**

TENDERNEST LLC 2B **ID Number** **5687**

4003 PARKHILL DR
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 855-9990 **Fax:** **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13325** Current License Duration: **3** **Expires:** 1/10/2017 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **04/02/03**

TENDERNEST LLC 3B **ID Number** **5701**

4005 PARKHILL DRIVE
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 655-9100 **Fax:** 651-5044 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13326** Current License Duration: **6 MONTH** **Expires:** 4/28/2015 **PROVISIONAL**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **12/23/03**

TENDERNEST LLC 4B **ID Number** **7037**

4040 PARKHILL DRIVE
BILLINGS MT 59106- County: **YELLOWSTONE**
Phone: 655-9100 **Fax:** 655-4415 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number:
Category C Administrator:

License Number: **13158** Current License Duration: **3** **Expires:** 8/ 1/2016 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **02/02/12**

THE VISTA AT MISSION RIDGE **ID Number** **592**

3840 RIMROCK RD
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 655-5300 **Fax:** **RN:** Sylvia Gollick
Administrator: KEVIN SIDER Health Planning Region Number: **3**
Category C Administrator:

License Number: **12579** Current License Duration: **3** **Expires:** 3/ 8/2017 **NOT PROV**
Category A Beds: 70 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 70 (May have no more than 5 "B" beds)

Original License Date: **03/09/99**

TSMM MANAGEMENT LLC DBA SWEETWATER RETIREMENT **ID Number** **5735**

3140 SWEETWATER DRIVE
BILLINGS MT 59102-683 County: **YELLOWSTONE**
Phone: 651-8111 **Fax:** **RN:** REBECCA SAMSON
Administrator: DENISE FERRUCCI Health Planning Region Number: **3**
Category C Administrator:

License Number: **13164** Current License Duration: **3** **Expires:** 8/15/2017 **NOT PROV**
Category A Beds: 90 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 90 (May have no more than 5 "B" beds)

Original License Date: **05/08/06**

WESTPARK VILLAGE **ID Number** **501**

2351 SOLOMON AVE
BILLINGS MT 59102- County: **YELLOWSTONE**
Phone: 652-4886 **Fax:** **RN:** Denise Licata
Administrator: TINA VAUTHIER Health Planning Region Number: **3**
Category C Administrator:

License Number: **12964** Current License Duration: **3 YEARS** **Expires:** 3/26/2015 **NOT PROV**
Category A Beds: 113 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 113 (May have no more than 5 "B" beds)
Original License Date:

BEARGRASS SUITES **ID Number** **7094**

400 W THOMPSON ST
BOULDER MT 59632- County:
Phone: 225-3101 **Fax:** **RN:**
Administrator: LORI LAGERQUIST Health Planning Region Number:
Category C Administrator:

License Number: **13524** Current License Duration: **1** **Expires:** 12/ 2/2014 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **05/28/13**

BEARCREEK RESPITE CARE CENTER PCH **ID Number** **543**

1002 E KAGY
BOZEMAN MT 59715- County: **GALLATIN**
Phone: 587-7002 **Fax:** 586-2262 **RN:** Marian R. Steffes
Administrator: MARIAN STEFFES Health Planning Region Number: **4**
Category C Administrator:

License Number: **13537** Current License Duration: **3** **Expires:** 7/19/2017 **NOT PROV**
Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 6 (May have no more than 5 "B" beds)
Original License Date:

BIRCHWOOD AT HILLCREST

ID Number **503**

1201 HIGHLAND BLVD
BOZEMAN MT 59715- County: **GALLATIN**
Phone: 556-2000 **Fax:** **RN:**
Administrator: LEROY WILSON Health Planning Region Number: **4**
Category C Administrator:

License Number: **13185** Current License Duration: **3 YEAR** **Expires:** 9/26/2015 **NOT PROV**
Category A Beds: 43 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 43 (May have no more than 5 "B" beds)
Original License Date:

BOZEMAN LODGE

ID Number **5756**

1547 N HUNTERS WAY
BOZEMAN MT 59718- County: **GALLATIN**
Phone: 522-5452 **Fax:** 522-0309 **RN:**
Administrator: PENELOPE WATKINGS Health Planning Region Number: **4**
Category C Administrator:

License Number: **13204** Current License Duration: **2** **Expires:** 1/ 7/2016 **NOT PROV**
Category A Beds: 135 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 135 (May have no more than 5 "B" beds)
Original License Date:

EMERITUS AT SPRINGMEADOWS

ID Number **584**

3175 GRAF ST
BOZEMAN MT 59715- County: **GALLATIN**
Phone: 587-4570 **Fax:** **RN:**
Administrator: CRIS OWSLEY Health Planning Region Number: **4**
Category C Administrator:

License Number: **13376** Current License Duration: **3** **Expires:** 2/14/2016 **NOT PROV**
Category A Beds: 85 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 85 (May have no more than 5 "B" beds)
Original License Date:

HAMILTON HOUSE **ID Number 502**

9430 HAGGERTY LN
BOZEMAN MT 59715-926 County: **GALLATIN**
Phone: 586-9459 **Fax:** **RN:** M. Hamilton
Administrator: DONALD & HAMILTON Health Planning Region Number: **4**
Category C Administrator:

License Number: **13277** Current License Duration: **3** **Expires:** 12/28/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date:

HIGH COUNTRY CARE **ID Number 5716**

8659 HAGGERTY LANE
BOZEMAN MT 59715- County: **GALLATIN**
Phone: 582-9068 **Fax:** 388-6147 **RN:** Bonnie Hash
Administrator: DREX ARCHER Health Planning Region Number: **4**
Category C Administrator:

License Number: **12587** Current License Duration: **3** **Expires:** 3/31/2017 **NOT PROV**
Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 7 (May have no more than 5 "B" beds)
Original License Date: **10/05/04**

HIGHGATE SENIOR LIVING **ID Number 5723**

2219 WEST OAK STREET
BOZEMAN MT 59718- County: **GALLATIN**
Phone: 587-5100 **Fax:** 586-3674 **RN:** JOANN SCHMIDT
Administrator: STEPHEN BEAUDOIN Health Planning Region Number: **4**
Category C Administrator:

License Number: **12855** Current License Duration: **2 YEARS** **Expires:** 12/29/2014 **NOT PROV**
Category A Beds: 120 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 120 (May have no more than 5 "B" beds)
Original License Date: **06/30/05**

HYALITE COUNTRY CARE

ID Number **5763**

6040 S 3RD AVENUE
BOZEMAN MT 59715- County: **GALLATIN**
Phone: 219-3241 **Fax:** 219-3241 **RN:** APRIL MAREE LAWELLIN
Administrator: LEANN BUNN Health Planning Region Number: **4**
Category C Administrator:

License Number: **12744** Current License Duration: **3** **Expires:** 9/30/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)

Original License Date: **09/30/10**

SPRING CREEK INN MEMORY CARE COMMUNITY

ID Number **5764**

1641 HUNTERS WAY
BOZEMAN MT 59718- County: **GALLATIN**
Phone: 586-0074 **Fax:** 585-1113 **RN:** Robin Evans
Administrator: MICHELLE BAKER Health Planning Region Number: **4**
Category C Administrator:

License Number: **12826** Current License Duration: **2** **Expires:** 11/16/2016 **NOT PROV**
Category A Beds: 67 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 67 (May have no more than 5 "B" beds)

Original License Date: **05/17/10**

THE CHALET

ID Number **5760**

2223 WEST OAK STREET
BOZEMAN MT 59718- County: **GALLATIN**
Phone: 587-5100 **Fax:** 586-3674 **RN:** Carol Scott
Administrator: LESLIE BLUM Health Planning Region Number: **4**
Category C Administrator:

License Number: **12642** Current License Duration: **2** **Expires:** 5/31/2016 **NOT PROV**
Category A Beds: 24 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 24 (May have no more than 5 "B" beds)

Original License Date: **12/03/09**

BEYOND HOMES UNIT I GOLD **ID Number** **564**

2900 ELM ST
BUTTE MT 59701- County: **SILVER BOW**
Phone: 723-6663 **Fax:** 494-4918 **RN:** TEAL JOY LaVELLE
Administrator: SCOTT HAEFFNER Health Planning Region Number: **4**
Category C Administrator:

License Number: **13186** Current License Duration: **1** **Expires:** 9/26/2015 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 11 (May have no more than 5 "B" beds)

Original License Date:

BEYOND HOMES UNIT II SILVER **ID Number** **578**

2930 ELM ST
BUTTE MT 59701- County: **SILVER BOW**
Phone: 723-5556 **Fax:** 494-4918 **RN:** Teal Joy LaVelle
Administrator: KELLI HULSEY Health Planning Region Number: **4**
Category C Administrator:

License Number: **13481** Current License Duration: **2** **Expires:** 5/30/2015 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 11 (May have no more than 5 "B" beds)

Original License Date:

BEYOND HOMES UNIT III COPPER **ID Number** **595**

2920 ELM ST
BUTTE MT 59701- County: **SILVER BOW**
Phone: 723-6665 **Fax:** 494-4918 **RN:** TEAL JOY LaVELLE
Administrator: SCOTT HAEFFNER Health Planning Region Number: **4**
Category C Administrator:

License Number: **13188** Current License Duration: **1** **Expires:** 9/26/2015 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 11 (May have no more than 5 "B" beds)

Original License Date: **04/23/99**

BIG SKY SENIOR LIVING ON WATERFORD WAY **ID Number 5604**

3701 ELIZABETH WARREN AVE
BUTTE MT 59701- County: **SILVER BOW**
Phone: 494-4900 **Fax:** 494-6281 **RN:** Connie Kochman RN
Administrator: LAURI YELENICH Health Planning Region Number: **4**
Category C Administrator:

License Number: **31458** Current License Duration: **2** **Expires:** 3/ 8/2016 **NOT PROV**
Category A Beds: 130 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 130 (May have no more than 5 "B" beds)

Original License Date: **04/13/07**

GREENWOOD ASSISTED LIVING **ID Number 507**

5 E GREENWOOD
BUTTE MT 59701- County: **SILVER BOW**
Phone: 782-9004 **Fax:** **RN:** Julie Kindt
Administrator: JULIE KINDT Health Planning Region Number: **4**
Category C Administrator:

License Number: **13160** Current License Duration: **2** **Expires:** 8/ 9/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)

Original License Date: **02/01/05**

MARQUIS ASSISTED LIVING **ID Number 5626**

300 MOUNT HIGHLAND DR
BUTTE MT 59701- County: **SILVER BOW**
Phone: 494-0083 **Fax:** 494-3950 **RN:** MICHELLE ARTHUR RN
Administrator: LAUREN KIPPEN Health Planning Region Number: **4**
Category C Administrator: LAUREN LYNCH

License Number: **13329** Current License Duration: **3 YEARS** **Expires:** 1/15/2016 **NOT PROV**
Category A Beds: 65 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 65 (May have no more than 5 "B" beds)

Original License Date: **07/01/99**

WHEAT COUNTRY ESTATE

ID Number **5659**

111 6TH ST W
CHESTER MT 59522- County: **LIBERTY**
Phone: 759-5787 **Fax:** 759-5799 **RN:** Karla Kulpas
Administrator: DEREK DALY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13406** Current License Duration: **3** **Expires:** 3/31/2016 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)
Original License Date: **04/04/01**

CHOTEAU BEE HIVE HOMES

ID Number **525**

1006 W DIVISION **PO BOX 1370**
CHOTEAU MT 59422- County: **TETON**
Phone: 466-5559 **Fax:** 466-5860 **RN:** JANE HARTMAN
Administrator: MELONIE AWTREY Health Planning Region Number: **2**
Category C Administrator:

License Number: **12409** Current License Duration: **2** **Expires:** 9/14/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date:

BEE HIVE HOMES OF COLUMBIA FALLS - GRINELL

ID Number **5765**

1660 13TH STREET WEST
COLUMBIA FALLS MT 59912- County: **FLATHEAD**
Phone: 892-4100 **Fax:** 892-4101 **RN:** Jessica Burlage
Administrator: BARRY MELCHIOR Health Planning Region Number: **5**
Category C Administrator:

License Number: **13253** Current License Duration: **6 MONTH** **Expires:** 3/15/2015 **PROVISIONAL**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **05/18/10**

BEE HIVE HOMES OF COLUMBIA FALLS - SWIFTCURRENT **ID Number 7020**

1660 13TH ST WEST
COLUMBIA FALLS MT 59912- County:
Phone: 892-4100 **Fax:** 892-4101 **RN:**
Administrator: BARRY MELCHIOR Health Planning Region Number:
Category C Administrator:

License Number: **13471** Current License Duration: **6 MONTH** **Expires:** 3/15/2015 **PROVISIONAL**
Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 19 (May have no more than 5 "B" beds)
Original License Date: **11/08/11**

EXPRESSIONS INC **ID Number 5772**

240 HIDDEN MEADOW LANE
COLUMBIA FALLS MT 59912- County: **FLATHEAD**
Phone: 897-2875 **Fax:** 897-1021 **RN:** Patricia Zinke
Administrator: PATRICIA ZINKE Health Planning Region Number: **5**
Category C Administrator:

License Number: **13539** Current License Duration: **3** **Expires:** 7/24/2016 **NOT PROV**
Category A Beds: 27 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 27 (May have no more than 5 "B" beds)
Original License Date: **12/31/10**

TIMBER CREEK VILLAGE **ID Number 7038**

375 MEADOW LAKE BLVD
COLUMBIA FALLS MT 59912- County: **FLATHEAD**
Phone: 892-3400 **Fax:** **RN:**
Administrator: KIM BOX Health Planning Region Number:
Category C Administrator:

License Number: **13159** Current License Duration: **2** **Expires:** 8/ 8/2015 **NOT PROV**
Category A Beds: 39 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 39 (May have no more than 5 "B" beds)
Original License Date: **02/09/12**

CASLEN LIVING CENTERS INC DBA MEADOWLARK ASSISTED LIVING **ID Number** **5647**

443 QUARRY STREET **PO BOX 959**
COLUMBUS MT 59019- County: **STILLWATER**
Phone: 322-6150 **Fax:** 322-5207 **RN:** GEWN MYERS
Administrator: ROSE SANDLIN Health Planning Region Number: **3**
Category C Administrator:

License Number: **13555** Current License Duration: **3** **Expires:** 3/31/2017 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **07/20/00**

CONRAD BEE HIVE HOMES **ID Number** **5622**

205 N WISCONSIN
CONRAD MT 59425- County: **PONDERA**
Phone: 278-7004 **Fax:** 271-9171 **RN:** Shirley Sanders
Administrator: MELONIE AWTREY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13052** Current License Duration: **3 Years** **Expires:** 5/23/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **02/24/99**

AARON CARE HOME **ID Number** **504**

777 OILWELL
CORVALLIS MT 59828- County: **RAVALLI**
Phone: 961-3458 **Fax:** **RN:** Karen L. Wolsky
Administrator: REBECCA CAMPBELL Health Planning Region Number: **5**
Category C Administrator:

License Number: **13497** Current License Duration: **3** **Expires:** 6/ 7/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date:

MEADOWLARK HAVEN **ID Number 5697**

470 CLEARVIEW DRIVE
CORVALLIS MT 59828- County: **RAVALLI**
Phone: 961-5468 **Fax:** **RN:** Ann Mortenson
Administrator: LINDA THORNBRUGH Health Planning Region Number: **5**
Category C Administrator:

License Number: **13120** Current License Duration: **3 YEARS** **Expires:** 7/22/2015 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 9 (May have no more than 5 "B" beds)
Original License Date: **07/23/03**

CUT BANK BEE HIVE HOME **ID Number 5636**

318 E MAIN
CUT BANK MT 59425- County: **GLACIER**
Phone: 873-3292 **Fax:** **RN:** Teresa Shiner
Administrator: MELONIE AWTREY Health Planning Region Number: **2**
Category C Administrator:

License Number: **12663** Current License Duration: **3** **Expires:** 6/12/2017 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **03/13/00**

GLACIER CARE CENTER **ID Number 5739**

707 3RD STREET SE
CUT BANK MT 59427- County: **GLACIER**
Phone: 873-5600 **Fax:** 873-5609 **RN:**
Administrator: ALAN BAUM Health Planning Region Number: **2**
Category C Administrator:

License Number: **13404** Current License Duration: **3** **Expires:** 3/27/2017 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)
Original License Date: **09/28/06**

BEYOND HOMES **ID Number** **5639**

702 TUMBLEWEED LN
DEER LODGE MT 59722- County: **POWELL**
Phone: 846-3342 **Fax:** **RN:** Gail Eide
Administrator: SCOTT HAEFFNER Health Planning Region Number: **4**
Category C Administrator:

License Number: **12774** Current License Duration: **2** **Expires:** 9/26/2015 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 11 (May have no more than 5 "B" beds)
Original License Date: **03/13/00**

THE LEGACY ASSISTED LIVING LLC **ID Number** **7114**

1000 HWY 91 SOUTH
DILLION MT 59972-5 County: **BEAVERHEAD**
Phone: 683-6867 **Fax:** 683-3444 **RN:**
Administrator: KEVIN BUTTON Health Planning Region Number:
Category C Administrator:

License Number: **31465** Current License Duration: **2** **Expires:** 5/14/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **11/15/13**

RENAISSANCE SENIOR CARE, DILLON SOUTH **ID Number** **5767**

329 SOUTHSIDE BLVD
DILLON MT 59725- County: **BEAVERHEAD**
Phone: 683-4200 **Fax:** 683-4300 **RN:** Marie Holt
Administrator: DORITTA STENSON Health Planning Region Number: **4**
Category C Administrator:

License Number: **12889** Current License Duration: **2** **Expires:** 1/19/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **07/20/10**

RENAISSANCE SENIOR CARE-DILLON **ID Number** **561**

1025 EAST CENTER
DILLON MT 59725- County: **BEAVERHEAD**
Phone: 683-4002 **Fax:** 683-4002 **RN:** Barrett Hospital
Administrator: DORITTA STENSON Health Planning Region Number: **4**
Category C Administrator:

License Number: **13049** Current License Duration: **2** **Expires:** 5/19/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 15 (May have no more than 5 "B" beds)

Original License Date: **05/01/06**

THE LEGACY **ID Number** **5769**

1000 HWY 91 SOUTH
DILLON MT 59725- County: **BEAVERHEAD**
Phone: 683-6867 **Fax:** 683-3444 **RN:** CORI BURNALL
Administrator: KEVIN BUTTON Health Planning Region Number: **4**
Category C Administrator:

License Number: **13475** Current License Duration: **2** **Expires:** 5/15/2015 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)

Original License Date: **11/16/10**

SHELBY HOUSE **ID Number** **547**

2320 SPOKANE CREEK RD **PO BOX 1167**
EAST HELENA MT 59635- County: **LEWIS & CLARK**
Phone: 475-3621 **Fax:** **RN:** Karen Stiles
Administrator: SHELBY CLEVELAND Health Planning Region Number: **4**
Category C Administrator:

License Number: **12727** Current License Duration: **2** **Expires:** 8/20/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date:

SHELBY HOUSE II **ID Number** **567**

5750 SPOKANE RANCH RD **PO BOX 1167**
EAST HELENA MT 59635- County: **LEWIS & CLARK**
Phone: 475-9347 **Fax:** **RN:**
Administrator: SHELBY CLEVELAND Health Planning Region Number: **4**
Category C Administrator:

License Number: **12726** Current License Duration: **2** **Expires:** 8/20/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)
Original License Date:

GENERATIONS II **ID Number** **5643**

200 W FAGAN **PO BOX 160**
ENNIS MT 59729- County: **MADISON**
Phone: 682-7066 **Fax:** **RN:** Kenton Irvine
Administrator: KENTON IRVINE Health Planning Region Number: **4**
Category C Administrator:

License Number: **12601** Current License Duration: **2** **Expires:** 9/15/2016 **PROVISIONAL**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **05/16/00**

HOME SWEET HOME **ID Number** **5770**

144 TOBACCO VALLEY VIEW DRIVE **PO BOX 1911**
EUREKA MT 59917- County: **LINCOLN**
Phone: 889-5915 **Fax:** 889-5915 **RN:** Melissa Guckenberg
Administrator: MELISSA GUCKENBERG Health Planning Region Number: **5**
Category C Administrator:

License Number: **13048** Current License Duration: **3 Years** **Expires:** 5/16/2015 **NOT PROV**
Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 7 (May have no more than 5 "B" beds)
Original License Date: **11/17/10**

FRONT RANGE ASSISTED LIVING INC **ID Number** **7104**

615 5TH AVE NORTH
FAIRFIELD MT 59436- County: **TETON**
Phone: 467-2407 **Fax:** 467-2411 **RN:**
Administrator: DERRICK HARPER Health Planning Region Number:
Category C Administrator:

License Number: **13559** Current License Duration: **3** **Expires:** 1/10/2017 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **07/11/13**

KATHY'S PLACE **ID Number** **7065**

328 FESCUE SLOPE
FLORENCE MT 59833- County: **RAVALLI**
Phone: 273-6826 **Fax:** 273-0118 **RN:**
Administrator: KATHY PORTER Health Planning Region Number:
Category C Administrator:

License Number: **13434** Current License Duration: **2** **Expires:** 4/16/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **10/17/12**

FOUNTAIN VIEW CARE CENTER **ID Number** **5747**

200 VINE STREET **PO Box 349**
FORSYTH MT 59327- County: **ROSEBUD**
Phone: 232-0104 **Fax:** **RN:** Denise Clark
Administrator: DENISE CLARK Health Planning Region Number: **1**
Category C Administrator:

License Number: **12703** Current License Duration: **2** **Expires:** 7/17/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **01/18/08**

MISSOURI RIVER MEDICAL CENTER **ID Number 505**

1501 ST CHARLES ST **PO BOX 249**
FORT BENTON MT 59442- County: **CHOUTEAU**
Phone: 622-3331 **Fax:** 622-5670 **RN:** Janice Woodhouse
Administrator: JAY POTTENGER Health Planning Region Number: **2**
Category C Administrator:

License Number: **12716** Current License Duration: **3** **Expires:** 7/10/2017 **NOT PROV**
Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 7 (May have no more than 5 "B" beds)
Original License Date:

PRAIRIE RIDGE VILLAGE **ID Number 5694**

521 4TH AVE S
GLASGOW MT 59230- County: **VALLEY**
Phone: 228-2208 **Fax:** 228-4208 **RN:**
Administrator: AMBER SWINDLER Health Planning Region Number: **1**
Category C Administrator:

License Number: **13482** Current License Duration: **3** **Expires:** 5/31/2016 **NOT PROV**
Category A Beds: 45 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 45 (May have no more than 5 "B" beds)
Original License Date: **06/06/03**

THE HERITAGE **ID Number 5608**

1313 N MERRILL AVE
GLENDIVE MT 59330- County: **DAWSON**
Phone: 377-7700 **Fax:** 377-7701 **RN:**
Administrator: JILL DOMEK Health Planning Region Number: **1**
Category C Administrator:

License Number: **13399** Current License Duration: **3** **Expires:** 3/14/2016 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)
Original License Date: **11/02/98**

AZALEA PLACE ADULT FAMILY HOME INC **ID Number 5724**

1 PROSPECT DRIVE
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 452-4500 **Fax:** 452-4500 **RN:** Lynae Oberholtzer
Administrator: ART SIMONS Health Planning Region Number: **2**
Category C Administrator:

License Number: **13183** Current License Duration: **2** **Expires:** 9/20/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **06/30/05**

BEE HIVE HOME OF GREAT FALLS MAPLE HOME **ID Number 7056**

2420 15TH AVE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 315-3143 **Fax:** 315-3144 **RN:** SHAYLIN HECKMAN
Administrator: MICHAEL KINGSLEY Health Planning Region Number:
Category C Administrator:

License Number: **13276** Current License Duration: **3** **Expires:** 12/25/2016 **NOT PROV**
Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 19 (May have no more than 5 "B" beds)
Original License Date: **06/25/12**

BEE HIVE HOMES GREAT FALLS CLOVER HOME **ID Number 5665**

2816 15TH AVE S
GREAT FALLS MT 59404- County: **CASCADE**
Phone: 727-1391 **Fax:** 453-7101 **RN:** SHAYLIN HECKMAN
Administrator: MICHAEL KINGSLEY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13274** Current License Duration: **3** **Expires:** 12/14/2015 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **10/17/01**

BEE HIVE HOMES OF GREAT FALLS FIREWEED HOME **ID Number** **5749**

2300 15TH AVENUE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 799-4142 **Fax:** **RN:** SHAYLIN HECKMAN
Administrator: MICHAEL KINGLSEY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13442** Current License Duration: **3** **Expires:** 4/30/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)

Original License Date: **11/04/08**

BEE HIVE HOMES OF GREAT FALLS LINDEN HOUSE **ID Number** **5766**

2320 15TH AVE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 761-3080 **Fax:** 453-7101 **RN:** SHAYLIN HECKMAN
Administrator: MICHAEL KINGSLEY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13077** Current License Duration: **3** **Expires:** 12/22/2016 **NOT PROV**
Category A Beds: 23 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 23 (May have no more than 5 "B" beds)

Original License Date: **06/23/10**

BEE HIVE HOMES OF GREAT FALLS MESQUITE HOME **ID Number** **7046**

2400 15TH AVE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 315-2510 **Fax:** 315-2511 **RN:** SHAYLAN HECKMAN
Administrator: MICHAEL KINGSLEY Health Planning Region Number:
Category C Administrator:

License Number: **13192** Current License Duration: **3** **Expires:** 9/30/2016 **PROVISIONAL**
Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 19 (May have no more than 5 "B" beds)

Original License Date: **03/30/12**

BEE HIVE HOMES OF GREAT FALLS SAGE HOME **ID Number 5625**

2824 15TH AVE S
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 727-2528 **Fax:** 453-7101 **RN:** SHAYLIN HECKMAN
Administrator: MICHAEL KINGSLEY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13275** Current License Duration: **3** **Expires:** 12/14/2015 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **04/29/99**

BLUEBIRD ASSISTED LIVING **ID Number 5751**

1101 24TH AVENUE SW
GREAT FALLS MT 59404- County: **CASCADE**
Phone: 453-5800 **Fax:** **RN:**
Administrator: TERRA HALL Health Planning Region Number: **2**
Category C Administrator:

License Number: **13207** Current License Duration: **2** **Expires:** 9/ 9/2015 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **03/10/09**

CAMBRIDGE COURT **ID Number 506**

1109 6TH AVE N
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 727-7151 **Fax:** 717-7024 **RN:** SYDNIE FULBRIGHT
Administrator: MIKE PARCHEN Health Planning Region Number: **2**
Category C Administrator:

License Number: **13335** Current License Duration: **1** **Expires:** 1/31/2015 **NOT PROV**
Category A Beds: 97 **Category B Endorsement:** **Category C Endorsement:** X
Total Beds: 97 (May have no more than 5 "B" beds)
Original License Date:

GREAT FALLS PLAZA, LLC

ID Number **5640**

1615 9TH ST S
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 268-0100 **Fax:** 216-3114 **RN:** Kris Erickson
Administrator: JUDY LINDQUIST Health Planning Region Number: **2**
Category C Administrator:

License Number: **13369** Current License Duration: **2** **Expires:** 10/30/2016 **NOT PROV**
Category A Beds: 42 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 42 (May have no more than 5 "B" beds)

Original License Date: **04/12/00**

HIGHGATE GREAT FALLS

ID Number **5601**

3000 - 11TH AVE S
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 454-0991 **Fax:** 454-0994 **RN:** CINNAMON FULLER
Administrator: STEPHEN BEAUDOIN Health Planning Region Number: **2**
Category C Administrator: STEPHEN BEAUDOIN

License Number: **13435** Current License Duration: **3** **Expires:** 4/18/2015 **NOT PROV**
Category A Beds: 68 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 68 (May have no more than 5 "B" beds)

Original License Date: **10/20/09**

HOSANNA ASSISTED LIVING HOME

ID Number **5706**

1521 3RD AVE NORTH
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 453-1171 **Fax:** 453-1171 **RN:** ADRIA STRABLE
Administrator: DAWN MOUNTS Health Planning Region Number: **2**
Category C Administrator:

License Number: **13336** Current License Duration: **3** **Expires:** 1/31/2016 **NOT PROV**
Category A Beds: 27 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 27 (May have no more than 5 "B" beds)

Original License Date: **05/03/04**

MEADOWLARK ASSISTED LIVING **ID Number** **5719**

1009 3RD AVENUE NORTH
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 452-6400 **Fax:** 452-2250 **RN:**
Administrator: TERRA HALL Health Planning Region Number: **2**
Category C Administrator:

License Number: **13218** Current License Duration: **1** **Expires:** 10/23/2015 **NOT PROV**
Category A Beds: 20 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 20 (May have no more than 5 "B" beds)
Original License Date: **12/07/04**

MOUNTAIN VIEW HOME **ID Number** **5705**

2806 16TH AVE SOUTH
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 452-5810 **Fax:** 761-3845 **RN:** SHINNEMAN
Administrator: ANNALIZA SHINNEMAN Health Planning Region Number: **2**
Category C Administrator:

License Number: **13403** Current License Duration: **2** **Expires:** 3/27/2015 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 9 (May have no more than 5 "B" beds)
Original License Date: **03/30/04**

MT GEMS INC. DBA RUBY HOUSE **ID Number** **5761**

811 2ND AVE SOUTH **PO BOX 7318**
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 453-0607 **Fax:** 761-2091 **RN:** BJ DRWENSKI
Administrator: ROBIN FLEEK Health Planning Region Number: **2**
Category C Administrator:

License Number: **13655** Current License Duration: **2** **Expires:** 9/17/2015 **NOT PROV**
Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 19 (May have no more than 5 "B" beds)
Original License Date: **12/18/09**

MT GEMS INC. DBA SAPPHIRE HOUSE **ID Number 5700**

815 2ND AVENUE SOUTH
GREAT FALLS MT 59406- County: **CASCADE**
Phone: 453-5720 **Fax:** 761-2091 **RN:** Lindi Bjornson
Administrator: ROBIN FLEEK Health Planning Region Number: **2**
Category C Administrator:

License Number: **13279** Current License Duration: **2** **Expires:** 12/30/2014 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **12/19/03**

PARK VIEW ASSISTED LIVING **ID Number 5620**

2201 11TH ST SW
GREAT FALLS MT 59404- County: **CASCADE**
Phone: 452-7559 **Fax:** **RN:** Donnalee Tamosiatis
Administrator: ANNALIZA SHINNEMAN Health Planning Region Number: **2**
Category C Administrator:

License Number: **13379** Current License Duration: **6 MONTH** **Expires:** 4/26/2015 **PROVISIONAL**
Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)

Original License Date: **10/27/14**

RAINBOW SENIOR LIVING OF GREAT FALLS **ID Number 546**

20 3RD ST N
GREAT FALLS MT 59401- County: **CASCADE**
Phone: 761-6661 **Fax:** 761-6809 **RN:** SARAH PETTENGILL
Administrator: DENA SCHOOLCRAFT Health Planning Region Number: **2**
Category C Administrator:

License Number: **13462** Current License Duration: **6 MONTH** **Expires:** 4/14/2015 **PROVISIONAL**
Category A Beds: 106 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 106 (May have no more than 5 "B" beds)

Original License Date:

RENAISSANCE SENIOR CARE - CLARK

ID Number **5678**

2010 16TH AVE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 453-2882 **Fax:** 268-1170 **RN:** Julia Messiner
Administrator: AUBREY MATOON Health Planning Region Number: **2**
Category C Administrator:

License Number: **12603** Current License Duration: **2** **Expires:** 3/23/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 9 (May have no more than 5 "B" beds)

Original License Date: **01/01/08**

RENAISSANCE SENIOR CARE - LEWIS

ID Number **5667**

2000 16TH AVE S
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 771-0374 **Fax:** 268-1170 **RN:** Julia Messiner
Administrator: AUBREY MATOON Health Planning Region Number: **2**
Category C Administrator:

License Number: **12602** Current License Duration: **2** **Expires:** 3/23/2016 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 11 (May have no more than 5 "B" beds)

Original License Date: **01/01/08**

RIVERS EDGE ASSISTED LIVING

ID Number **5752**

4800 LOWER RIVER RD
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 952-0262 **Fax:** 268-1995 **RN:**
Administrator: KIM KRAUS-WERMLIN Health Planning Region Number: **2**
Category C Administrator:

License Number: **13210** Current License Duration: **3 YAER** **Expires:** 10/10/2015 **PROVISIONAL**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **09/20/11**

THE GOLDSTONE **ID Number** **5629**

5200 9TH AVE S
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 452-1239 **Fax:** 452-5320 **RN:** Peggy Huestis
Administrator: BONNIE HUESTIS Health Planning Region Number: **2**
Category C Administrator:

License Number: **12787** Current License Duration: **2 YEARS** **Expires:** 10/20/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **10/21/99**

THE LODGE RETIREMENT AND CARE CENTER **ID Number** **5663**

1801 9TH ST S
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 771-7440 **Fax:** 771-7443 **RN:** Francis O'Neil
Administrator: MIKE MASTERS Health Planning Region Number: **2**
Category C Administrator:

License Number: **13332** Current License Duration: **3 YEARS** **Expires:** 1/24/2016 **NOT PROV**
Category A Beds: 112 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 112 (May have no more than 5 "B" beds)

Original License Date: **07/23/01**

THE TIMBERS AND REFLECTIONS AT THE GRANDVIEW AT BENEFIS **ID Number** **7108**

3015 18TH AVENUE SOUTH
GREAT FALLS MT 59405- County: **CASCADE**
Phone: 455-5960 **Fax:** 455-4113 **RN:** WENDY SMITH RN
Administrator: JOHN WALLACE Health Planning Region Number:
Category C Administrator:

License Number: **31463** Current License Duration: **1** **Expires:** 4/13/2015 **NOT PROV**
Category A Beds: 71 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 71 (May have no more than 5 "B" beds)

Original License Date: **10/14/13**

BEE HIVE HOMES OF HAMILTON **ID Number** **7070**

842 NEW YORK AVE
HAMILTON MT 59840- County:
Phone: 529-7855 **Fax:** **RN:**
Administrator: CAMERON CRIDDLE Health Planning Region Number:
Category C Administrator:

License Number: **13503** Current License Duration: **1** **Expires:** 6/28/2015 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)

Original License Date: **11/29/12**

SAPPHIRE LUTHERAN HOMES **ID Number** **5734**

501 NORTH 10TH STREET
HAMILTON MT 59840- County: **RAVALLI**
Phone: 363-2800 **Fax:** 363-3003 **RN:**
Administrator: SHERILL WILLIAMS Health Planning Region Number: **5**
Category C Administrator:

License Number: **13187** Current License Duration: **2** **Expires:** 9/26/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date: **03/27/06**

THE DISCOVERY CARE CENTRE PC **ID Number** **508**

601 10TH AVE NORTH
HAMILTON MT 59840- County: **RAVALLI**
Phone: 363-2273 **Fax:** 363-2709 **RN:** RICK BUCHEIT
Administrator: DORIS GILBERTSON Health Planning Region Number: **5**
Category C Administrator:

License Number: **13540** Current License Duration: **3** **Expires:** 7/28/2016 **NOT PROV**
Category A Beds: 35 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 35 (May have no more than 5 "B" beds)

Original License Date:

THE REMINGTON AT SAPPHIRE LUTHERAN HOME **ID Number 7036**

841 RUNNING CREEK **501 NORTH 10TH ST**
HAMILTON MT 59840- County: **RAVALLI**
Phone: 375-9047 **Fax:** 363-3003 **RN:**
Administrator: SHERILL WILLAMS Health Planning Region Number:
Category C Administrator:

License Number: **13124** Current License Duration: **2** **Expires:** 7/26/2016 **NOT PROV**
Category A Beds: 35 **Category B Endorsement:** **Category C Endorsement:** X
Total Beds: 35 (May have no more than 5 "B" beds)
Original License Date: **01/30/12**

HERITAGE ACRES ASSISTED LIVING **ID Number 5613**

200 N MITCHELL
HARDIN MT 59034- County: **BIG HORN**
Phone: 665-2802 **Fax:** 665-3809 **RN:**
Administrator: PAULA SMALL Health Planning Region Number: **3**
Category C Administrator:

License Number: **12785** Current License Duration: **3** **Expires:** 10/19/2017 **NOT PROV**
Category A Beds: 11 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 11 (May have no more than 5 "B" beds)
Original License Date: **10/20/98**

CARE & COMFORT HOME **ID Number 5774**

1204 CLEVELAND AVE
HAVRE MT 59501- County: **HILL**
Phone: 265-2800 **Fax:** 265-2899 **RN:** Lorrie Hockett
Administrator: APRIL CUSTER Health Planning Region Number: **2**
Category C Administrator:

License Number: **12818** Current License Duration: **3** **Expires:** 10/17/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **04/18/11**

NORTHERN MONTANA CARE CENTER **ID Number 581**

24 13TH ST
HAVRE MT 59501- County: **HILL**
Phone: 265-2238 **Fax:** 265-9046 **RN:** JANICE ROTH
Administrator: CHRISTEN OBRESLEY Health Planning Region Number: **2**
Category C Administrator:

License Number: **13402** Current License Duration: **2** **Expires:** 3/26/2015 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date:

TIMBER CREEK VILLAGE **ID Number 1178**

155 34TH AVENUE WEST
HAVRE MT 59501- County: **HILL COUNTY**
Phone: 265-3111 **Fax:** **RN:**
Administrator: SHAUNA ALBRECHT Health Planning Region Number:
Category C Administrator:

License Number: **31471** Current License Duration: **6 MONTH** **Expires:** 12/ 6/2014 **PROVISIONAL**
Category A Beds: 40 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 40 (May have no more than 5 "B" beds)
Original License Date: **06/07/14**

ASPEN GARDENS 11 **ID Number 5641**

11 BUMBLE BEE CRT
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 495-8173 **Fax:** 457-9629 **RN:** Aimee Shein
Administrator: SHERRI MAHARG Health Planning Region Number: **4**
Category C Administrator:

License Number: **13087** Current License Duration: **3 YEARS** **Expires:** 6/15/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **06/16/04**

ASPEN GARDENS 13 **ID Number** **554**

13 BUMBLE BEE CRT
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 495-9005 **Fax:** 457-9629 **RN:** Aimee Shein
Administrator: SHERRI MAHARG Health Planning Region Number: **4**
Category C Administrator:

License Number: **13084** Current License Duration: **3 YEARS** **Expires:** 6/15/2015 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)
Original License Date: **06/16/04**

ASPEN GARDENS 16 **ID Number** **5671**

16 BUMBLE BEE CRT
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 457-9626 **Fax:** 457-9629 **RN:** Aimee Shein
Administrator: SHERRI MAHARG Health Planning Region Number: **4**
Category C Administrator:

License Number: **13085** Current License Duration: **3 YEARS** **Expires:** 6/15/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **06/16/04**

ASPEN GARDENS 18 **ID Number** **1189**

18 BUMBLE BEE COURT
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 457-0092 **Fax:** 457-9629 **RN:**
Administrator: SHERRI MAHARG Health Planning Region Number:
Category C Administrator:

License Number: **31473** Current License Duration: **6 Month** **Expires:** 12/30/2014 **PROVISIONAL**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)
Original License Date: **06/30/14**

ASPEN GARDENS 9 **ID Number** **5732**

9 BUMBLE BEE COURT
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 443-6577 **Fax:** 457-9629 **RN:** Sherri Maharg
Administrator: SHERRI MAHARG Health Planning Region Number: **4**
Category C Administrator:

License Number: **13086** Current License Duration: **3 YEARS** **Expires:** 6/15/2015 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 17 (May have no more than 5 "B" beds)
Original License Date: **12/19/05**

MASONIC HOME OF MONTANA **ID Number** **555**

2010 MASONIC HOME RD
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 458-5431 **Fax:** 458-9322 **RN:** ROBERT IZATT
Administrator: CONNIE HALLOCK KLOTZ Health Planning Region Number: **4**
Category C Administrator:

License Number: **13380** Current License Duration: **3** **Expires:** 2/27/2016 **NOT PROV**
Category A Beds: 50 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 50 (May have no more than 5 "B" beds)
Original License Date:

OUR HOUSE **ID Number** **5652**

2000 WINNE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 443-3364 **Fax:** **RN:** Jill Farnam
Administrator: MARY JO GIBSON Health Planning Region Number: **4**
Category C Administrator:

License Number: **12662** Current License Duration: **2** **Expires:** 6/ 9/2016 **NOT PROV**
Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 6 (May have no more than 5 "B" beds)
Original License Date: **12/01/00**

RENAISSANCE SENIOR CARE-HELENA **ID Number** **5717**

525 SADDLE DRIVE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 449-1258 **Fax:** 442-1065 **RN:** JESSICA BARNETT
Administrator: ROMA GLEED Health Planning Region Number: **4**
Category C Administrator:

License Number: **13162** Current License Duration: **3** **Expires:** 8/13/2015 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **03/01/11**

ROSETTA ASSISTED LIVING - VALLEY VIEW I **ID Number** **5773**

2530 WILDWOOD LANE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 443-6339 **Fax:** 443-3129 **RN:** Ronda Stumbo
Administrator: BONNIE LAFOUNTAINE Health Planning Region Number: **4**
Category C Administrator:

License Number: **13161** Current License Duration: **3** **Expires:** 8/13/2015 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **01/14/11**

ROSETTA ASSISTED LIVING VALLEY VIEW II **ID Number** **5775**

2520 WILDWOOD LANE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 449-7587 **Fax:** 449-3107 **RN:** Ronda Stumbo
Administrator: BONNIE LAFOUNTAINE Health Planning Region Number: **4**
Category C Administrator:

License Number: **13219** Current License Duration: **3 YEAR** **Expires:** 10/26/2015 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **04/27/11**

SONHEAVEN I **ID Number** **552**

2510 FERNDALE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 449-0229 **Fax:** 449-0231 **RN:**
Administrator: LINDA SANDMAN Health Planning Region Number: **4**
Category C Administrator:

License Number: **13213** Current License Duration: **3 YEAR** **Expires:** 10/15/2015 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)

Original License Date: **10/16/97**

SONHEAVEN II **ID Number** **5630**

2540 FERNDALE
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 495-0436 **Fax:** 449-0231 **RN:**
Administrator: LINDA SANDMAN Health Planning Region Number: **4**
Category C Administrator:

License Number: **13214** Current License Duration: **3 YEAR** **Expires:** 10/15/2015 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **12/05/99**

TOUCHMARK ON SADDLE DRIVE **ID Number** **512**

915 SADDLE DR
HELENA MT 59601- County: **LEWIS & CLARK**
Phone: 449-4900 **Fax:** 449-4999 **RN:** REGINA BRUNER
Administrator: MERRY LUNDE Health Planning Region Number: **4**
Category C Administrator:

License Number: **13526** Current License Duration: **2** **Expires:** 11/29/2016 **NOT PROV**
Category A Beds: 120 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 120 (May have no more than 5 "B" beds)

Original License Date:

CREEKSIDE HOME **ID Number** **5768**

403 S 2ND STREET **PO BOX 91**
JOLIET MT 59041- County: **CARBON**
Phone: 962-7195 **Fax:** **RN:**
Administrator: SHERRY FIELDS Health Planning Region Number: **3**
Category C Administrator:

License Number: **13334** Current License Duration: **2** **Expires:** 1/31/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **08/05/10**

HOME FROM HOME **ID Number** **7062**

109 HIGH STREET
JUDITH GAP MT 59453- County: **WHEATLAND**
Phone: 473-2206 **Fax:** 473-2207 **RN:**
Administrator: JULIE HARRIS Health Planning Region Number:
Category C Administrator:

License Number: **13378** Current License Duration: **2** **Expires:** 2/23/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
Original License Date: **08/24/12**

BUFFALO HILL TERRACE **ID Number** **5644**

40 CLAREMONT ST
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 752-9624 **Fax:** 752-9609 **RN:**
Administrator: CARLA WILTON Health Planning Region Number: **5**
Category C Administrator:

License Number: **13217** Current License Duration: **3 YEAR** **Expires:** 10/23/2015 **PROVISIONAL**
Category A Beds: 116 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 116 (May have no more than 5 "B" beds)
Original License Date: **05/31/00**

EDGEWOOD VISTA KALISPELL

ID Number **5657**

141 INTERSTATE LN
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 755-3240 **Fax:** 755-3249 **RN:** Karen Haven
Administrator: STARLA ROBINSON Health Planning Region Number: **5**
Category C Administrator:

License Number: **13466** Current License Duration: **2** **Expires:** 1/15/2016 **NOT PROV**
Category A Beds: 26 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 26 (May have no more than 5 "B" beds)
Original License Date: **02/21/01**

FRIENDSHIP HOUSE INC

ID Number **510**

606 2ND AVE W
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 257-8375 **Fax:** 257-6675 **RN:**
Administrator: JAMES ATKINSON Health Planning Region Number: **5**
Category C Administrator:

License Number: **13504** Current License Duration: **1** **Expires:** 6/29/2015 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)
Original License Date:

GREENWOOD VILLAGE

ID Number **5660**

1150 E OREGON ST
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 257-7719 **Fax:** 752-4819 **RN:** VENDETTI
Administrator: DENNIS RASMUSSEN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13323** Current License Duration: **3** **Expires:** 1/10/2016 **NOT PROV**
Category A Beds: 47 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 47 (May have no more than 5 "B" beds)
Original License Date: **05/18/01**

PRESTIGE ASSISTED LIVING AT KALISPELL

ID Number **596**

125 GLENWOOD DRIVE
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 756-1818 **Fax:** 756-0583 **RN:** Patty Cordell
Administrator: PATTY CORDELL Health Planning Region Number: **5**
Category C Administrator:

License Number: **12613** Current License Duration: **1** **Expires:** 10/31/2015 **NOT PROV**
Category A Beds: 73 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 73 (May have no more than 5 "B" beds)

Original License Date: **05/06/98**

RENAISSANCE SENIOR CARE - LIBERTY

ID Number **5708**

645 LIBERTY STREET
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 755-4483 **Fax:** 755-1293 **RN:** Barbara Kappus
Administrator: SHAWN SHARP Health Planning Region Number: **5**
Category C Administrator:

License Number: **13535** Current License Duration: **2** **Expires:** 7/14/2015 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date: **01/01/07**

WEL-LIFE ASSISTED LIVING AT KALISPELL

ID Number **599**

156 3 MILE DR
KALISPELL MT 59901- County: **FLATHEAD**
Phone: 756-8688 **Fax:** 756-0095 **RN:**
Administrator: PATRICIA DORTCH Health Planning Region Number: **5**
Category C Administrator:

License Number: **13479** Current License Duration: **3** **Expires:** 5/25/2016 **NOT PROV**
Category A Beds: 36 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 36 (May have no more than 5 "B" beds)

Original License Date: **06/22/98**

BROWNS LANDING AT THE CROSSINGS **ID Number 5748**

600 ROUNDHOUSE DRIVE
LAUREL MT 59044- County: **YELLOWSTONE**
Phone: 628-1200 **Fax:** 628-5006 **RN:**
Administrator: MICHELLE DEBOER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13523** Current License Duration: **2** **Expires:** 7/13/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date: **01/14/08**

RICHARDSON COTTAGE **ID Number 5743**

602 ROUNDHOUSE DRIVE
LAUREL MT 59044- County: **YELLOWSTONE**
Phone: 628-5000 **Fax:** 628-5004 **RN:** Sylvia Gollick
Administrator: MICHELLE THOMPSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13254** Current License Duration: **3** **Expires:** 11/20/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **05/22/07**

TENDERNEST LLC, 1L **ID Number 593**

120 W 12TH ST
LAUREL MT 59044- County: **YELLOWSTONE**
Phone: 628-7500 **Fax:** 628-2395 **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **13536** Current License Duration: **2** **Expires:** 7/17/2015 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **04/17/98**

TENDERNEST LLC, 2L **ID Number** **5621**

118 W 12TH ST
LAUREL MT 59044- County: **YELLOWSTONE**
Phone: 628-7300 **Fax:** **RN:** KATEE MANGUS
Administrator: RANDALL SWENSON Health Planning Region Number: **3**
Category C Administrator:

License Number: **12965** Current License Duration: **3** **Expires:** 3/27/2017 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **02/25/99**

CASLEN LIVING CENTERS INC, DBA NEW HORIZONS- LEWISTOWN I **ID Number** **5654**

221 MCKINLEY ST
LEWISTOWN MT 59457- County: **FERGUS**
Phone: 538-9853 **Fax:** 538-8456 **RN:** YVONNE OLSON
Administrator: DEAN OSTRANDER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13507** Current License Duration: **3** **Expires:** 6/30/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 13 (May have no more than 5 "B" beds)

Original License Date: **01/01/01**

CASLEN LIVING CENTERS INC, DBA NEW HORIZONS-LEWISTOWN II **ID Number** **5679**

217 MCKINLEY **221 MCKINLEY**
LEWISTOWN MT 59457- County: **FERGUS**
Phone: 538-9853 **Fax:** 538-8456 **RN:** YVONNE OLSON
Administrator: DEAN OSTRANDER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13506** Current License Duration: **3** **Expires:** 6/30/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **09/25/02**

SHEPHERDS WAY ASSISTED LIVING, INC. **ID Number** **5712**

80007 US HWY 87
LEWISTOWN MT 59457- County: **FERGUS**
Phone: 538-3610 **Fax:** 538-9106 **RN:** Barbara Nelson
Administrator: WILLIAM BUCK Health Planning Region Number: **3**
Category C Administrator:

License Number: **12762** Current License Duration: **2** **Expires:** 9/29/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **07/21/04**

THE VILLA ASSISTED LIVING AT VALLE VISTA **ID Number** **513**

404 SUMMIT AVE
LEWISTOWN MT 59457- County: **FERGUS**
Phone: 538-3758 **Fax:** 538-8803 **RN:**
Administrator: RICHARD AGNER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13300** Current License Duration: **3** **Expires:** 11/17/2016 **NOT PROV**
Category A Beds: 35 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 35 (May have no more than 5 "B" beds)
Original License Date:

LIBBY'S LODGE OF LOVE **ID Number** **7068**

39042 US HWY 2
LIBBY MT 59923- County: **LINCOLN**
Phone: 293-3334 **Fax:** 293-3334 **RN:**
Administrator: SHAUNA FIRESTONE Health Planning Region Number:
Category C Administrator:

License Number: **13499** Current License Duration: **2** **Expires:** 6/14/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **11/16/12**

CASLEN LIVING CENTERS INC-LIVINGSTON **ID Number 5702**

1301 WINEGLASS LANE
LIVINGSTON MT 59047- County: **PARK**
Phone: 222-0797 **Fax:** 222-7951 **RN:** JULIANNE ROST
Administrator: JANE LARKEN Health Planning Region Number: **4**
Category C Administrator:

License Number: **13423** Current License Duration: **3** **Expires:** 12/31/2015 **NOT PROV**
Category A Beds: 30 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 30 (May have no more than 5 "B" beds)
Original License Date: **07/01/08**

FRONTIER PERSONAL CARE CENTER INC **ID Number 514**

121 S 3RD
LIVINGSTON MT 59047- County: **PARK**
Phone: 222-6102 **Fax:** 222-4833 **RN:** CHRISTIANA DAVIS
Administrator: MICHAEL DWORSHAK Health Planning Region Number: **4**
Category C Administrator:

License Number: **13321** Current License Duration: **3** **Expires:** 1/ 5/2017 **NOT PROV**
Category A Beds: 50 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 50 (May have no more than 5 "B" beds)
Original License Date:

S & J CLARK INCORPORATED, DBA DIAMOND K LODGE **ID Number 563**

1200 W MONTANA
LIVINGSTON MT 59047- County: **PARK**
Phone: 222-0605 **Fax:** 222-7397 **RN:** Merry Nelson
Administrator: ANGELA PRINTZ Health Planning Region Number: **4**
Category C Administrator:

License Number: **13377** Current License Duration: **3** **Expires:** 2/15/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date:

COUNTRY HOME PCH

ID Number **597**

1568 191 HWY SOUTH
MALTA MT 59538- County: **PHILLIPS**
Phone: 654-2198 **Fax:** 654-2498 **RN:** Duane Murray
Administrator: DUANE MURRAY Health Planning Region Number: **1**
Category C Administrator:

License Number: **13011** Current License Duration: **2** **Expires:** 4/30/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **05/08/99**

HI-LINE RETIREMENT CENTER INC.

ID Number **5698**

801 S 3RD ST W **PO BOX 770**
MALTA MT 59538- County: **PHILLIPS**
Phone: 654-1190 **Fax:** 654-2233 **RN:**
Administrator: WARD VANWICHEN Health Planning Region Number: **1**
Category C Administrator:

License Number: **13211** Current License Duration: **3 YEAR** **Expires:** 10/14/2015 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **10/01/05**

CHURCHILL RETIREMENT HOME, INC

ID Number **549**

6151 SHADY REST ST
MANHATTAN MT 59741- County: **GALLATIN**
Phone: 282-7631 **Fax:** 282-7818 **RN:** Sherrill Olson
Administrator: DIANA HELGESON Health Planning Region Number: **4**
Category C Administrator:

License Number: **13175** Current License Duration: **2** **Expires:** 7/14/2016 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date:

PARKHAVEN **ID Number** **5745**

100 HAMILTON COURT
MANHATTAN MT 59741- County: **GALLATIN**
Phone: 282-7488 **Fax:** 284-9938 **RN:**
Administrator: REBECCA MURRAY Health Planning Region Number: **4**
Category C Administrator:

License Number: **13441** Current License Duration: **1** **Expires:** 10/31/2015 **NOT PROV**
Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 40 (May have no more than 5 "B" beds)
Original License Date: **10/01/07**

COTTONWOOD CARE HOME **ID Number** **5602**

3420 BRISBON
MILES CITY MT 59301- County: **CUSTER**
Phone: 232-2273 **Fax:** **RN:** J. Chris Kukowski
Administrator: MRS. CHRIS KUKOWSKI Health Planning Region Number: **1**
Category C Administrator:

License Number: **12892** Current License Duration: **2** **Expires:** 1/31/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **11/10/97**

HOMESTEAD HOMES INC **ID Number** **535**

2706 PLEASANT ST
MILES CITY MT 59301- County: **CUSTER**
Phone: 234-6670 **Fax:** **RN:** Margaret L. Tiffany
Administrator: BONNIE SCOTT Health Planning Region Number: **1**
Category C Administrator:

License Number: **13473** Current License Duration: **2** **Expires:** 5/13/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date:

PARKVIEW CARING **ID Number** **5650**

106 S STREVELL
MILES CITY MT 59301- County: **CUSTER**
Phone: 234-9289 **Fax:** 234-3089 **RN:** Sherry Stoltz
Administrator: SHERRY STOLTZ Health Planning Region Number: **1**
Category C Administrator:

License Number: **13421** Current License Duration: **2** **Expires:** 2/ 4/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)

Original License Date: **10/10/00**

TLC ASSISTED LIVING FACILITY **ID Number** **515**

220 N CENTER
MILES CITY MT 59301- County: **CUSTER**
Phone: 232-7988 **Fax:** **RN:**
Administrator: TERESA WAGNER Health Planning Region Number: **1**
Category C Administrator:

License Number: **13505** Current License Duration: **2** **Expires:** 6/30/2016 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date:

AT HOME ASSISTED LIVING **ID Number** **519**

1300 SPEEDWAY
MISSOULA MT 59802- County: **MISSOULA**
Phone: 549-8127 **Fax:** 542-5202 **RN:** Home and Community Based
Administrator: GARY WINGFIELD Health Planning Region Number: **5**
Category C Administrator:

License Number: **13251** Current License Duration: **3** **Expires:** 11/12/2015 **NOT PROV**
Category A Beds: 28 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 28 (May have no more than 5 "B" beds)

Original License Date: **07/03/01**

COUNTRY HOME ESTATE

ID Number **5635**

1704 S RESERVE ST
MISSOULA MT 59801- County: **MISSOULA**
Phone: 542-1889 **Fax:** 549-6848 **RN:** Betty L. Sol
Administrator: LYNNE MARVIN Health Planning Region Number: **5**
Category C Administrator:

License Number: **12924** Current License Duration: **1** **Expires:** 2/27/2015 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)
Original License Date: **02/28/00**

EDGEWOOD VISTA MISSOULA

ID Number **570**

2815 PALMER
MISSOULA MT 59802- County: **MISSOULA**
Phone: 549-9660 **Fax:** 549-4424 **RN:** MICHELLE MILLER
Administrator: HEATHER BENNETT Health Planning Region Number: **5**
Category C Administrator:

License Number: **13252** Current License Duration: **1** **Expires:** 11/15/2015 **NOT PROV**
Category A Beds: 25 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 25 (May have no more than 5 "B" beds)
Original License Date:

EMERITUS AT HUNTERS GLEN

ID Number **588**

3620 AMERICAN WAY
MISSOULA MT 59808- County: **MISSOULA**
Phone: 542-7009 **Fax:** 542-7094 **RN:** Desiree Johnson
Administrator: COLETTE TERRY Health Planning Region Number: **5**
Category C Administrator:

License Number: **13401** Current License Duration: **2** **Expires:** 3/15/2015 **NOT PROV**
Category A Beds: 120 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 120 (May have no more than 5 "B" beds)
Original License Date: **05/08/98**

FLOR-HAVEN HOME (PC) **ID Number** **516**

433 S 3RD ST W **PO BOX 2340**
MISSOULA MT 59806- County: **MISSOULA**
Phone: 542-2598 **Fax:** 542-2598 **RN:**
Administrator: JAN OVERBAUGH Health Planning Region Number: **5**
Category C Administrator:

License Number: **13398** Current License Duration: **2** **Expires:** 3/14/2015 **NOT PROV**
Category A Beds: 20 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 20 (May have no more than 5 "B" beds)
Original License Date:

FOOTSTEPS MEMORY CARE @ THE SPRINGS **ID Number** **5721**

3710 AMERICAN WAY
MISSOULA MT 59808- County: **MISSOULA**
Phone: 273-0101 **Fax:** 273-0202 **RN:** ANGELA WINTER
Administrator: SALLY EVANS Health Planning Region Number: **5**
Category C Administrator: SALLY EVANS

License Number: **13088** Current License Duration: **3 YEARS** **Expires:** 6/19/2015 **NOT PROV**
Category A Beds: 45 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 45 (May have no more than 5 "B" beds)
Original License Date: **04/06/05**

GRANDMA'S HOUSE **ID Number** **5754**

2327 39TH STREET
MISSOULA MT 59803- County: **MISSOULA**
Phone: 251-7101 **Fax:** **RN:**
Administrator: LINDA ROOT Health Planning Region Number: **5**
Category C Administrator:

License Number: **13051** Current License Duration: **2** **Expires:** 5/22/2016 **NOT PROV**
Category A Beds: 6 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 6 (May have no more than 5 "B" beds)
Original License Date: **06/23/09**

HILLSIDE PLACE

ID Number **518**

4718 23RD AVE
MISSOULA MT 59803- County: **MISSOULA**
Phone: 251-5912 **Fax:** 251-6357 **RN:** Lisa Leikum
Administrator: BERNICE ZIMMERMAN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13431** Current License Duration: **3** **Expires:** 4/12/2016 **NOT PROV**
Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 19 (May have no more than 5 "B" beds)

Original License Date:

LIGHTHOUSE ASSISTED LIVING

ID Number **5777**

3214 WASHBURN ST
MISSOULA MT 59801- County: **MISSOULA**
Phone: 926-1162 **Fax:** **RN:** Judy Maloney
Administrator: LARRY PLANT Health Planning Region Number: **5**
Category C Administrator:

License Number: **13375** Current License Duration: **2** **Expires:** 2/ 9/2016 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **08/10/11**

MISSOULA HEALTH & REHAB

ID Number **520**

3018 RATTLESNAKE DR
MISSOULA MT 59802- County: **MISSOULA**
Phone: 549-0988 **Fax:** 549-3064 **RN:** April Pennington
Administrator: KARRIE HOLT Health Planning Region Number: **5**
Category C Administrator:

License Number: **13184** Current License Duration: **6 MONTH** **Expires:** 3/23/2015 **PROVISIONAL**
Category A Beds: 22 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 22 (May have no more than 5 "B" beds)

Original License Date:

PLEASANT VIEW PERSONAL CARE HOME **ID Number** **5690**

4322 W CENTRAL AVE
MISSOULA MT 59804- County: **MISSOULA**
Phone: 728-8675 **Fax:** **RN:**
Administrator: BONNIE KOLDEN Health Planning Region Number: **5**
Category C Administrator:

License Number: **12636** Current License Duration: **3** **Expires:** 5/14/2017 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)

Original License Date: **05/02/03**

QUALITY ASSISTED CARE INC, BEE HIVE HOMES OF MISSOULA #1 **ID Number** **577**

2406 RIVER RD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 728-0115 **Fax:** 549-3698 **RN:** ERIN HEITZMAN
Administrator: ERIN HEITZMAN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13424** Current License Duration: **2** **Expires:** 12/30/2014 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)

Original License Date:

QUALITY ASSISTED CARE INC, BEE HIVE HOMES OF MISSOULA #2 **ID Number** **5606**

2406 RIVER RD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 721-0549 **Fax:** 721-0546 **RN:** ERIN HEITZMAN
Administrator: ERIN HEITZMAN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13502** Current License Duration: **2** **Expires:** 6/21/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **06/22/98**

QUALITY ASSISTED CARE INC, BEE HIVE HOMES OF MISSOULA #3 **ID Number** **5623**

2406 RIVER RD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 543-0605 **Fax:** 728-0058 **RN:** ERIN HEITZMAN
Administrator: ERIN HEITZMAN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13500** Current License Duration: **2** **Expires:** 6/18/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **03/17/99**

QUALITY ASSISTED CARE INC, BEE HIVE HOMES OF MISSOULA #4 **ID Number** **5633**

2406 RIVER RD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 728-8557 **Fax:** 728-0027 **RN:** ERIN HEITZMAN
Administrator: ERIN HEITZMAN Health Planning Region Number: **5**
Category C Administrator:

License Number: **12824** Current License Duration: **2** **Expires:** 11/15/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: **11/15/99**

QUALITY ASSISTED CARE INC, BEE HIVE HOMES OF MISSOULA #5 **ID Number** **5750**

2406 RIVER ROAD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 721-3446 **Fax:** 542-6647 **RN:** ERIN HEITZMANN
Administrator: ERIN HEITZMANN Health Planning Region Number: **5**
Category C Administrator:

License Number: **13498** Current License Duration: **3** **Expires:** 6/ 9/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)

Original License Date: **12/10/08**

ROSETTA ASSISTED LIVING **ID Number** **5729**

2810 GREAT NORTHERN LOOP
MISSOULA MT 59808- County: **MISSOULA**
Phone: 728-5822 **Fax:** 728-9371 **RN:** Alice Carroll
Administrator: KATE HARLOW Health Planning Region Number: **5**
Category C Administrator:

License Number: **12789** Current License Duration: **3** **Expires:** 10/ 9/2017 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **09/20/05**

ROSETTA ASSISTED LIVING - MISSOULA # 2 **ID Number** **7109**

2814 GEAT NORTHERN LOOP
MISSOULA MT 59808- County: **MISSOULA**
Phone: 728-5822 **Fax:** 728-9371 **RN:** ROBIN PORTER RN
Administrator: KATE HARLOW Health Planning Region Number:
Category C Administrator:

License Number: **31464** Current License Duration: **1** **Expires:** 4/15/2015 **NOT PROV**
Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 17 (May have no more than 5 "B" beds)

Original License Date: **10/16/13**

THE SPRINGS AT MISSOULA **ID Number** **5720**

3710 AMERICAN WAY
MISSOULA MT 59808- County: **MISSOULA**
Phone: 273-0101 **Fax:** 273-0202 **RN:** SALLY EVANS
Administrator: SALLY EVANS Health Planning Region Number: **5**
Category C Administrator:

License Number: **13055** Current License Duration: **3 YEARS** **Expires:** 5/31/2015 **NOT PROV**
Category A Beds: 140 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 140 (May have no more than 5 "B" beds)

Original License Date: **12/20/04**

THE VILLAGE SENIOR RESIDENCE **ID Number 521**

2815 OLD FORT RD
MISSOULA MT 59804- County: **MISSOULA**
Phone: 549-1300 **Fax:** 721-1620 **RN:**
Administrator: BEVERLY MIX Health Planning Region Number: **5**
Category C Administrator:

License Number: **13538** Current License Duration: **1** **Expires:** 3/31/2015 **NOT PROV**
Category A Beds: 112 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 112 (May have no more than 5 "B" beds)
Original License Date:

COUNTRY LIFE ASSISTED LIVING LLC **ID Number 5709**

12 BESSLER ROAD
MONTANA CITY MT 59634- County: **JEFFERSON**
Phone: 443-1288 **Fax:** 513-1058 **RN:**
Administrator: BONNIE STAPLES Health Planning Region Number: **4**
Category C Administrator:

License Number: **13003** Current License Duration: **3 YEARS** **Expires:** 4/15/2015 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **04/15/04**

LA CASA PERSONAL CARE **ID Number 569**

408 E LASATER AVE
PLENTYWOOD MT 59254- County: **SHERIDAN**
Phone: 765-1669 **Fax:** 765-2886 **RN:** Debbie Abar
Administrator: BALALY RICHARDSON Health Planning Region Number: **1**
Category C Administrator:

License Number: **12947** Current License Duration: **3** **Expires:** 8/15/2016 **NOT PROV**
Category A Beds: 32 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 32 (May have no more than 5 "B" beds)
Original License Date:

ST JOSEPH ASSISTED LIVING **ID Number 590**

11 17TH AVE E
POLSON MT 59860- County: **LAKE**
Phone: 883-1011 **Fax:** 883-8971 **RN:** Carol Smith
Administrator: MR. COOPER Health Planning Region Number: **5**
Category C Administrator:

License Number: **13333** Current License Duration: **2 YEARS** **Expires:** 1/29/2015 **NOT PROV**
Category A Beds: 47 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 47 (May have no more than 5 "B" beds)
Original License Date:

THE PINES OF POLSON **ID Number 5603**

405 6TH AVE W
POLSON MT 59860- County: **LAKE**
Phone: 883-1021 **Fax:** 319-7002 **RN:** RHEACHEL SMITH
Administrator: MICHAEL COE Health Planning Region Number: **5**
Category C Administrator:

License Number: **13374** Current License Duration: **3** **Expires:** 2/ 8/2016 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **06/30/99**

THE RETREAT **ID Number 5744**

1303 RIVENDELL COURT
POLSON MT 59860- County: **LAKE**
Phone: 883-4897 **Fax:** 883-1379 **RN:** Debbie Kae Marrinan
Administrator: PAMELA J. BONNER Health Planning Region Number: **5**
Category C Administrator:

License Number: **13532** Current License Duration: **3** **Expires:** 7/11/2016 **NOT PROV**
Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 15 (May have no more than 5 "B" beds)
Original License Date: **09/03/07**

THE WILLOWS **ID Number** **7102**

2475 NORTH BROADWAY
RED LODGE MT 59068- County: **CARBON**
Phone: 446-1020 **Fax:** 446-0294 **RN:** DONNA DOUTHIT
Administrator: MICHELLE DEBOER Health Planning Region Number:
Category C Administrator:

License Number: **13529** Current License Duration: **1** **Expires:** 12/27/2014 **NOT PROV**
Category A Beds: 25 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 25 (May have no more than 5 "B" beds)

Original License Date: **06/28/13**

HEARTLAND ASSISTED LIVING **ID Number** **7081**

8874 US HIGHWAY 212
ROBERTS MT 59070-963 County: **CARBON**
Phone: 861-9500 **Fax:** 446-2153 **RN:**
Administrator: JOHN DUBSKY Health Planning Region Number:
Category C Administrator:

License Number: **13542** Current License Duration: **2** **Expires:** 7/30/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)

Original License Date: **01/31/13**

SUNFLOWER GARDENS ALF LLP **ID Number** **1147**

804 2ND ST WEST
ROUNDUP MT 59072- County: **MUSSELSHELL**
Phone: 323-4663 **Fax:** **RN:**
Administrator: TANA CATES Health Planning Region Number:
Category C Administrator:

License Number: **31469** Current License Duration: **1** **Expires:** 9/ 5/2015 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)

Original License Date: **03/06/14**

WHISPERING PINES PERSONAL CARE HOME **ID Number 5651**

40 HORSETHIEF RD
ROUNDUP MT 59072- County: **MUSSELSHELL**
Phone: 323-3212 **Fax:** **RN:** Lola Ryan
Administrator: ROSE SNIDER Health Planning Region Number: **3**
Category C Administrator:

License Number: **13125** Current License Duration: **2** **Expires:** 7/30/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)

Original License Date: **11/02/00**

SAVAGE SUNRISE MANOR **ID Number 5703**

407 MESA ST SOUTH **PO BOX 41**
SAVAGE MT 59262-002 County: **RICHLAND**
Phone: 776-2040 **Fax:** 776-2041 **RN:**
Administrator: ELIZABETH TRANSUE Health Planning Region Number: **1**
Category C Administrator: KAY PRICE

License Number: **13439** Current License Duration: **2** **Expires:** 4/28/2016 **NOT PROV**
Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 9 (May have no more than 5 "B" beds)

Original License Date: **02/12/04**

MARIAS HERITAGE CENTER **ID Number 5615**

111 2ND ST S
SHELBY MT 59474- County: **TOOLE**
Phone: 434-3290 **Fax:** 434-3291 **RN:** Judy Richman
Administrator: JUDY RICHMAN Health Planning Region Number: **2**
Category C Administrator:

License Number: **13331** Current License Duration: **3 YEARS** **Expires:** 1/20/2016 **NOT PROV**
Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 40 (May have no more than 5 "B" beds)

Original License Date: **12/22/98**

HOME PARK ASSISTED LIVING

ID Number **5771**

504 RAY LANE **PO BOX 771**
SHERIDAN MT 59749- County: **MADISON**
Phone: 596-3800 **Fax:** 842-5133 **RN:**
Administrator: JASON GEORGE Health Planning Region Number: **4**
Category C Administrator:

License Number: **13465** Current License Duration: **1** **Expires:** 5/ 8/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
Original License Date: **12/09/10**

THE LODGE AT LONE TREE CREEK

ID Number **5642**

1015 7TH AVE SW
SIDNEY MT 59270- County: **RICHLAND**
Phone: 488-4682 **Fax:** 488-8069 **RN:** Terry Houchen
Administrator: KATHY JENSEN Health Planning Region Number: **1**
Category C Administrator:

License Number: **13472** Current License Duration: **3** **Expires:** 5/11/2016 **NOT PROV**
Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 40 (May have no more than 5 "B" beds)
Original License Date: **05/12/00**

CLOSER TO HOME

ID Number **5727**

61262 WATSON ROAD
ST IGNATIUS MT 59865- County: **LAKE**
Phone: 745-0272 **Fax:** 745-0272 **RN:** MARGIT GROESSLER
Administrator: SHERYL HITCHCOCK Health Planning Region Number: **5**
Category C Administrator:

License Number: **13474** Current License Duration: **2** **Expires:** 5/15/2016 **NOT PROV**
Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 13 (May have no more than 5 "B" beds)
Original License Date: **08/15/05**

PINES OF MISSION **ID Number** **7022**

320 MISSION DRIVE
ST. IGNATIUS MT 59865- County: **LAKE**
Phone: 745-1021 **Fax:** 745-1032 **RN:** RHEACHEL SMITH
Administrator: MICHAEL COE Health Planning Region Number:
Category C Administrator:

License Number: **13470** Current License Duration: **3** **Expires:** 5/ 5/2016 **NOT PROV**
Category A Beds: 22 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 22 (May have no more than 5 "B" beds)

Original License Date: **11/17/11**

THE LIVING CENTRE **ID Number** **523**

57 MAIN
STEVENSVILLE MT 59870- County: **RAVALLI**
Phone: 777-2022 **Fax:** 777-5856 **RN:** Susan Robinson
Administrator: DORIS GILBERTSON Health Planning Region Number: **5**
Category C Administrator:

License Number: **12864** Current License Duration: **1** **Expires:** 5/28/2015 **NOT PROV**
Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 40 (May have no more than 5 "B" beds)

Original License Date:

MOUNTAIN VIEW VILLAGE **ID Number** **572**

1310 6TH AVE E **PO BOX 66**
SUPERIOR MT 59872- County: **MINERAL**
Phone: 822-3719 **Fax:** **RN:**
Administrator: LARRY PUTNAM Health Planning Region Number: **5**
Category C Administrator:

License Number: **12757** Current License Duration: **3** **Expires:** 9/13/2016 **NOT PROV**
Category A Beds: 14 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date:

CHERRY HILL ASSISTED LIVING **ID Number 5740**

214 CHURCH STREET **NBR 8 RACOON LN**
THOMPSON FALLS MT 59873- County: **SANDERS**
Phone: 827-1272 **Fax:** 827-1162 **RN:**
Administrator: BARB SAINT Health Planning Region Number: **1**
Category C Administrator:

License Number: **13478** Current License Duration: **3** **Expires:** 5/20/2016 **NOT PROV**
Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)

Original License Date: **10/06/06**

PATHWAYS ASSISTED LIVING INC. **ID Number 5607**

622 MAIN
THREE FORKS MT 59752- County: **GALLATIN**
Phone: 285-5227 **Fax:** 285-3375 **RN:** Allison McIntosh
Administrator: GENEVA L. PRUETT Health Planning Region Number: **4**
Category C Administrator:

License Number: **12494** Current License Duration: **3** **Expires:** 12/11/2016 **NOT PROV**
Category A Beds: 5 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 5 (May have no more than 5 "B" beds)

Original License Date: **06/02/04**

TLC - 4U LLC **ID Number 5691**

114 NORTH SPRUCE
TOWNSEND MT 59644- County: **BROADWATER**
Phone: 266-4453 **Fax:** 266-5124 **RN:**
Administrator: TIFFANY RAUSER Health Planning Region Number: **4**
Category C Administrator:

License Number: **13438** Current License Duration: **3** **Expires:** 4/27/2017 **NOT PROV**
Category A Beds: 5 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 5 (May have no more than 5 "B" beds)

Original License Date: **04/28/03**

TOWNSEND PERSONAL CARE INC **ID Number** **524**

128 HWY 12 E
TOWNSEND MT 59644- County: **BROADWATER**
Phone: 266-3711 **Fax:** **RN:** Teresa Hall
Administrator: JORGE MARCUZZI Health Planning Region Number: **4**
Category C Administrator:

License Number: **13328** Current License Duration: **2** **Expires:** 1/12/2016 **NOT PROV**
Category A Beds: 18 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 18 (May have no more than 5 "B" beds)

Original License Date: **03/24/98**

THE SPRINGS AT WHITEFISH **ID Number** **5683**

1001 RIVER LAKES PARKWAY
WHITEFISH MT 59937- County: **FLATHEAD**
Phone: 862-6322 **Fax:** 862-6328 **RN:** PEG HERTLEIN
Administrator: BEN BOULTER Health Planning Region Number: **5**
Category C Administrator:

License Number: **13165** Current License Duration: **3** **Expires:** 8/31/2015 **NOT PROV**
Category A Beds: 100 **Category B Endorsement:** X **Category C Endorsement:** X
Total Beds: 100 (May have no more than 5 "B" beds)

Original License Date: **11/18/02**

CASLEN LIVING CENTERS INC, DBA MEADOWLARK MANOR **ID Number** **5624**

35 SKYLINE DRIVE **PO BOX 656**
WHITEHALL MT 59759- County: **JEFFERSON**
Phone: 287-5530 **Fax:** 287-5539 **RN:** Terry Reiff
Administrator: VELDA BOWMAN Health Planning Region Number: **4**
Category C Administrator:

License Number: **13281** Current License Duration: **3** **Expires:** 12/31/2015 **NOT PROV**
Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 16 (May have no more than 5 "B" beds)

Original License Date: **04/14/99**

LIBERTY PLACE 1 **ID Number** **5710**

1173 HIGHWAY 55 **PO BOX 446**
WHITEHALL MT 59759- County: **JEFFERSON**
Phone: 287-7996 **Fax:** 287-9228 **RN:** Mandy Darkenwald
Administrator: JODY JOHNS Health Planning Region Number: **4**
Category C Administrator:

License Number: **13018** Current License Duration: **3 YEARS** **Expires:** 4/20/2015 **NOT PROV**
Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)

Original License Date: **04/21/04**

LIBERTY PLACE 2 **ID Number** **5762**

113 WEST THIRD **PO BOX 446**
WHITEHALL MT 59759- County: **JEFFERSON**
Phone: 287-2300 **Fax:** 287-2301 **RN:** MINDY DARKENWALD
Administrator: JODY JOHNS Health Planning Region Number: **4**
Category C Administrator:

License Number: **12705** Current License Duration: **2** **Expires:** 7/26/2016 **NOT PROV**
Category A Beds: 10 **Category B Endorsement:** **Category C Endorsement:**
Total Beds: 10 (May have no more than 5 "B" beds)

Original License Date: **01/27/10**

Total Facilities: 203 **Total Beds: 5682** **A Beds: 5682** **"B" Facilities: 149** **"C" Facilities: 59**