

ADULT FOSTER HOMES

CAROLS ADULT FOSTER CARE

343 MONROE ST
BILLINGS MT 59101-5365
Phone: 254-2887 **Fax:**
Administrato CAROL ADY

LicenseNumber **26026-001** Exp. **9/30/2013**
Health Planning Region Number: **3**

Facility ID Number: **1474**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/06/02**
Current License Duration: **3**
NOT PROV Clients: **4**

COMPANION HOME

1833 LYNDALANE
BILLINGS MT 59102-6265
Phone: 656-6665 **Fax:**
Administrato NADINE EVENSEN

LicenseNumber **26061-001** Exp. **11/30/2011**
Health Planning Region Number: **2**

Facility ID Number: **1468**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **12/14/00**
Current License Duration: **2**
NOT PROV Clients: **4**

COZY COTTAGE 1

3824 AUDUBON WAY
BILLINGS MT 59102-
Phone: 534-3334 **Fax:**
Administrato ROSEMARY & GANZEVELD

LicenseNumber **33973-001** Exp. **1/5/2013**
Health Planning Region Number: **3**

Facility ID Number: **1558**
County: **BILLINGS**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **3**
NOT PROV Clients: **4**

COZY COTTAGE 2

1623 AVE F
BILLINGS MT 59102-
Phone: 371-5082 **Fax:** 534-3044
Administrato ROSEMARY/K GANZEVELD

LicenseNumber **33973-001** Exp. **8/9/2013**
Health Planning Region Number: **3**

Facility ID Number: **1178**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**
NOT PROV Clients: **3**

ELLA LEES ASSISTED LIVING AFH

6541 HESPER RD
BILLINGS MT 59106-
Phone: 656-7910 **Fax:**
Administrato ELLA L EDLUND

LicenseNumber **25680-001** Exp. **10/31/2012**
Health Planning Region Number: **3**

Facility ID Number: **1465**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **11/13/00**
Current License Duration: **1**
NOT PROV Clients: **4**

HOSHALL ADULT FOSTER HOME

911 STEFFANICH DR
 BILLINGS MT 59105-
Phone: 245-5076 **Fax:**
Administrato MONICA HOSHALL

LicenseNumber **41272-001** Exp. **6/30/2013**
 Health Planning Region Number:

Facility ID Number: **1628**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate: **06/25/10**
 Current License Duration: **2**

NOT PROV Clients: **2**

JOSEPH & LYNETTE LYNCH AFH

231 TAM O'SHANTER RD
 BILLINGS MT 59105-3512
Phone: 259-8884 **Fax:**
Administrato JOSEPH & LYNCH

LicenseNumber **26704-001** Exp. **2/28/2013**
 Health Planning Region Number: **3**

Facility ID Number: **1494**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate: **03/21/02**
 Current License Duration: **3**

NOT PROV Clients: **1**

LUCINDY BRAWLEY AFH

4227 JANSMA AVE
 BILLINGS MT 59101-
Phone: 670-4110 **Fax:**
Administrato LUCINDY BRAWLEY

LicenseNumber **25988-001** Exp. **5/31/2012**
 Health Planning Region Number: **3**

Facility ID Number: **1300**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate:
 Current License Duration: **2**

NOT PROV Clients: **2**

MARY JANE HALL ADULT FOSTER HOME

3938 OX YOKE DRIVE
 BILLINGS MT 59105-
Phone: 256-2178 **Fax:** 256-2178
Administrato MARY JANE HALL

LicenseNumber **30670-001** Exp. **3/28/2012**
 Health Planning Region Number: **3**

Facility ID Number: **1536**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate: **03/29/04**
 Current License Duration: **3**

NOT PROV Clients: **3**

MJ HOME CARE

5315 KING AVE WEST
 BILLINGS MT 59106-
Phone: 652-1616 **Fax:** 254-2887
Administrato MYANNA ADY

LicenseNumber **36838-001** Exp. **10/7/2013**
 Health Planning Region Number: **3**

Facility ID Number: **1175**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate: **10/30/07**
 Current License Duration: **3**

NOT PROV Clients: **3**

NANCY WIER AFH 2320 LYNDALE LANE BILLINGS MT 59102-2136 Phone: 656-3474 Fax: Administrato VICKIE ANDERSON	Facility ID Number: 1490 County: YELLOWSTONE JCAHO: OriginalLicenseDate: 02/01/02 Current License Duration: 2
LicenseNumber 26341-001 Exp. 5/31/2013 Health Planning Region Number: 3	NOT PROV Clients: 1
PAMELA KAY JACKSON 710 THICKET LANE BILLINGS MT 59101- Phone: 690-9846 Fax: Administrato PAMELA JACKSON	Facility ID Number: 1562 County: YELLOWSTONE JCAHO: OriginalLicenseDate: 02/24/06 Current License Duration: 3
LicenseNumber 34172-001 Exp. 2/8/2012 Health Planning Region Number: 3	NOT PROV Clients: 1
PEG'S PREFERRED CARE 4222 MURPHY AVE BILLINGS MT 59101- Phone: 252-6155 Fax: Administrato PEGGY GIBSON	Facility ID Number: 1325 County: YELLOWSTONE JCAHO: OriginalLicenseDate: Current License Duration: 3
LicenseNumber 26085-001 Exp. 11/30/2014 Health Planning Region Number: 3	NOT PROV Clients: 4
SHARON DESJARLAIS AFH 3203 LYNN AVE BILLINGS MT 59102- Phone: 656-1181 Fax: Administrato SHARON DESJARLAIS	Facility ID Number: 1304 County: YELLOWSTONE JCAHO: OriginalLicenseDate: Current License Duration: 3
LicenseNumber 26029-001 Exp. 1/29/2015 Health Planning Region Number: 3	NOT PROV Clients: 4
TERRY & TAMI HAAN AFH 27 CAMPBELL DRIVE BILLINGS MT 59102- Phone: 855-3329 Fax: Administrato TERRY & HAAN	Facility ID Number: 1443 County: YELLOWSTONE JCAHO: OriginalLicenseDate: 11/10/99 Current License Duration: 3
LicenseNumber 26394-001 Exp. 10/1/2014 Health Planning Region Number: 3	NOT PROV Clients: 1

TINA'S ADULT FOSTER CARE5319 KING AVENUE WEST
BILLINGS MT 59106-**Phone:** 655-9216**Fax:****Administrato** TINA OXLEYLicenseNumber **32364-001** Exp. **2/18/2013**Health Planning Region Number: **3**Facility ID Number: **1550**County: **YELLOWSTONE****JCAHO:**OriginalLicenseDate: **03/01/05**Current License Duration: **2****NOT PROV** Clients: **4****TONY & TINA MUNGUIA**1035 AVE F
BILLINGS MT 59102-**Phone:** 281-1860**Fax:****Administrato** TONY & MANGUIALicenseNumber **29538-001** Exp. **7/31/2013**Health Planning Region Number: **3**Facility ID Number: **1525**County: **YELLOWSTONE****JCAHO:**OriginalLicenseDate: **08/01/03**Current License Duration: **3****NOT PROV** Clients: **1****VICKY'S ADULT FOSTER HOME**1902 WYOMING AVE
BILLINGS MT 59102-**Phone:****Fax:****Administrato** VICKY ZENTLicenseNumber **12127-001** Exp. **2/4/2012**Health Planning Region Number: **3**Facility ID Number: **1535**County: **YELLOWSTONE****JCAHO:**OriginalLicenseDate: **02/05/04**Current License Duration: **2****NOT PROV** Clients: **3****WILLIS FOSTER CARE**1116 ALDERSON AVE
BILLINGS MT 59102-4218**Phone:** 252-4465**Fax:****Administrato** LYNDA WHIPPLELicenseNumber **26269-001** Exp. **11/30/2012**Health Planning Region Number: **3**Facility ID Number: **1176**County: **YELLOWSTONE****JCAHO:**OriginalLicenseDate: **01/27/98**Current License Duration: **3****NOT PROV** Clients: **4****GREGORY & PATICIA MARSHALL**211 LANUN FAL LANE
BOZEMAN MT 59718-9025**Phone:** 580-7876**Fax:****Administrato** GREGORY & MARSHALLLicenseNumber **28267-001** Exp. **10/31/2014**Health Planning Region Number: **4**Facility ID Number: **1513**County: **GALLATIN****JCAHO:**OriginalLicenseDate: **11/12/02**Current License Duration: **3****NOT PROV** Clients: **1**

HOFMAN'S ADULT FOSTER HOME

5830 SYPES CANYON RD
 BOZEMAN MT 59715-
Phone: 556-1868 **Fax:**
Administrato RICHARD & HOFMAN

LicenseNumber **27125-001** Exp. **5/31/2012**
 Health Planning Region Number: **4**

Facility ID Number: **1496**
 County: **GALLATIN**
JCAHO:
 OriginalLicenseDate: **06/01/02**
 Current License Duration: **3**

NOT PROV Clients: **4**

MARSHA THILL

845 CAPE AVE
 BOZEMAN MT 59715-
Phone: **Fax:**
Administrato MARSHA THILL

LicenseNumber **26383-001** Exp. **10/31/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1590**
 County: **GALLATIN**
JCAHO:
 OriginalLicenseDate: **02/04/03**
 Current License Duration: **3**

NOT PROV Clients: **1**

KERRY BORCHERT AFH

2104 UTAH
 BUTTE MT 59701-
Phone: 723-3457 **Fax:**
Administrato RON & BORCHERT

LicenseNumber **26173-001** Exp. **4/30/2014**
 Health Planning Region Number: **4**

Facility ID Number: **1456**
 County: **SILVER BOW**
JCAHO:
 OriginalLicenseDate: **05/02/00**
 Current License Duration: **3**

NOT PROV Clients: **2**

RADER ADULT FOSTER HOME

2009 LOCUST
 BUTTE MT 59701-
Phone: 533-8836 **Fax:**
Administrato RICHARD & RADER

LicenseNumber **41118-001** Exp. **5/31/2014**
 Health Planning Region Number: **4**

Facility ID Number: **1626**
 County: **SILVER BOW**
JCAHO:
 OriginalLicenseDate: **06/02/10**
 Current License Duration: **3**

NOT PROV Clients: **1**

FRISCH AFH

PO BOX 32
 CLANCY MT 59634-
Phone: 933-8385 **Fax:**
Administrato HOLLYANN FRISCH

LicenseNumber **26765-001** Exp. **10/31/2012**
 Health Planning Region Number:

600 HWY 282

Facility ID Number: **1595**
 County: **JEFFERSON**
JCAHO:
 OriginalLicenseDate: **11/13/08**
 Current License Duration: **1**

NOT PROV Clients: **1**

AL & CECELIA ADULT FOSTER CARE

607 4TH AVE
 CUSTER MT 59024-
Phone: 856-4241 **Fax:**
Administrato CECELIA & WOOLSEY

LicenseNumber **37601-001** Exp. **12/9/2012**
 Health Planning Region Number: **4**

Facility ID Number: **1633**
 County: **YELLOWSTONE**
JCAHO:
 OriginalLicenseDate: **12/14/10**
 Current License Duration: **1**

NOT PROV Clients: **1**

BLUEBIRD RESPITE CARE

PO BOX 16
 DARBY MT 59829-
Phone: 821-3337 **Fax:**
Administrato NONA WALKER

LicenseNumber **39712-001** Exp. **6/30/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1606**
 County: **RAVALLI**
JCAHO:
 OriginalLicenseDate: **07/06/09**
 Current License Duration: **2**

NOT PROV Clients: **2**

SUNSHINE RESPITE CARE

3168 OLD DARBY RD
 DARBY MT 59829-
Phone: 821-4895 **Fax:**
Administrato JOANNE LOGAN

LicenseNumber **39713-001** Exp. **6/30/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1608**
 County: **RAVALLI**
JCAHO:
 OriginalLicenseDate: **07/28/09**
 Current License Duration: **1**

NOT PROV Clients: **1**

MONEYS AFH

PO BOX 1790
 EAST HELENA MT 59635-
Phone: 422-5919 **Fax:**
Administrato MICHELLE & MONEY

LicenseNumber **37989-001** Exp. **1/31/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1585**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **07/09/08**
 Current License Duration: **2**

NOT PROV Clients: **4**

MOORE COURT ADULT FOSTER CARE

3065 MOORE COURT
 EAST HELENA MT 59635-0240
Phone: 594-3065 **Fax:**
Administrato S LARAE TREIB

LicenseNumber **41965-001** Exp. **11/2/2014**
 Health Planning Region Number: **5**

PO BOX 240

Facility ID Number: **1635**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **12/27/10**
 Current License Duration: **3**

NOT PROV Clients: **4**

OSTERLOTH ADULT FOSTER HOME2765 WYLIE DRIVE #74
EAST HELENA MT 59635-**Phone:** 461-9373 **Fax:****Administrato** SONJA OSTERLOTHLicenseNumber **42598-001** Exp. **5/31/2012**Health Planning Region Number: **5**Facility ID Number: **1643**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **05/26/11**Current License Duration: **1****NOT PROV** Clients: **1****ROUTZAHN AFH**411 EAST DUDLEY
EAST HELENA MT 59635-**Phone:** 422-5790 **Fax:****Administrato** KEITH & ROUTZAHN**PO BOX 973**Facility ID Number: **7017**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **11/08/11**Current License Duration: **1**LicenseNumber **43363-001** Exp. **10/31/2012**

Health Planning Region Number:

NOT PROV Clients: **1****SHARONS SUNSHINE CARE**2598 CASPER
EAST HELENA MT 59635-**Phone:** 458-5535 **Fax:****Administrato** SHARON MCEWENFacility ID Number: **1559**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **01/24/06**Current License Duration: **3**LicenseNumber **34010-001** Exp. **12/31/2014**Health Planning Region Number: **4****NOT PROV** Clients: **4****SHERRY BENJAMIN ADULT FOSTER HOME**3685 BLUE BIRD RD
EAST HELENA MT 59635-**Phone:** 422-0023 **Fax:****Administrato** SHERRY BENJAMINFacility ID Number: **1584**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **06/09/08**Current License Duration: **3**LicenseNumber **37747-001** Exp. **4/30/2014**Health Planning Region Number: **4****NOT PROV** Clients: **3****MOUNTAIN HAVEN WELLNESS CENTER**23 JUPITER WAY
EMIGRANT MT 59027-**Phone:** 333-4589 **Fax:****Administrato** SHERIDAN STENBERG**PO BOX 1035**Facility ID Number: **1588**County: **PARK****JCAHO:**OriginalLicenseDate: **09/03/08**Current License Duration: **3**LicenseNumber **38154-001** Exp. **8/18/2014**

Health Planning Region Number:

NOT PROV Clients: **2**

ST MARYS AFH PO BOX 2496 EUREKA MT 59917- Phone: 889-5765 Fax: Administrato STEPHANIE JARVIS	788 TOBACCO	Facility ID Number: 1592 County: LINCOLN JCAHO: OriginalLicenseDate: 11/26/08 Current License Duration: 3
LicenseNumber 35975-001 Exp. 10/31/2014 Health Planning Region Number: 5		NOT PROV Clients: 4
KOUNTRY KARE AFH 19347 MOONLIGHT DR FRENCHTOWN MT 59834-0914 Phone: 626-1756 Fax: Administrato LUCY BARNEY	PO BOX 914	Facility ID Number: 1476 County: MISSOULA JCAHO: OriginalLicenseDate: 05/01/01 Current License Duration: 3
LicenseNumber 26011-001 Exp. 5/31/2013 Health Planning Region Number: 5		NOT PROV Clients: 3
HALLOCK AFH 3611 4TH AVE N GREAT FALLS MT 59401- Phone: 452-6019 Fax: Administrato LYNN HALLOCK		Facility ID Number: 1446 County: CASCADE JCAHO: OriginalLicenseDate: 01/03/00 Current License Duration: 3
LicenseNumber 25788-001 Exp. 10/31/2014 Health Planning Region Number: 2		NOT PROV Clients: 4
HERRERA AFH 3710 LOWER RIVER ROAD GREAT FALLS MT 59405- Phone: 453-3049 Fax: Administrato DANIEL&VIL HERRERA		Facility ID Number: 1604 County: CASCADE JCAHO: OriginalLicenseDate: 06/16/09 Current License Duration: 2
LicenseNumber 39491-001 Exp. 4/30/2012 Health Planning Region Number: 2		NOT PROV Clients: 2
LULU VOYLES AFH 505 39TH STREET NORTH GREAT FALLS MT 59405- Phone: 454-3291 Fax: Administrato LULU VOYLES		Facility ID Number: 1417 County: CASCADE JCAHO: OriginalLicenseDate: 11/05/98 Current License Duration: 3
LicenseNumber 25795-001 Exp. 7/31/2013 Health Planning Region Number: 2		NOT PROV Clients: 4

LYNDA SULLIVAN 804 48TH ST S GREAT FALLS MT 59405-5729 Phone: Fax: Administrato LYNDA SULLIVAN	Facility ID Number: 1526 County: CASCADE JCAHO: OriginalLicenseDate: 08/01/03 Current License Duration: 3
LicenseNumber 26538-001 Exp. 7/31/2013 Health Planning Region Number: 2	NOT PROV Clients: 2
WEAR RECOVERY HOME 1801 13TH AVE SOUTH GREAT FALLS MT 59405- Phone: 771-6617 Fax: Administrato PAUL & WEAR	Facility ID Number: 1641 County: CASCADE JCAHO: OriginalLicenseDate: 03/31/11 Current License Duration: 1
LicenseNumber 40287-001 Exp. 3/31/2012 Health Planning Region Number: 2	NOT PROV Clients: 2
DELAP AFH 234 ROARING LION RD HAMILTON MT 59840- Phone: 363-1900 Fax: Administrato MARIJO DELAP	Facility ID Number: 1597 County: RAVALLI JCAHO: OriginalLicenseDate: 02/20/09 Current License Duration: 3
LicenseNumber 39030-001 Exp. 1/31/2015 Health Planning Region Number: 5	NOT PROV Clients: 2
WALKER GREEN HOUSE 1005 S 5TH ST HAMILTON MT 59840- Phone: 375-1203 Fax: Administrato JUNE/AMEE RUSSELL/BUSH	Facility ID Number: 7025 County: RAVALLI JCAHO: OriginalLicenseDate: 07/28/09 Current License Duration: 1
LicenseNumber 42476-001 Exp. 3/31/2012 Health Planning Region Number:	NOT PROV Clients: 3
CARE & COMFORT HOME 1204 CLEVELAND AVE HAVRE MT 59501- Phone: 265-2800 Fax: Administrato APRIL CUSTER	Facility ID Number: 1517 County: HILL JCAHO: OriginalLicenseDate: 02/01/03 Current License Duration: 3
LicenseNumber 28640-001 Exp. 3/31/2013 Health Planning Region Number: 2	NOT PROV Clients: 4

HUTCHINS AFH

1437 3RD ST
 HAVRE MT 59501-
Phone: 945-0794 **Fax:**
Administrato KILAH HUTCHINS

LicenseNumber **39494-001** Exp. **10/31/2012**
 Health Planning Region Number: **2**

Facility ID Number: **1612**
 County: **HILL**
JCAHO:
 OriginalLicenseDate: **11/19/09**
 Current License Duration: **2**

NOT PROV Clients: **3**

TURTLEDOVE RECIVERT GINE

38 6TH ST
 HAVRE MT 59501-
Phone: 265-2559 **Fax:**
Administrato CHERI BRINDLE

LicenseNumber **34386-001** Exp. **2/28/2012**
 Health Planning Region Number: **2**

Facility ID Number: **1567**
 County: **HILL**
JCAHO:
 OriginalLicenseDate: **03/15/06**
 Current License Duration: **3**

NOT PROV Clients: **4**

ALAN & MARTHA BOTTELSON

7113 WHITETAIL WAY
 HELENA MT 59602-9424
Phone: 458-9547 **Fax:**
Administrato ALAN & BOTTELSON

LicenseNumber **26174-001** Exp. **11/30/2011**
 Health Planning Region Number: **4**

Facility ID Number: **1563**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **12/31/05**
 Current License Duration: **3**

NOT PROV Clients: **4**

ANNA MAY BOYD

2305 BLAINE LANE
 HELENA MT 59602-
Phone: 449-9941 **Fax:**
Administrato ANNA MAY BOYD

LicenseNumber **41860-001** Exp. **11/29/2011**
 Health Planning Region Number: **5**

Facility ID Number: **1632**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **11/18/10**
 Current License Duration: **1**

NOT PROV Clients: **2**

CONSTANCE MAYER

8130DIAMOND SPRINGS DRIVE
 HELENA MT 59602-9397
Phone: **Fax:**
Administrato CONSTANCE MAYER

LicenseNumber **28416-001** Exp. **2/28/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1512**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **12/11/02**
 Current License Duration: **3**

NOT PROV Clients: **4**

FRED & CAROL HARPER AFH901 GARFIELD STREET
HELENA MT 59601-5719**Phone:** 449-3732**Fax:****Administrato** FRED & HARPERLicenseNumber **26750-001** Exp. **10/31/2014**Health Planning Region Number: **4**Facility ID Number: **1371**County: **LEWIS & CLARK****JCAHO:**

OriginalLicenseDate:

Current License Duration: **3****NOT PROV** Clients: **1****JAMIE & DAVID MOE ADULT FOSTER HOME**1350 BOSTON ROAD
HELENA MT 59602-**Phone:** 449-6706**Fax:****Administrato** JAMIE & MOELicenseNumber **34034-001** Exp. **1/25/2013**Health Planning Region Number: **4**Facility ID Number: **1561**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **02/01/06**Current License Duration: **3****NOT PROV** Clients: **2****JUNES HOUSE**675 MYLES RD
HELENA MT 59602-**Phone:** 442-4628**Fax:****Administrato** JUNE & JOHN DAZELLLicenseNumber **26062-001** Exp. **12/31/2011**Health Planning Region Number: **4**Facility ID Number: **1591**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **10/20/08**Current License Duration: **90****PROVISIONAL** Clients: **4****KATHY'S ADULT FOSTER HOME**1134 9TH AVE
HELENA MT 59601-**Phone:** 422-4495**Fax:****Administrato** KATHRYN LAKELicenseNumber **25771-001** Exp. **6/30/2014**Health Planning Region Number: **4**Facility ID Number: **1553**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **07/15/05**Current License Duration: **2****NOT PROV** Clients: **4****KEA WADDELL FOSTER HOME**3425 VIENNA DRIVE
HELENA MT 59602-0000**Phone:** 227-7345**Fax:****Administrato** KEA WADDELLLicenseNumber **30421-001** Exp. **1/31/2013**Health Planning Region Number: **4**Facility ID Number: **1527**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **02/01/04**Current License Duration: **3****NOT PROV** Clients: **4**

KRISTIN OLSEN

613 S RODNEY
 HELENA MT 59601-
Phone: 465-5416 **Fax:**
Administrato KRISTIN OLSEN

LicenseNumber **26377-001** Exp. **5/31/2013**
 Health Planning Region Number: **5**

Facility ID Number: **1636**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **01/13/11**
 Current License Duration: **3**

NOT PROV Clients: **2**

MICHAEL & CHERYL STEELE AFH

5940 DEL RAY DRIVE
 HELENA MT 59602-
Phone: 458-6113 **Fax:**
Administrato MICHAEL & STEELE

LicenseNumber **06334-001** Exp. **1/31/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1314**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **01/08/98**
 Current License Duration: **3**

NOT PROV Clients: **4**

STEVE CAHILL AFH

3260 TERRACE AVE
 HELENA MT 59602-
Phone: 442-3432 **Fax:**
Administrato STEVE CAHILL

LicenseNumber **26746-001** Exp. **4/30/2012**
 Health Planning Region Number: **4**

Facility ID Number: **1459**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **05/16/00**
 Current License Duration: **3**

NOT PROV Clients: **4**

THE TALBERT HOUSE AFH

200 STABERN STREET
 HELENA MT 59601-
Phone: 457-0220 **Fax:**
Administrato ROBIN TALBERT

LicenseNumber **26537-001** Exp. **6/30/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1370**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **06/30/00**
 Current License Duration: **3**

NOT PROV Clients: **4**

WENDY'S HOUSE

6285 SLEEPING GIANT VIEW DR
 HELENA MT 59602-9174
Phone: 458-6277 **Fax:**
Administrato WENDY OCHADLEUS

LicenseNumber **27341-001** Exp. **5/31/2013**
 Health Planning Region Number: **4**

Facility ID Number: **1502**
 County: **LEWIS & CLARK**
JCAHO:
 OriginalLicenseDate: **07/10/02**
 Current License Duration: **3**

NOT PROV Clients: **4**

ZANA SMITH AFH3465 VALLEY DRIVE
HELENA MT 59602-**Phone:** 227-6248 **Fax:**
Administrato ZANA SMITHLicenseNumber **26757-001** Exp. **2/5/2013**
Health Planning Region Number: **4**Facility ID Number: **1415**County: **LEWIS & CLARK****JCAHO:**OriginalLicenseDate: **06/16/98**Current License Duration: **3****NOT PROV** Clients: **4****YELLOWSTONE RETIREMENT HOME**1650 NAHMIS AVE
HUNTLEY MT 59037-**Phone:** 348-3282 **Fax:** 348-2012
Administrato ALMEDA & BRADSHAWLicenseNumber **40400-001** Exp. **11/17/2012**
Health Planning Region Number: **4**Facility ID Number: **1614**County: **YELLOWSTONE****JCAHO:**OriginalLicenseDate: **11/27/09**Current License Duration: **2****NOT PROV** Clients: **3****EXPRESSIONS INC**240 HIDDEN MEADOW LANE
KALISPELL MT 53301-6778**Phone:** 253-4278 **Fax:** 897-1021
Administrato PATRICIA ZINKELicenseNumber **40406-001** Exp. **11/30/2012**
Health Planning Region Number: **5**Facility ID Number: **1615**County: **FLATHEAD****JCAHO:**OriginalLicenseDate: **11/27/09**Current License Duration: **2****NOT PROV** Clients: **4****ITZ 4 U AFH**182 NICHOLSON DR
KALISPELL MT 59901-3236**Phone:** 752-4153 **Fax:**
Administrato BELLA JACOBSLicenseNumber **27339-001** Exp. **6/30/2012**
Health Planning Region Number: **5**Facility ID Number: **1501**County: **FLATHEAD****JCAHO:**OriginalLicenseDate: **07/01/02**Current License Duration: **3****NOT PROV** Clients: **4****LANGSTON'S ADULT FOSTER CARE**1467 HWY 2 WEST
KALISPELL MT 59901-**Phone:** 257-4999 **Fax:**
Administrato ROBERT & LANGSTONLicenseNumber **25821-001** Exp. **5/31/2012**
Health Planning Region Number: **5**Facility ID Number: **1543**County: **FLATHEAD****JCAHO:**OriginalLicenseDate: **06/08/04**Current License Duration: **3****NOT PROV** Clients: **4**

PETERSEN FOSTER CARE

436 ADDISON SQUARE
 KALISPELL MT 59904-6610
Phone: 257-5823 **Fax:** 257-5823
Administrato EUGENE & PETERSEN

LicenseNumber **42065-001** Exp. **1/31/2014**
 Health Planning Region Number:

Facility ID Number: **1639**
 County: **FLATHEAD**
JCAHO:
 OriginalLicenseDate: **02/15/11**
 Current License Duration: **2**

NOT PROV Clients: **1**

QUALITY OF LIFE

409 PARKWAY DR
 KALISPELL MT 59901-
Phone: 756-2273 **Fax:** 756-2283
Administrato LAURA & SCHLIEPER

LicenseNumber **36677-001** Exp. **7/31/2013**
 Health Planning Region Number: **5**

Facility ID Number: **1174**
 County: **FLATHEAD**
JCAHO:
 OriginalLicenseDate: **09/17/07**
 Current License Duration: **3**

NOT PROV Clients: **4**

U AND I RANCH

110 MANY LAKES DR
 KALISPELL MT 59901-
Phone: 755-1156 **Fax:**
Administrato SANDRA PATTEN

LicenseNumber **25790-001** Exp. **6/30/2014**
 Health Planning Region Number: **5**

Facility ID Number: **1416**
 County: **FLATHEAD**
JCAHO:
 OriginalLicenseDate: **03/09/98**
 Current License Duration: **3**

NOT PROV Clients: **4**

VALLEY VIEW SENIOR CARE

260 WINDSONG WAY
 KALISPELL MT 59901-
Phone: 756-7121 **Fax:**
Administrato DOREEN & HAYEK

LicenseNumber **42347-001** Exp. **5/31/2012**
 Health Planning Region Number:

Facility ID Number: **1646**
 County: **FLATHEAD**
JCAHO:
 OriginalLicenseDate: **06/09/11**
 Current License Duration: **1**

NOT PROV Clients: **4**

WESTSIDE CARE HOME

25 LARIAT LANE
 KALISPELL MT 59904-
Phone: 249-1904 **Fax:**
Administrato SCOTT & HUCKEBA

LicenseNumber **42067-001** Exp. **4/30/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1642**
 County: **FLATHEAD**
JCAHO:
 OriginalLicenseDate: **05/03/11**
 Current License Duration: **1**

NOT PROV Clients: **4**

THE HOMESTEAD

209 W EVELYN ST
 LEWISTOWN MT 59457-
Phone: 535-3637 **Fax:**
Administrato FAITH FOSTER

LicenseNumber **26078-001** Exp. **3/31/2012**
 Health Planning Region Number: **3**

Facility ID Number: **1601**
 County: **FERGUS**
JCAHO:
 OriginalLicenseDate: **03/15/11**
 Current License Duration: **1**

NOT PROV Clients: **3**

CAROL'S ASSISTED LIVING

404 IDAHO
 LIBBY MT 59923-
Phone: 293-6132 **Fax:**
Administrato CAROL ROBERTS

LicenseNumber **26015-001** Exp. **5/31/2014**
 Health Planning Region Number: **5**

Facility ID Number: **1458**
 County: **LINCOLN**
JCAHO:
 OriginalLicenseDate: **05/25/00**
 Current License Duration: **3**

NOT PROV Clients: **3**

LIBBYS LODGE OF LOVE

39042 US HWY 2
 LIBBY MT 59923-
Phone: 293-3334 **Fax:** 826-3632
Administrato SHAUNA FIRESTONE

LicenseNumber **41013-001** Exp. **3/31/2013**
 Health Planning Region Number:

Facility ID Number: **1625**
 County: **LINCOLN**
JCAHO:
 OriginalLicenseDate: **04/22/10**
 Current License Duration: **2**

NOT PROV Clients: **4**

SEEDS OF LOVE

14 COULEE DRIVE
 LIVINGSTON MT 59047-
Phone: 222-7578 **Fax:**
Administrato CHANDA ANDERSON

LicenseNumber **39558-001** Exp. **6/4/2012**
 Health Planning Region Number:

Facility ID Number: **1602**
 County: **PARK**
JCAHO:
 OriginalLicenseDate: **06/08/09**
 Current License Duration: **2**

NOT PROV Clients: **4**

DONALD & VIVIAN WESTALL AFH

1017 ORR
 MILES CITY MT 59301-
Phone: 234-6727 **Fax:**
Administrato DONALD & WESTALL

LicenseNumber **25919-001** Exp. **7/8/2014**
 Health Planning Region Number: **1**

Facility ID Number: **1480**
 County: **CUSTER**
JCAHO:
 OriginalLicenseDate: **07/09/01**
 Current License Duration: **3**

NOT PROV Clients: **2**

JOYCES ADULT FOSTER HOME211 NORTH SIX STREET
MILES CITY MT 59301-**Phone:** 234-7323 **Fax:**
Administrato JOYCE CONLEYLicenseNumber **25512-001** Exp. **5/10/2014**
Health Planning Region Number: **1**Facility ID Number: **1541**County: **CUSTER****JCAHO:**OriginalLicenseDate: **05/11/04**Current License Duration: **3****NOT PROV** Clients: **4****SEVERANCE ADULT FOSTER HOME**812 THUSCOTT ST
MILES CITY MT 59301-**Phone:** 234-0236 **Fax:**
Administrato NORMA & SEVERANCELicenseNumber **36104-001** Exp. **3/31/2013**
Health Planning Region Number: **1**Facility ID Number: **1578**County: **CUSTER****JCAHO:**OriginalLicenseDate: **04/11/07**Current License Duration: **3****NOT PROV** Clients: **1****RICHARD LLOYD**PO BOX 152
MILLTOWN MT 59851-**Phone:** 721-5662 **Fax:** 543-6139
Administrato RICHARD LLOYDLicenseNumber **42086-001** Exp. **12/31/2013**
Health Planning Region Number: **5**Facility ID Number: **1637**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **01/28/11**Current License Duration: **2****NOT PROV** Clients: **1****DEBRA POPKO**310 S SURREY
MISSOULA MT 59808-1801**Phone:** 728-0381 **Fax:**
Administrato DEBRA POPKOLicenseNumber **28607-001** Exp. **11/30/2012**
Health Planning Region Number: **5**Facility ID Number: **1514**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **01/01/03**Current License Duration: **3****NOT PROV** Clients: **2****FALEAGAFULU AFH**523 LUELLA LANE
MISSOULA MT 59801-**Phone:** 543-0297 **Fax:**
Administrato TAIVAI FALEAGAFULULicenseNumber **41775-001** Exp. **1/31/2012**
Health Planning Region Number: **5**Facility ID Number: **1638**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **02/04/11**Current License Duration: **1****NOT PROV** Clients: **1**

FATHER GEORGE DUMAIS ROCKMONT INC AFH

1700 MADELINE AVE
 MISSOULA MT 59801-
Phone: 728-0469 **Fax:**
Administrato FATHER DUMAIS

LicenseNumber **26360-001** Exp. **10/31/2014**
 Health Planning Region Number: **5**

Facility ID Number: **1359**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate:
 Current License Duration: **3**

NOT PROV Clients: **1**

HOME AGAIN ELDER CARE

4470 NICOLE COURT
 MISSOULA MT 59806-
Phone: 549-2605 **Fax:** 549-2605
Administrato FLORENCE HAGEN

LicenseNumber **39533-001** Exp. **6/30/2013**
 Health Planning Region Number: **5**

PO BOX 2342

Facility ID Number: **1616**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **01/14/10**
 Current License Duration: **2**

NOT PROV Clients: **4**

JEFFREY AFC

2520 STRATFORD LANE
 MISSOULA MT 59808-
Phone: 543-2930 **Fax:**
Administrato GWEN JEFFREY

LicenseNumber **27740-001** Exp. **10/31/2013**
 Health Planning Region Number: **5**

Facility ID Number: **1503**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **09/01/02**
 Current License Duration: **3**

NOT PROV Clients: **2**

KELLY & GREG SIKES

3135 CATHY COURT
 MISSOULA MT 59803-
Phone: 273-5455 **Fax:**
Administrato KELLY & SIKES

LicenseNumber **35982-001** Exp. **2/28/2013**
 Health Planning Region Number: **5**

Facility ID Number: **1575**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **03/07/07**
 Current License Duration: **2**

NOT PROV Clients: **4**

LARIDON SERVICES

6630 SIESTA DRIVE
 MISSOULA MT 59802-
Phone: 370-6318 **Fax:**
Administrato ANGE LARIDON

LicenseNumber **43539-001** Exp. **12/31/2012**
 Health Planning Region Number: **5**

Facility ID Number: **7034**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **01/25/12**
 Current License Duration: **1**

NOT PROV Clients: **2**

MEADOWBROOK HOMES
 2505 WOODLAND AVE
 MISSOULA MT 59802-
Phone: 251-3394 **Fax:** 239-8510
Administrato MARCILA ECHEVERRY

LicenseNumber **18341-001** Exp. **5/31/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1644**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **06/01/11**
 Current License Duration: **1**

NOT PROV Clients: **4**

MINA AIRHART AFH
 243 N TRAVIOS
 MISSOULA MT 59808-
Phone: 543-6365 **Fax:**
Administrato MINA AIRHART

LicenseNumber **26535-001** Exp. **8/31/2014**
 Health Planning Region Number: **5**

Facility ID Number: **1414**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **09/16/98**
 Current License Duration: **3**

NOT PROV Clients: **1**

PAMELA HOPPE AFH
 2319 SUZANNE CT
 MISSOULA MT 59804-5143
Phone: 493-0367 **Fax:**
Administrato PAMELA HOPPE

LicenseNumber **26356-001** Exp. **2/28/2014**
 Health Planning Region Number: **5**

Facility ID Number: **1173**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **06/20/96**
 Current License Duration: **3**

NOT PROV Clients: **2**

RAY & SUSIE RISHO AFH
 302 S 4TH ST W
 MISSOULA MT 59801-
Phone: 549-0752 **Fax:**
Administrato RAY & SUSIE RISHO

LicenseNumber **26350-001** Exp. **5/31/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1309**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate:
 Current License Duration: **3**

NOT PROV Clients: **2**

RICHARD FIFIELD
 423 MONTANA AVE
 MISSOULA MT 59802-
Phone: 370-9051 **Fax:**
Administrato RICHARD FIFIELD

LicenseNumber **43183-001** Exp. **9/30/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1648**
 County: **MISSOULA**
JCAHO:
 OriginalLicenseDate: **09/29/11**
 Current License Duration: **1**

NOT PROV Clients: **1**

SHARON HARDY AFH157 MEADOWLARK CT
MISSOULA MT 59803-**Phone:** 251-7956 **Fax:****Administrato** SHARON HARDYLicenseNumber **25590-001** Exp. **6/30/2013**Health Planning Region Number: **5**Facility ID Number: **1500**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **07/01/02**Current License Duration: **3****NOT PROV** Clients: **1****TARGET RANGE AFH**2101 HUMBLE RD
MISSOULA MT 59804-**Phone:** 728-8667 **Fax:****Administrato** LEROY TRIPPLicenseNumber **40683-001** Exp. **1/20/2013**Health Planning Region Number: **5**Facility ID Number: **1618**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **02/03/10**Current License Duration: **2****NOT PROV** Clients: **4****TWO RIVERS**4660 SPURGIN RD
MISSOULA MT 59804-**Phone:** 327-8443 **Fax:****Administrato** KIMBERLY BELL MCDOWELLLicenseNumber **41052-001** Exp. **4/30/2013**Health Planning Region Number: **5**Facility ID Number: **1627**County: **MISSOULA****JCAHO:**OriginalLicenseDate: **06/02/10**Current License Duration: **2****NOT PROV** Clients: **2****ELKHORN VIEW**10 ELKHORN VIEW DR
MONTANA CITY MT 59634-**Phone:** 431-1107 **Fax:** 422-4601**Administrato** TRINA ARCHIBALDLicenseNumber **41419-001** Exp. **7/31/2014**

Health Planning Region Number:

Facility ID Number: **1629**County: **JEFFERSON****JCAHO:**OriginalLicenseDate: **08/05/10**Current License Duration: **3****NOT PROV** Clients: **4****D & J COUNTRY LIVING AFH**740 NELSON ROAD
MOORE MT 59464-**Phone:** 374-2269 **Fax:****Administrato** DONALD & NELSONLicenseNumber **26027-001** Exp. **4/30/2012**Health Planning Region Number: **3**Facility ID Number: **1479**County: **FERGUS****JCAHO:**OriginalLicenseDate: **05/22/01**Current License Duration: **3****NOT PROV** Clients: **4**

GRACE FILLED LIVING

PO BOX 1001
 PLAINS MT 59859-
Phone: 826-8000 **Fax:** 826-3632
Administrato SHAUNA & FIRESTONE

LicenseNumber **37398-001** Exp. **2/28/2014**
 Health Planning Region Number:

PO BOX 1001

Facility ID Number: **1180**
 County: **FALLON**
JCAHO:
 OriginalLicenseDate: **03/11/08**
 Current License Duration: **3**

NOT PROV Clients: **4**

MOUNTAIN VIEW MANOR

3 JACKELOPE LN
 PLAINS MT 59859-
Phone: 826-7762 **Fax:** 826-7762
Administrato SHELBY & ZIGLER

LicenseNumber **43354-001** Exp. **10/31/2012**
 Health Planning Region Number:

PO BOX 512

Facility ID Number: **7021**
 County: **SANDERS**
JCAHO:
 OriginalLicenseDate: **11/15/11**
 Current License Duration: **1**

NOT PROV Clients: **2**

PARKS ELDERLY ADULT CARE

39295 DUBAY RD
 POLSON MT 59860-
Phone: 883-2634 **Fax:** 883-2634
Administrato SHARON & PARK

LicenseNumber **26357-001** Exp. **11/30/2012**
 Health Planning Region Number:

Facility ID Number: **7031**
 County: **LAKE**
JCAHO:
 OriginalLicenseDate: **12/20/11**
 Current License Duration: **1**

NOT PROV Clients: **2**

JAC LYNN SIMON AFH

4012 SPARKS LANE
 STEVENSVILLE MT 59870-
Phone: 498-2112 **Fax:**
Administrato JAC LYNN & SIMON

LicenseNumber **43096-001** Exp. **9/30/2012**
 Health Planning Region Number: **5**

Facility ID Number: **1647**
 County: **RAVALLI**
JCAHO:
 OriginalLicenseDate: **09/14/11**
 Current License Duration: **1**

NOT PROV Clients: **2**

SWEETGRASS HAVEN

2342 KELSEY LANE
 STEVENSVILLE MT 59870-
Phone: 529-1324 **Fax:**
Administrato MERILEE MALCOLM

LicenseNumber **40791-001** Exp. **2/28/2013**
 Health Planning Region Number: **5**

Facility ID Number: **1621**
 County: **RAVALLI**
JCAHO:
 OriginalLicenseDate: **03/17/10**
 Current License Duration: **2**

NOT PROV Clients: **2**

D AND D HOME PLUS

501 S LAUNDER
TERRY MT 59349-
Phone: 635-9174 **Fax:** 635-5588
Administrato DANIEL AND KIRKPATRICK
PO BOX 470

Facility ID Number: 1518
County: PRAIRIE
JCAHO:
OriginalLicenseDate: 03/31/03
Current License Duration: 3

LicenseNumber 28862-001 Exp. 1/2/2015 NOT PROV Clients: 2
Health Planning Region Number: 1

MT SILCOX AFH

210 SOUTH MADISON STREET
THOMPSON FALLS MT 59873-
Phone: 210-8922 **Fax:**
Administrato MARY LOU HENZE
PO BOX 1721

Facility ID Number: 7027
County: SANDERS
JCAHO:
OriginalLicenseDate: 12/14/11
Current License Duration: 1

LicenseNumber 43361-001 Exp. 11/30/2012 NOT PROV Clients: 4
Health Planning Region Number:

LOPP LAND

1953 MERIDIAN ROAD
VICTOR MT 59875-
Phone: 642-9767 **Fax:**
Administrato CONNIE COUGHRAN

Facility ID Number: 1624
County: RAVALLI
JCAHO:
OriginalLicenseDate: 05/01/10
Current License Duration: 2

LicenseNumber 30139-001 Exp. 4/30/2013 NOT PROV Clients: 4
Health Planning Region Number: 5

Total Facilities: 103

Total Clients: 287