

ADULT DAY CARE CENTERS

SHIPP'S ADULT DAY CARE

103 SOUTH BROOK AVENUE
ABSAROKEE MT 59001-
Phone: 328-7361 **Fax:**
Administrator: TESS SHIPP
License Number: **11433** **Exp. Date:** 02/28/2009
Health Planning Region Number: **3**

Facility ID Number: **283**
County: **STILLWATER**
JCAHO
Original License Date: **09/05/07**
Current License Duration: **1**
Licensed Beds: **6**
NOT PROV

EDGEWOOD VISTA ADULT DAY CARE

1011 CARDINAL DR
BELGRADE MT 59714-
Phone: 388-9439 **Fax:** 388-7722
Administrator: COLLEEN BENJAMIN
License Number: **10628** **Exp. Date:** 02/23/2009
Health Planning Region Number: **4**

Facility ID Number: **251**
County: **GALLATIN**
JCAHO
Original License Date: **02/23/99**
Current License Duration: **3**
Licensed Beds: **13**
NOT PROV

PIONEER MEDICAL CENTER ADULT DAY CARE

301 WEST 7TH AVENUE
BIG TIMBER MT 59011-
Phone: 932-4603 **Fax:** 932-5468
Administrator: BREN LOWE
License Number: **11330** **Exp. Date:** 11/20/2010
Health Planning Region Number: **3**

Facility ID Number: **241**
County: **SWEET GRASS**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

LAKE VIEW CARE CENTER ADULT DAY CARE

1050 GRAND AVE
BIGFORK MT 59911-
Phone: 837-5041 **Fax:** 837-1145
Administrator: RICK BAGLEY
License Number: **10996** **Exp. Date:** 11/27/2009
Health Planning Region Number: **5**

Facility ID Number: **242**
County: **FLATHEAD**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **10**
NOT PROV

ADULT HOME CARE SERVICES ADULT DAY CARE

106 ERICKSON CRT N
BILLINGS MT 59105-
Phone: 256-0168 **Fax:**
Administrator: NANCY FEDERICO
License Number: **11548** **Exp. Date:** 09/27/2009
Health Planning Region Number: **3**

Facility ID Number: **263**
County: **YELLOWSTONE**
JCAHO
Original License Date: **06/28/00**
Current License Duration: **2**
Licensed Beds: **6**
NOT PROV

BUTTERFLY HOMES

1014 CALENDULA CIRCLE
 BILLINGS MT 59105-
Phone: 245-0334 **Fax:** 245-0460
Administrator: BERNADETTE BROWN
 License Number: **10817** **Exp. Date:** 07/15/2009
 Health Planning Region Number: **3**

Facility ID Number: 275
 County: **YELLOWSTONE**
JCAHO
 Original License Date: **01/27/05**
 Current License Duration: **3**
 Licensed Beds: **2**
NOT PROV

BUTTERFLY HOMES II

72 LILY VALLEY CIRCLE
 BILLINGS MT 59105-
Phone: 252-0747 **Fax:** 259-9066
Administrator: BERNADETTE BROWN
 License Number: **10816** **Exp. Date:** 07/15/2009
 Health Planning Region Number: **3**

Facility ID Number: 276
 County: **YELLOWSTONE**
JCAHO
 Original License Date: **01/27/05**
 Current License Duration: **3**
 Licensed Beds: **2**
NOT PROV

EAGLE CLIFF MANOR ADULT DAY CARE

1415 YELLOWSTONE RIVER RD
 BILLINGS MT 59105-
Phone: 245-9330 **Fax:** 254-8675
Administrator: BRIAN HUSO
 License Number: **11243** **Exp. Date:** 08/25/2010
 Health Planning Region Number: **3**

Facility ID Number: 232
 County: **YELLOWSTONE**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **10**
NOT PROV

EDGEWOOD VISTA SENIOR LIVING INC

1225 WICKS LN
 BILLINGS MT 59105-
Phone: 256-5398 **Fax:**
Administrator: LAURIE NORMANDY
 License Number: **10855** **Exp. Date:** 08/28/2009
 Health Planning Region Number: **3**

Facility ID Number: 272
 County: **YELLOWSTONE**
JCAHO
 Original License Date: **08/28/03**
 Current License Duration: **3**
 Licensed Beds: **14**
NOT PROV

PARKVIEW CARE CENTER ADULT DAY CARE

600 S 27TH ST
 BILLINGS MT 59101-
Phone: 259-8000 **Fax:** 259-8190
Administrator: MARY MUNSELL
 License Number: **10698** **Exp. Date:** 04/08/2009
 Health Planning Region Number: **3**

Facility ID Number: 252
 County: **YELLOWSTONE**
JCAHO
 Original License Date: **04/08/99**
 Current License Duration: **3**
 Licensed Beds: **5**
NOT PROV

PONDEROSA PINES HEALTH CARE ADULT DAY CARE

1341 ROSEBUD LANE
BILLINGS MT 59101-
Phone: 252-6135 **Fax:**
Administrator: JOE RUDE
License Number: **11561** **Exp. Date:** 12/31/2008
Health Planning Region Number: **3**

Facility ID Number: **284**
County: **YELLOWSTONE**
JCAHO
Original License Date: **07/01/08**
Current License Duration: **6 MONTH**
Licensed Beds: **10**
PROVISIONAL

PRIMROSE PERSONAL CARE HOME AND ADULT DAY

1228 MAURINE ST
BILLINGS MT 59105-
Phone: 248-9943 **Fax:**
Administrator: CYNTHIA JOHNSON
License Number: **11501** **Exp. Date:** 05/08/2009
Health Planning Region Number: **3**

Facility ID Number: **221**
County: **YELLOWSTONE**
JCAHO
Original License Date:
Current License Duration: **1**
Licensed Beds: **5**
NOT PROV

ST JOHNS LUTHERAN HOME ADULT DAY CARE

3940 RIMROCK RD
BILLINGS MT 59102-
Phone: 656-2710 **Fax:** 655-5639
Administrator: KENT BURGESS
License Number: **10849** **Exp. Date:** 07/19/2009
Health Planning Region Number: **3**

Facility ID Number: **200**
County: **YELLOWSTONE**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **12**
NOT PROV

BEARCREEK RESPITE CARE CENTER

1002 E KAGY
BOZEMAN MT 59715-
Phone: 586-2262 **Fax:**
Administrator: MARIAN STEFFES
License Number: **11037** **Exp. Date:** 01/20/2010
Health Planning Region Number: **4**

Facility ID Number: **202**
County: **GALLATIN**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **6**
NOT PROV

POWDER RIVER MANOR ADULT DAY CARE

104 N TRAUTMAN **PO BOX 719**
BROADUS MT 59317-
Phone: 436-2646 **Fax:** 436-2923
Administrator: PAUL LONGDEN
License Number: **10460** **Exp. Date:** 08/17/2008
Health Planning Region Number: **1**

Facility ID Number: **269**
County: **POWDER RIVER**
JCAHO
Original License Date: **09/24/01**
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

LIBERTY COUNTY HOSPITAL & NURSING HOME

5TH & MONROE
CHESTER MT 59522-
Phone: 759-5181 **Fax:**
Administrator: RONALD M GLEASON
License Number: **11147** **Exp. Date:** 04/30/2010
Health Planning Region Number: **2**

Facility ID Number: **213**
County: **LIBERTY**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **10**
NOT PROV

SWEET MEMORIAL NURSING HOME ADC

HWY 2 W
CHINOOK MT 59523-
Phone: 357-2549 **Fax:** 357-2093
Administrator: JENNI PULA
License Number: **10997** **Exp. Date:** 11/30/2009
Health Planning Region Number: **2**

Facility ID Number: **258**
County: **BLAINE**
JCAHO
Original License Date: **11/30/99**
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

TETON MEDICAL CENTER ADULT DAY CARE

915 4TH ST NW
CHOTEAU MT 59422-
Phone: 466-5763 **Fax:** 466-5852
Administrator: RAY GIBBONS
License Number: **11468** **Exp. Date:** 04/24/2011
Health Planning Region Number: **2**

Facility ID Number: **230**
County: **TETON**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

TETON NURSING HOME ADULT DAY CARE

24 MAIN AVE N
CHOTEAU MT 59422-
Phone: 466-5338 **Fax:** 466-5898
Administrator: ARLENE WOLBAUM
License Number: **10884** **Exp. Date:** 01/12/2009
Health Planning Region Number: **2**

Facility ID Number: **229**
County: **TETON**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **3**
NOT PROV

MCCONE COUNTY ADULT DAY CARE CENTER

605 SULLIVAN AVENUE
CIRCLE MT 59215-
Phone: 485-3381 **Fax:** 485-3383
Administrator: NANCY HANSEN
License Number: **10794** **Exp. Date:** 06/18/2009
Health Planning Region Number: **1**

Facility ID Number: **203**
County: **MCCONE**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds:
NOT PROV

BEARTOOTH MANOR ADULT DAY CARE

350 WEST PIKE AVE. **PO BOX 789**
 COLUMBUS MT 59019-
Phone: 322-5342 **Fax:** 322-5737
Administrator: SHAWNA BOATMAN
 License Number: **11446** **Exp. Date:** 03/10/2011
 Health Planning Region Number: **3**

Facility ID Number: **246**
 County: **STILLWATER**
JCAHO
 Original License Date: **03/11/98**
 Current License Duration: **3**
 Licensed Beds: **10**
NOT PROV

PONDERA MEDICAL CENTER LONG TERM ADULT DAY

805 SUNSET BLVD **Facility ID Number: 228**
 CONRAD MT 59425-
Phone: 278-3211 **Fax:** 278-3917
Administrator: CARL CHRISTENSEN
 License Number: **11469** **Exp. Date:** 04/20/2011
 Health Planning Region Number: **2**

County: **PONDERA**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **12**
NOT PROV

ROOSEVELT MEMORIAL DAY CARE

818 2ND AVE E **PO DRAWER 419**
 CULBERTSON MT 59218-
Phone: 787-6401 **Fax:** 787-6670
Administrator: AUDREY STROMBERG
 License Number: **11215** **Exp. Date:** 07/21/2010
 Health Planning Region Number: **1**

Facility ID Number: **204**
 County: **ROOSEVELT**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **0**
NOT PROV

DAHL MEM HEALTHCARE ASSOCIATION ADULT DAY

46 PARK ST **PO BOX 46**
 EKALAKA MT 59324-
Phone: 775-8730 **Fax:** 775-6706
Administrator: NADINE ELMORE
 License Number: **11206** **Exp. Date:** 06/13/2010
 Health Planning Region Number: **1**

Facility ID Number: **264**
 County: **CARTER**
JCAHO
 Original License Date: **06/14/00**
 Current License Duration: **3**
 Licensed Beds: **5**
NOT PROV

MADISON VALLEY MANOR ADULT DAY CARE

211 N MAIN ST **PO BOX 335**
 ENNIS MT 59729-
Phone: 682-7271 **Fax:** 682-5486
Administrator: PATRICK ESTENSON
 License Number: **11112** **Exp. Date:** 03/16/2010
 Health Planning Region Number: **4**

Facility ID Number: **261**
 County: **MADISON**
JCAHO
 Original License Date: **03/16/00**
 Current License Duration: **3**
 Licensed Beds: **5**
NOT PROV

GOOD SAMARITAN SOCIETY MOUNTAIN VIEW
10 MOUNTAIN VIEW DR PO BOX 327
EUREKA MT 59917-
Phone: 297-2541 **Fax:** 296-2543
Administrator: DONALD ALEXANDER
License Number: **11289** **Exp. Date:** 02/21/2010
Health Planning Region Number: **5**

Facility ID Number: **244**
County: **LINCOLN**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

MISSOURI RIVER MEDICAL CENTER ADULT DAY CARE
1501 ST CHARLES ST PO BOX 249
FORT BENTON MT 59442-
Phone: 622-3331 **Fax:** 622-5670
Administrator: JAY POTTENGER
License Number: **10856** **Exp. Date:** 08/17/2009
Health Planning Region Number: **2**

Facility ID Number: **256**
County: **CHOUTEAU**
JCAHO
Original License Date: **08/17/99**
Current License Duration: **3**
Licensed Beds: **6**
NOT PROV

VALLEY VIEW HOME ADULT DAY CARE
1225 PERRY LN
GLASGOW MT 59230-
Phone: 228-2461 **Fax:** 228-4831
Administrator: THOMAS KLOTZ
License Number: **11145** **Exp. Date:** 05/11/2010
Health Planning Region Number: **1**

Facility ID Number: **227**
County: **VALLEY**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **7**
NOT PROV

AZALEA PLACE ADULT FAMILY HOME INC
1 PROSPECT DRIVE
GREAT FALLS MT 59405-
Phone: 452-4500 **Fax:**
Administrator: ART SIMONS
License Number: **10897** **Exp. Date:** 09/21/2009
Health Planning Region Number: **2**

Facility ID Number: **278**
County: **CASCADE**
JCAHO
Original License Date: **08/25/05**
Current License Duration: **1**
Licensed Beds: **3**
NOT PROV

BENEFIS SKILLED NURSING CENTER ADULT DAY
2621 15TH AVE S
GREAT FALLS MT 59405-
Phone: 761-1200 **Fax:** 455-4587
Administrator: JOSH BROWN
License Number: **10777** **Exp. Date:** 06/14/2009
Health Planning Region Number: **2**

Facility ID Number: **206**
County: **CASCADE**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **20**
NOT PROV

BRIDGES ADULT DAY PROGRAM

1130 17TH AVE S
 GREAT FALLS MT 59405-
Phone: 453-5567 **Fax:** 761-8795
Administrator: MARY KUNKEL
 License Number: **11002** **Exp. Date:** 12/15/2009
 Health Planning Region Number: **2**

Facility ID Number: **207**
 County: **CASCADE**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **25**
NOT PROV

DISCOVERY CARE CENTRE ADULT DAY CARE

601 N 10TH ST
 HAMILTON MT 59840-
Phone: 363-2273 **Fax:** 363-2709
Administrator: DORIS GILBERTSON
 License Number: **10394** **Exp. Date:** 08/18/2008
 Health Planning Region Number: **5**

Facility ID Number: **234**
 County: **RAVALLI**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **5**
NOT PROV

HERITAGE HOUSE

309 N RODNEY ST
 HELENA MT 59601-
Phone: 442-5075 **Fax:**
Administrator: DONNA WALLACE
 License Number: **10666** **Exp. Date:** 03/05/2009
 Health Planning Region Number: **4**

Facility ID Number: **226**
 County: **LEWIS & CLARK**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **8**
NOT PROV

MASONIC HOME OF MONTANA ADULT DAY CARE

2010 MASONIC HOME RD
 HELENA MT 59602-
Phone: 458-5431 **Fax:** 458-9322
Administrator: MARCY FORTNER
 License Number: **11447** **Exp. Date:** 02/28/2011
 Health Planning Region Number: **4**

Facility ID Number: **262**
 County: **LEWIS & CLARK**
JCAHO
 Original License Date: **04/11/00**
 Current License Duration: **3**
 Licensed Beds: **10**
NOT PROV

ROCKY MOUNTAIN CARE CENTER ADULT DAY CARE

30 S RODNEY
 HELENA MT 59601-
Phone: 443-5880 **Fax:** 443-6655
Administrator: BILL POWELL
 License Number: **10590** **Exp. Date:** 12/16/2008
 Health Planning Region Number: **4**

Facility ID Number: **249**
 County: **LEWIS & CLARK**
JCAHO
 Original License Date: **06/18/98**
 Current License Duration: **3**
 Licensed Beds: **6**
NOT PROV

SONHEAVEN ASSISTED LIVING ADC

2540 FERNDALE
HELENA MT 59601-
Phone: 495-0436 **Fax:** 449-0231
Administrator: LINDA SANDMAN
License Number: **11302** **Exp. Date:** 10/15/2010
Health Planning Region Number: **4**

Facility ID Number: **257**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **12/05/99**
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

THE GOTTFRIED HAUS, LLC

5611 GEORGIA DRIVE
HELENA MT 59602-
Phone: 458-6159 **Fax:**
Administrator: DELOROUS ANDERSON
License Number: **11292** **Exp. Date:** 08/31/2010
Health Planning Region Number: **4**

Facility ID Number: **280**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **03/09/06**
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

BRENDAN HOUSE ADULT DAY CARE

350 CONWAY DR
KALISPELL MT 59901-
Phone: 752-5460 **Fax:** 751-6544
Administrator: DEBORAH M WILSON
License Number: **11003** **Exp. Date:** 12/18/2009
Health Planning Region Number: **5**

Facility ID Number: **209**
County: **FLATHEAD**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

EDGEWOOD VISTA ADC - KALISPELL

141 INTERSTATE LN
KALISPELL MT 59901-
Phone: 755-3240 **Fax:** 755-3249
Administrator: LISA MULLINS
License Number: **11452** **Exp. Date:** 02/20/2010
Health Planning Region Number: **5**

Facility ID Number: **267**
County: **FLATHEAD**
JCAHO
Original License Date: **02/21/01**
Current License Duration: **2**
Licensed Beds: **4**
NOT PROV

FRIENDSHIP HOUSE ADULT DAY CARE CENTER

606 2ND AVE W
KALISPELL MT 59901-
Phone: 257-8375 **Fax:** 257-6675
Administrator: SHERRY PANARIELLO
License Number: **11187** **Exp. Date:** 06/29/2010
Health Planning Region Number: **5**

Facility ID Number: **210**
County: **FLATHEAD**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **2**
NOT PROV

RICHARDSON COTTAGE ADULT DAY CARE

602 ROUNDHOUSE DRIVE
LAUREL MT 59044-
Phone: 628-5000 **Fax:** 628-5004
Administrator: DAVID TROST
License Number: **11331** **Exp. Date:** 11/20/2008
Health Planning Region Number: **3**

Facility ID Number: **282**
County: **YELLOWSTONE**
JCAHO
Original License Date: **08/06/07**
Current License Duration: **1**
Licensed Beds: **3**
NOT PROV

CENTRAL MONTANA MEDICAL CENTER ADULT DAY

408 WENDELL AVE
LEWISTOWN MT 59457-
Phone: 538-7711 **Fax:** 538-6267
Administrator: DIANNE SCOTTEN
License Number: **11144** **Exp. Date:** 05/08/2010
Health Planning Region Number: **3**

Facility ID Number: **212**
County: **FERGUS**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **2**
NOT PROV

VALLE VISTA MANOR ADULT DAY CARE

402 SUMMIT AVE **PO BOX 1183**
LEWISTOWN MT 59457-
Phone: 538-8775 **Fax:** 538-8773
Administrator: JACK STRIKER
License Number: **11350** **Exp. Date:** 10/31/2010
Health Planning Region Number: **3**

Facility ID Number: **236**
County: **FERGUS**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **0**
NOT PROV

FRONTIER PERSONAL CARE CENTER ADULT DAY

121 S 3RD
LIVINGSTON MT 59047-
Phone: 222-6102 **Fax:** 222-1406
Administrator: JANE WYNNE
License Number: **10874** **Exp. Date:** 07/19/2009
Health Planning Region Number: **4**

Facility ID Number: **237**
County: **PARK**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

LIVINGSTON HEALTH & REHAB CENTER ADULT DAY

510 S 14TH ST
LIVINGSTON MT 59047-
Phone: 222-0672 **Fax:** 222-1406
Administrator: JUDY MELEIN
License Number: **10935** **Exp. Date:** 10/10/2009
Health Planning Region Number: **4**

Facility ID Number: **214**
County: **PARK**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **10**
NOT PROV

COUNTRY HOME ADC

HC 72 BOX 7390
 MALTA MT 59538-
Phone: 654-2198 **Fax:** 654-2198
Administrator: DUANE MURRAY
 License Number: **10387** **Exp. Date:** 08/11/2008
 Health Planning Region Number: **1**

Facility ID Number: **250**
 County: **PHILLIPS**
JCAHO
 Original License Date: **08/11/98**
 Current License Duration: **3**
 Licensed Beds: **12**
NOT PROV

HI-LINE RETIREMENT CENTER INC.

801 S 3RD E **PO BOX 770**
 MALTA MT 59538-077
Phone: 654-1190 **Fax:** 654-2233
Administrator: WARD VANWICHEN
 License Number: **10936** **Exp. Date:** 10/01/2009
 Health Planning Region Number: **1**

Facility ID Number: **231**
 County: **PHILLIPS**
JCAHO
 Original License Date: **10/01/05**
 Current License Duration: **3**
 Licensed Beds: **10**
NOT PROV

FRIENDSHIP VILLA CARE CENTER ADULT DAY CARE

2300 WILSON
 MILES CITY MT 59301-
Phone: 232-2687 **Fax:** 232-7470
Administrator: SHIRLEY BYRNE
 License Number: **11332** **Exp. Date:** 11/20/2010
 Health Planning Region Number: **1**

Facility ID Number: **245**
 County: **CUSTER**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **10**
NOT PROV

HOLY ROSARY EXTENDED CARE UNIT ADULT DAY

2101 CLARK STREET **PO BOX 130**
 MILES CITY MT 59301-
Phone: 232-1035 **Fax:** 233-2601
Administrator: BEVERLY ASKIN
 License Number: **10602** **Exp. Date:** 01/08/2009
 Health Planning Region Number: **1**

Facility ID Number: **215**
 County: **CUSTER**
JCAHO
 Original License Date:
 Current License Duration: **3**
 Licensed Beds: **8**
NOT PROV

EDGEWOOD VISTA ADC - MISSOULA

2815 PALMER
 MISSOULA MT 59808-
Phone: 549-9660 **Fax:** 549-4424
Administrator: LAURIE NORMANDY
 License Number: **11412** **Exp. Date:** 02/21/2011
 Health Planning Region Number: **5**

Facility ID Number: **268**
 County: **MISSOULA**
JCAHO
 Original License Date: **02/22/01**
 Current License Duration: **3**
 Licensed Beds: **4**
NOT PROV

HILLSIDE MANOR ADULT DAY CARE
4720 23RD AVE
MISSOULA MT 59803-119
Phone: 251-5100 **Fax:** 251-6357
Administrator: PAUL TEAGLE
License Number: **11146** **Exp. Date:** 04/30/2010
Health Planning Region Number: **5**

Facility ID Number: **219**
County: **MISSOULA**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **2**
NOT PROV

OPPORTUNITY RESOURCES INC
2821 RUSSELL
MISSOULA MT 59801-
Phone: 721-2930 **Fax:** 721-8744
Administrator: JACK CHAMBERS
License Number: **10875** **Exp. Date:** 07/10/2009
Health Planning Region Number: **5**

Facility ID Number: **220**
County: **MISSOULA**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **0**
NOT PROV

GRANITE CO MEMORIAL NURSING HOME ADULT DAY
310 SANSOME STREET PO BOX 729
PHILIPSBURG MT 59858-
Phone: 859-3271 **Fax:** 859-3795
Administrator: AMY EDWARDS WEBB
License Number: **10696** **Exp. Date:** 04/22/2009
Health Planning Region Number: **4**

Facility ID Number: **239**
County: **GRANITE**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **3**
NOT PROV

CEDAR WOOD VILLA ADULT DAY CARE
#1 S OAKS PO BOX 430
RED LODGE MT 59068-
Phone: 446-2525 **Fax:** 446-2526
Administrator: CONNIE SWEDBERG
License Number: **11470** **Exp. Date:** 04/19/2011
Health Planning Region Number: **3**

Facility ID Number: **248**
County: **CARBON**
JCAHO
Original License Date: **04/20/98**
Current License Duration: **3**
Licensed Beds: **12**
NOT PROV

ST LUKE EXTENDED CARE FACILITY ADULT DAY
107 6TH AVE SW
RONAN MT 59864-
Phone: 676-2900 **Fax:** 676-0835
Administrator: SHANE ROBERTS
License Number: **11471** **Exp. Date:** 04/13/2011
Health Planning Region Number: **5**

Facility ID Number: **247**
County: **LAKE**
JCAHO
Original License Date: **04/14/98**
Current License Duration: **3**
Licensed Beds: **20**
NOT PROV

ROUNDUP MEMORIAL HOSPITAL & NH ADULT DAY

1202 3RD ST W
ROUNDUP MT 59072-
Phone: 323-2302 **Fax:** 323-1170
Administrator: LEE RHODES
License Number: **10873** **Exp. Date:** 07/07/2009
Health Planning Region Number: **3**

Facility ID Number: **222**
County: **MUSSELSHELL**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **2**
NOT PROV

DANIELS MEMORIAL HOSP & NH ADULT DAY CARE

105 5TH AVE
SCOBEY MT 59263-
Phone: 487-2296 **Fax:** 487-2471
Administrator: THANE BEDWELL
License Number: **10773** **Exp. Date:** 05/31/2009
Health Planning Region Number: **1**

Facility ID Number: **223**
County: **DANIELS**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **3**
NOT PROV

TOBACCO ROOT MOUNTAINS CARE CENTER ADULT

326 MADISON ST
SHERIDAN MT 59749-
Phone: 842-5418 **Fax:** 842-5419
Administrator: JOHN SEMINGSON
License Number: **11094** **Exp. Date:** 03/16/2010
Health Planning Region Number: **4**

Facility ID Number: **260**
County: **MADISON**
JCAHO
Original License Date: **03/16/00**
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

GOLDEN BRIDGES ADC

104 14TH AVE NW
SIDNEY MT 59270-
Phone: 482-2120 **Fax:** 488-2260
Administrator: THERESA LIVERS
License Number: **10558** **Exp. Date:** 11/24/2008
Health Planning Region Number: **1**

Facility ID Number: **238**
County: **RICHLAND**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **10**
NOT PROV

WIBAUX COUNTY ADULT DAY CARE

712 SOUTH WIBAUX STREET
WIBAUX MT 59353-
Phone: 796-2429 **Fax:** 796-8109
Administrator: MAUREEN BROPHY
License Number: **11269** **Exp. Date:** 09/13/2010
Health Planning Region Number: **1**

Facility ID Number: **281**
County: **WIBAUX**
JCAHO
Original License Date: **09/11/06**
Current License Duration: **3**
Licensed Beds: **3**
NOT PROV

FAITH LUTHERAN HOME ADULT DAY CARE

1000 6TH AVE N

WOLF POINT MT 59201-

Phone: 653-1400 **Fax:** 653-1433

Administrator: MARGARET NORGAARD

License Number: **11413** **Exp. Date:** 01/31/2011

Health Planning Region Number: **1**

Facility ID Number: **225**

County: **ROOSEVELT**

JCAHO

Original License Date:

Current License Duration: **5**

Licensed Beds: **5**

NOT PROV

Total Facilities = 61

Total Available Beds: 417