

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: **12553** **Exp. Date:** 2/28/2013
Health Planning Region Number: **3**

PO BOX 702

Facility ID Number: **283**
County: **STILLWATER**
JCAHO
Original License Date: **09/05/07**
Current License Duration: **2**
Licensed Beds: **6**
NOT PROV

CASLEN LIVING CENTER INC DBA NEW

HORIZONS-ANACONDA
402 CHRISTINE COURT
ANACONDA MT 59711-
Phone: 563-7008 **Fax:** 563-7008
Administrator: WENDY ELIAS
License Number: **12837** **Exp. Date:** 2/16/2012
Health Planning Region Number:

Facility ID Number: **7016**
County: **DEER LODGE**
JCAHO
Original License Date: **08/17/11**
Current License Duration: **6 MONTH**
Licensed Beds: **5**
PROVISIONAL

EDGEWOOD VISTA ADULT DAY CARE

1011 CARDINAL DR
BELGRADE MT 59714-
Phone: 388-9439 **Fax:** 388-7722
Administrator: RENEE KEENEY
License Number: **11747** **Exp. Date:** 2/22/2012
Health Planning Region Number: **4**

Facility ID Number: **251**
County: **GALLATIN**
JCAHO
Original License Date: **02/23/99**
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

ELSIES ASSISTED LIVING CORP

1107 HAPPY LANE
BELGRADE MT 59714-
Phone: 388-9473 **Fax:** 388-7295
Administrator: DIANE BARNER
License Number: **12756** **Exp. Date:** 9/30/2012
Health Planning Region Number: **4**

Facility ID Number: **201**
County: **GALLATIN**
JCAHO
Original License Date: **03/31/11**
Current License Duration: **1 YEAR**
Licensed Beds: **4**
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: **12462** **Exp. Date:** 11/20/2013
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: BRENT SMITH
License Number: **12104** **Exp. Date:** 11/27/2012
Health Planning Region Number: **5**

ADULT HOME CARE SERVICES ADULT DAY CARE

106 ERICKSON CRT N
BILLINGS MT 59105-
Phone: 256-0168 **Fax:**
Administrator: NANCY FEDERICO
License Number: **12446** **Exp. Date:** 10/27/2013
Health Planning Region Number: **3**

BUTTERFLY HOMES I

77 LILY VALLEY CIRCLE
BILLINGS MT 59105-
Phone: 245-0334 **Fax:** 245-0460
Administrator: BERNADETTE BROWN
License Number: **11959** **Exp. Date:** 7/14/2012
Health Planning Region Number: **3**

BUTTERFLY HOMES II

72 LILY VALLEY CIRCLE
BILLINGS MT 59105-
Phone: 252-0747 **Fax:** 259-9066
Administrator: BERNADETTE BROWN
License Number: **11958** **Exp. Date:** 7/14/2012
Health Planning Region Number: **3**

CANYON CREEK MEMORY CARE COMMUNITY

1785 MAJESTIC LANE
BILLINGS MT 59102-
Phone: 281-8455 **Fax:** 281-8456
Administrator: JODY MCELRAVY
License Number: **12804** **Exp. Date:** 4/12/2012
Health Planning Region Number: **3**

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

Facility ID Number: **263**
County: **YELLOWSTONE**
JCAHO
Original License Date: **06/28/00**
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

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

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

Facility ID Number: **277**
County: **YELLOWSTONE**
JCAHO
Original License Date: **10/13/11**
Current License Duration: **6 MONTH**
Licensed Beds: **5**
PROVISIONAL

EAGLE CLIFF MANOR ADULT DAY CARE

1415 YELLOWSTONE RIVER RD
BILLINGS MT 59105-
Phone: 245-9330 **Fax:** 254-8675
Administrator: BRIAN HUSO
License Number: **12389** **Exp. Date:** 8/25/2013
Health Planning Region Number: **3**

EDGEWOOD VISTA SENIOR LIVING INC

1225 WICKS LN
BILLINGS MT 59105-
Phone: 256-5398 **Fax:** 256-3313
Administrator: COLEEN BENJAMIN
License Number: **11994** **Exp. Date:** 8/27/2012
Health Planning Region Number: **3**

MARQUIS GRAND PARK

1221 28TH ST WEST
BILLINGS MT 59102-
Phone: 652-6989 **Fax:** 652-4879
Administrator: JUDY ANNIN
License Number: **12577** **Exp. Date:** 3/27/2012
Health Planning Region Number: **3**

PARKVIEW CARE CENTER INC. DBA PARKVIEW CARE CENTER

600 S 27TH ST
BILLINGS MT 59101-
Phone: 259-8000 **Fax:** 259-8190
Administrator: MARLENE LAURETTA
License Number: **11849** **Exp. Date:** 3/31/2012
Health Planning Region Number: **3**

PONDEROSA PINES HEALTH CARE

1341 ROSEBUD LANE
BILLINGS MT 59101-
Phone: 252-6135 **Fax:** 259-7098
Administrator: BRENDAN FOLEY
License Number: **12132** **Exp. Date:** 12/30/2012
Health Planning Region Number: **3**

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

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

Facility ID Number: **297**
County: **YELLOWSTONE**
JCAHO
Original License Date: **09/28/10**
Current License Duration: **1**
Licensed Beds: **5**
NOT PROV

Facility ID Number: **252**
County: **YELLOWSTONE**
JCAHO
Original License Date: **04/08/99**
Current License Duration: **3**
Licensed Beds: **12**
NOT PROV

Facility ID Number: **284**
County: **YELLOWSTONE**
JCAHO
Original License Date: **07/01/08**
Current License Duration: **3**
Licensed Beds: **36**
NOT PROV

PRIMROSE PERSONAL CARE HOME AND ADULT DAY CARE

1228 MAURINE ST
BILLINGS MT 59105-
Phone: 248-9943 **Fax:**
Administrator: CYNTHIA JOHNSON
License Number: **12634** **Exp. Date:** 5/8/2013
Health Planning Region Number: **3**

Facility ID Number: **221**
County: **YELLOWSTONE**
JCAHO
Original License Date:
Current License Duration: **2**
Licensed Beds: **9**
NOT PROV

ST JOHNS LUTHERAN MINISTRIES SENIOR DAY SERVICES

3940 RIMROCK RD
BILLINGS MT 59102-
Phone: 655-5659 **Fax:** 655-5639
Administrator: KARNA RHODES
License Number: **12696** **Exp. Date:** 7/18/2014
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: **12884** **Exp. Date:** 1/20/2015
Health Planning Region Number: **4**

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

SPRING CREEK INN MEMORY CARE COMMUNITY

1641 HUNTERS WAY
BOZEMAN MT 59718-
Phone: 586-0074 **Fax:** 586-9017
Administrator: RICHARD BRADY
License Number: **12848** **Exp. Date:** 11/16/2012
Health Planning Region Number: **4**

Facility ID Number: **295**
County: **GALLATIN**
JCAHO
Original License Date: **05/17/10**
Current License Duration: **1**
Licensed Beds: **25**
NOT PROV

THE CHALET

2223 WEST OAK STREET
BOZEMAN MT 59718-
Phone: 587-5100 **Fax:** 586-3674
Administrator: MICHELLE BAKER
License Number: **12635** **Exp. Date:** 5/31/2014
Health Planning Region Number: **4**

Facility ID Number: **293**
County: **GALLATIN**
JCAHO
Original License Date: **12/03/09**
Current License Duration: **3**
Licensed Beds: **6**
NOT PROV

MARQUIS ASSISTED LIVING

300 MOUNT HIGHLAND DRIVE
BUTTE MT 59701-
Phone: 494-0083 **Fax:** 494-3950
Administrator: LAUREN KIPPEN
License Number: **12830** **Exp. Date:** 11/17/2012
Health Planning Region Number: **4**

**LIBERTY COUNTY HOSPITAL & NURSING HOME
ADULT DAY CARE**

315 WEST MADISON AVE PO BOX 705
CHESTER MT 59522-
Phone: 759-5181 **Fax:** 759-5799
Administrator: RONALD M GLEASON
License Number: **12272** **Exp. Date:** 4/30/2013
Health Planning Region Number: **2**

SWEET MEMORIAL NURSING HOME ADC

HWY 2 W PO BOX 1149
CHINOOK MT 59523-
Phone: 357-2549 **Fax:** 357-2093
Administrator: JENNI PULA
License Number: **12829** **Exp. Date:** 11/29/2012
Health Planning Region Number: **2**

TETON MEDICAL CENTER ADULT DAY CARE

915 4TH ST NW
CHOTEAU MT 59422-
Phone: 466-5763 **Fax:** 466-5872
Administrator: SUSAN MURPHY
License Number: **12607** **Exp. Date:** 4/24/2014
Health Planning Region Number: **2**

TETON NURSING HOME ADULT DAY CARE

24 MAIN AVE N PO BOX 317
CHOTEAU MT 59422-
Phone: 466-5338 **Fax:** 466-5898
Administrator: ARLENE WOLBAUM
License Number: **12883** **Exp. Date:** 1/11/2014
Health Planning Region Number: **2**

Facility ID Number: **207**
County: **SILVER BOW**
JCAHO
Original License Date: **05/18/11**
Current License Duration: **6 MONTH**
Licensed Beds: **10**
PROVISIONAL

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

Facility ID Number: **258**
County: **BLAINE**
JCAHO
Original License Date: **11/30/99**
Current License Duration: **2**
Licensed Beds: **8**
NOT PROV

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

Facility ID Number: **229**
County: **TETON**
JCAHO
Original License Date:
Current License Duration: **2**
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: **11912** **Exp. Date:** 6/17/2012
Health Planning Region Number: **1**

Facility ID Number: **203**
County: **MCCONE**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

BEARTOOTH MANOR ADULT DAY CARE

350 WEST PIKE AVE.
COLUMBUS MT 59019-
Phone: 322-5342 **Fax:** 322-5737
Administrator: SHAWNA BOATMAN
License Number: **12576** **Exp. Date:** 3/10/2014
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

ROOSEVELT MEMORIAL DAY CARE

818 2ND AVE E
CULBERTSON MT 59218-
Phone: 787-6401 **Fax:** 787-6670
Administrator: AUDREY STROMBERG
License Number: **12365** **Exp. Date:** 7/21/2013
Health Planning Region Number: **1**

Facility ID Number: **204**
County: **ROOSEVELT**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

DAHL MEM HEALTHCARE ASSOCIATION ADULT DAY CARE

215 SANDY ST
EKALAKA MT 59324-
Phone: 775-8730 **Fax:** 775-6706
Administrator: NADINE ELMORE
License Number: **12344** **Exp. Date:** 6/13/2013
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
ENNIS MT 59729-
Phone: 682-7271 **Fax:** 682-5486
Administrator: JUDY MELIN
License Number: **12240** **Exp. Date:** 3/15/2013
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
MANOR ADULT DAY CARE**

10 MOUNTAIN VIEW DR **PO BOX 327**
EUREKA MT 59917-
Phone: 297-2541 **Fax:** 297-2543
Administrator: CLARK REMICK (MICKY)
License Number: **12217** **Exp. Date:** 2/21/2013
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: **11993** **Exp. Date:** 8/16/2012
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: **12308** **Exp. Date:** 5/12/2013
Health Planning Region Number: **1**

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

BENEFIS EXTENDED CARE CENTER ADULT DAY CARE

2621 15TH AVE S
GREAT FALLS MT 59405-
Phone: 761-1200 **Fax:** 455-4587
Administrator: FRANK SOLTYS
License Number: **11911** **Exp. Date:** 6/13/2012
Health Planning Region Number: **2**

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

EASTER SEALS ADULT DAY SERVICES

2326 1ST AVENUE NORTH
GREAT FALLS MT 59401-
Phone: 453-5567 **Fax:** 453-5498
Administrator: MARY KUNKEL
License Number: **12390** **Exp. Date:** 8/31/2013
Health Planning Region Number: **2**

Facility ID Number: **288**
County: **CASCADE**
JCAHO
Original License Date: **03/01/09**
Current License Duration: **1**
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: RICK BUCHEIT
License Number: **12723** **Exp. Date:** 8/17/2014
Health Planning Region Number: **5**

NORTHERN MONTANA CARE CENTER ADC

24 13TH STREET PO BOX 1231
HAVRE MT 59501-
Phone: 262-1900 **Fax:** 265-9046
Administrator: LORI HENDERSON
License Number: **12552** **Exp. Date:** 2/28/2014
Health Planning Region Number: **2**

BIG SKY CARE CENTER ADC

2475 WINNIE AVENUE
HELENA MT 59601-
Phone: 442-1350 **Fax:** 449-4878
Administrator: GUY HAYTER
License Number: **12493** **Exp. Date:** 12/16/2013
Health Planning Region Number: **4**

ROCKY MOUNTAIN CARE CENTER ADULT DAY CARE

30 S RODNEY
HELENA MT 59601-
Phone: 443-5880 **Fax:** 443-6655
Administrator: BILL POWELL
License Number: **12905** **Exp. Date:** 12/15/2014
Health Planning Region Number: **4**

ROSETTA ASSISTED LIVING VALLEY VIEW I ADC

2530 WILDWOOD LANE
HELENA MT 59601-
Phone: 443-6339 **Fax:** 443-3129
Administrator: BONNIE LAFONTAINE
License Number: **12722** **Exp. Date:** 8/13/2012
Health Planning Region Number: **4**

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

Facility ID Number: **291**
County: **HILL**
JCAHO
Original License Date: **09/03/09**
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

Facility ID Number: **290**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **06/17/09**
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

Facility ID Number: **249**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **06/18/98**
Current License Duration: **3**
Licensed Beds: **12**
NOT PROV

Facility ID Number: **286**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **11/18/08**
Current License Duration: **1**
Licensed Beds: **4**
NOT PROV

ROSETTA ASSISTED LIVING VALLEY VIEW II ADC

2520 WILDWOOD LANE
HELENA MT 59601-
Phone: 443-6339 **Fax:** 443-3107
Administrator: BONNIE LAFOUNTAINE
License Number: **12863** **Exp. Date:** 10/26/2012
Health Planning Region Number: **4**

SON HEAVEN ASSISTED LIVING ADC

2540 FERNDALE
HELENA MT 59601-
Phone: 495-0436 **Fax:** 449-0231
Administrator: LINDA SANDMAN
License Number: **12445** **Exp. Date:** 10/15/2013
Health Planning Region Number: **4**

THE GOTTFRIED HAUS, LLC

5611 GEORGIA DRIVE
HELENA MT 59602-
Phone: 458-6159 **Fax:**
Administrator: DELOROUS ANDERSON
License Number: **12404** **Exp. Date:** 8/31/2013
Health Planning Region Number: **4**

AGAPE HOME CARE INC

40 APPLEWAY DRIVE **PO BOX 10097**
KALISPELL MT 59901-
Phone: 755-4633 **Fax:** 755-3755
Administrator: INGA LAKE
License Number: **12464** **Exp. Date:** 11/27/2013
Health Planning Region Number: **5**

BRENDAN HOUSE ADULT DAY CARE

350 CONWAY DR
KALISPELL MT 59901-
Phone: 752-5460 **Fax:** 751-6544
Administrator: DEBORAH M WILSON
License Number: **12131** **Exp. Date:** 12/17/2012
Health Planning Region Number: **5**

Facility ID Number: **287**
County: **LEWIS & CLARK**
JCAHO
Original License Date: **10/26/11**
Current License Duration: **1 Year**
Licensed Beds: **2**
NOT PROV

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

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

Facility ID Number: **289**
County: **FLATHEAD**
JCAHO
Original License Date: **05/29/09**
Current License Duration: **3**
Licensed Beds: **8**
NOT PROV

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: STARLA ROBINSON
License Number: **12918** **Exp. Date:** 2/20/2015
Health Planning Region Number: **5**

FRIENDSHIP HOUSE ADULT DAY CARE CENTER

606 2ND AVE W
KALISPELL MT 59901-
Phone: 257-8375 **Fax:** 257-6675
Administrator: JIM ATKINSON
License Number: **12345** **Exp. Date:** 6/29/2012
Health Planning Region Number: **5**

HERITAGE PLACE

171 HERITAGE WAY
KALISPELL MT 59901-
Phone: 755-0800 **Fax:** 755-0801
Administrator: RON GERSACK
License Number: **12578** **Exp. Date:** 3/31/2014
Health Planning Region Number: **5**

RICHARDSON COTTAGE ADULT DAY CARE

602 ROUNDHOUSE DRIVE
LAUREL MT 59044-
Phone: 628-5000 **Fax:** 628-5004
Administrator: THOMPSON MICHELLE
License Number: **12831** **Exp. Date:** 11/20/2012
Health Planning Region Number: **3**

VALLE VISTA MANOR ADULT DAY CARE

402 SUMMIT AVE **PO BOX 1183**
LEWISTOWN MT 59457-
Phone: 538-8775 **Fax:** 538-8773
Administrator: RICHARD AGNER
License Number: **12447** **Exp. Date:** 10/31/2013
Health Planning Region Number: **3**

Facility ID Number: 267
County: **FLATHEAD**
JCAHO
Original License Date: **02/21/01**
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

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

Facility ID Number: 292
County: **FLATHEAD**
JCAHO
Original License Date: **10/02/09**
Current License Duration: **3**
Licensed Beds: **15**
NOT PROV

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

Facility ID Number: 236
County: **FERGUS**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **5**
NOT PROV

FRONTIER PERSONAL CARE CENTER ADULT DAY CARE

Facility ID Number: 237

121 S 3RD
LIVINGSTON MT 59047-
Phone: 222-6102 **Fax:** 222-1406
Administrator: MICHAEL DWORSHAK
License Number: **11960** **Exp. Date:** 7/18/2012
Health Planning Region Number: 4

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

LIVINGSTON HEALTH & REHAB CENTER ADULT DAY CARE

Facility ID Number: 214

510 S 14TH ST
LIVINGSTON MT 59047-
Phone: 222-0672 **Fax:** 222-1406
Administrator: DONA NELSON
License Number: **12058** **Exp. Date:** 10/9/2012
Health Planning Region Number: 4

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

HI-LINE RETIREMENT CENTER INC.

Facility ID Number: 231

801 S 3RD E **PO BOX 770**
MALTA MT 59538-077
Phone: 654-1190 **Fax:** 654-2233
Administrator: WARD VANWICHEN
License Number: **12057** **Exp. Date:** 9/30/2012
Health Planning Region Number: 1

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

Facility ID Number: 245

2300 WILSON
MILES CITY MT 59301-
Phone: 232-2687 **Fax:** 232-7470
Administrator: SHIRLEY BYRNE
License Number: **12461** **Exp. Date:** 11/20/2013
Health Planning Region Number: 1

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

EDGEWOOD VISTA ADC - MISSOULA

Facility ID Number: 268

2815 PALMER
MISSOULA MT 59808-
Phone: 549-9660 **Fax:** 549-4424
Administrator: LAURIE NORMANDY
License Number: **12551** **Exp. Date:** 2/21/2013
Health Planning Region Number: 5

County: **MISSOULA**
JCAHO
Original License Date: 02/22/01
Current License Duration: 2
Licensed Beds: 4
NOT PROV

HILLSIDE HEALTH CARE CENTER

4720 23RD AVE
MISSOULA MT 59803-119
Phone: 251-5100 **Fax:** 251-6357
Administrator: STARLA HORWARTH
License Number: **12439** **Exp. Date:** 4/30/2013
Health Planning Region Number: **5**

ROSETTA ASSISTED LIVING ADC

2810 GREAT NORTHERN LOOP
MISSOULA MT 59808-
Phone: 728-5822 **Fax:** 728-9371
Administrator: KATE HARLOW
License Number: **12310** **Exp. Date:** 5/17/2013
Health Planning Region Number: **5**

GRANITE CO MEDICAL CENTER ADULT DAY CARE

310 SANSOME STREET **PO BOX 729**
PHILIPSBURG MT 59858-
Phone: 859-3271 **Fax:** 859-3795
Administrator: JEFF PRATER
License Number: **11850** **Exp. Date:** 4/21/2012
Health Planning Region Number: **4**

THE PINES OF POLSON

405 6TH AVE WEST
POLSON MT 59860-
Phone: 883-1021 **Fax:** 883-1021
Administrator: ILENE ARBAUGH
License Number: **12755** **Exp. Date:** 9/9/2012
Health Planning Region Number: **5**

CEDAR WOOD VILLA ADULT DAY CARE

#1 S OAKS **PO BOX 430**
RED LODGE MT 59068-
Phone: 446-2525 **Fax:** 446-2526
Administrator: MARGARET SCHWEND
License Number: **12627** **Exp. Date:** 4/19/2013
Health Planning Region Number: **3**

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

Facility ID Number: **285**
County: **MISSOULA**
JCAHO
Original License Date: **11/18/08**
Current License Duration: **3**
Licensed Beds: **4**
NOT PROV

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

Facility ID Number: **299**
County: **LAKE**
JCAHO
Original License Date: **03/10/11**
Current License Duration: **1 YEAR**
Licensed Beds: **5**
NOT PROV

Facility ID Number: **248**
County: **CARBON**
JCAHO
Original License Date: **04/20/98**
Current License Duration: **2**
Licensed Beds: **12**
NOT PROV

ST LUKE EXTENDED CARE FACILITY ADULT DAY CARE

Facility ID Number: 247

107 6TH AVE SW
RONAN MT 59864-
Phone: 676-2900 **Fax:** 676-0523
Administrator: SHANE ROBERTS
License Number: **12624** **Exp. Date:** 4/13/2013
Health Planning Region Number: **5**

County: **LAKE**
JCAHO
Original License Date: **04/14/98**
Current License Duration: **2**
Licensed Beds: **20**
NOT PROV

DANIELS MEMORIAL HOSP & NH ADULT DAY CARE

Facility ID Number: 223

105 5TH AVE EAST **PO BOX 400**
SCOBEY MT 59263-
Phone: 487-2296 **Fax:** 487-2471
Administrator: DAVE HUBBARD
License Number: **11886** **Exp. Date:** 5/31/2012
Health Planning Region Number: **1**

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

TOBACCO ROOT MOUNTAINS CARE CENTER ADULT DAY CARE

Facility ID Number: 260

326 MADISON ST **PO BOX 308**
SHERIDAN MT 59749-
Phone: 842-5418 **Fax:** 842-5419
Administrator: JOHN SEMINGSON
License Number: **12241** **Exp. Date:** 3/15/2013
Health Planning Region Number: **4**

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

GOLDEN BRIDGES ADC

Facility ID Number: 238

104 14TH AVE NW
SIDNEY MT 59270-
Phone: 488-2300 **Fax:** 488-2260
Administrator: KAY JOHNSON
License Number: **12463** **Exp. Date:** 11/23/2013
Health Planning Region Number: **1**

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

CLOSER TO HOME

Facility ID Number: 298

61262 WATSON ROAD
ST IGNATIUS MT 59865-
Phone: 745-0272 **Fax:**
Administrator: SHERYL HITCHCOCK
License Number: **12695** **Exp. Date:** 7/18/2012
Health Planning Region Number: **5**

County: **LAKE**
JCAHO
Original License Date: **01/12/11**
Current License Duration: **1**
Licensed Beds: **6**
NOT PROV

**CASLEN LIVING CENTERS INC DBA MEADOWLARK
MANOR**

35 SKYLINE DRIVE
WHITEHALL MT 59759-
Phone: 287-5530 **Fax:** 287-5539
Administrator: VELDA BOWMAN
License Number: **12661** **Exp. Date:** 6/10/2014
Health Planning Region Number: **4**

Facility ID Number: **294**
County: **JEFFERSON**
JCAHO
Original License Date: **12/11/09**
Current License Duration: **3**
Licensed Beds: **5**
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: **12407** **Exp. Date:** 9/13/2013
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:** 653-6433
Administrator: MARGARET NORGAARD
License Number: **12525** **Exp. Date:** 1/31/2014
Health Planning Region Number: **1**

Facility ID Number: **225**
County: **ROOSEVELT**
JCAHO
Original License Date:
Current License Duration: **3**
Licensed Beds: **5**
PROVISIONAL

Total Facilities = 68

Total Available Beds: 542