

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

106 S STREVELL

MILES CITY

MT 59301-

County: **CUSTER****Phone:** 234-9289 **Fax:** 234-3089**Administrator:** SHERRY STOLTZ**Category C Administrator:****RN:** Sherry StoltzHealth Planning Region Number: **1**License **12528**Current License Duration: **2 YEARS****Expires:** 1/10/2013**NOT PROV****Category A Beds:** 9**Category B** 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****515**

220 N CENTER

MILES CITY

MT 59301-

County: **CUSTER****Phone:** 232-7988 **Fax:****Administrator:** TERESA WAGNER**Category C Administrator:****RN:**Health Planning Region Number: **1**License **12902**Current License Duration: **6 MONTHS****Expires:** 6/30/2012**PROVISIONAL****Category A Beds:** 16**Category B****Category C Endorsement:****Total Beds:** 16

(May have no more than 5 "B" beds)

Original License Date:

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

1300 SPEEDWAY

MISSOULA

MT 59802-

County: **MISSOULA****Phone:** 549-8127 **Fax:** 542-5202**Administrator:** GARY WINGFIELD**Category C Administrator:****RN:** Home and CommunityHealth Planning Region Number: **5**License **12825**Current License Duration: **2 YEARS****Expires:** 11/12/2012**NOT PROV****Category A Beds:** 28**Category B** X**Category C Endorsement:****Total Beds:** 28

(May have no more than 5 "B" beds)

Original License Date:

07/03/01

BEE HIVE HOMES OF MISSOULA #5**ID****5750**

2406 RIVER ROAD

MISSOULA MT 59804- County: **MISSOULA****Phone:** 721-3446 **Fax:** 542-6647**Administrator:** ERIN HEITZMANN**Category C Administrator:****RN:**Health Planning Region Number: **5**License **12347** Current License Duration: **3 YEARS** Expires: 6/9/2013 **NOT PROV****Category A Beds:** 15 **Category B** X **Category C Endorsement:****Total Beds:** 15 (May have no more than 5 "B" beds)Original License Date: **12/10/08****COUNTRY HOME ESTATE****ID****5635**

1704 S RESERVE ST

MISSOULA MT 59801- County: **MISSOULA****Phone:** 542-1889 **Fax:** 549-6848**Administrator:** LYNNE MARVIN**Category C Administrator:****RN:** Betty L. SolHealth Planning Region Number: **5**License **12924** Current License Duration: **2 YEARS** Expires: 2/27/2014 **NOT PROV****Category A Beds:** 10 **Category B** 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****570**

2815 PALMER

MISSOULA MT 59802- County: **MISSOULA****Phone:** 549-9660 **Fax:** 549-4424**Administrator:** LAURIE NORMANDY**Category C Administrator:****RN:** Joanne FoleyHealth Planning Region Number: **5**License **12107** Current License Duration: **3 YEARS** Expires: 11/15/2012 **NOT PROV****Category A Beds:** 25 **Category B** X **Category C Endorsement:** X**Total Beds:** 25 (May have no more than 5 "B" beds)

Original License Date:

EMERITUS AT HUNTERS GLEN**ID****588**

3620 AMERICAN WAY

MISSOULA

MT 59808-

County: **MISSOULA****Phone:** 542-7009 **Fax:** 542-7094**Administrator:** NANCY BERRY**Category C Administrator:****RN:** JohnsonHealth Planning Region Number: **5**License **12297**Current License Duration: **2 YEARS****Expires:** 3/15/2012**NOT PROV****Category A Beds:** 120**Category B** 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****516**

433 S 3RD ST W

MISSOULA

MT 59806-

PO BOX 2340County: **MISSOULA****Phone:** 542-2598 **Fax:** 542-2598**Administrator:** JAN OVERBAUGH**Category C Administrator:****RN:**Health Planning Region Number: **5**License **12245**Current License Duration: **3 YEARS****Expires:** 3/14/2013**NOT PROV****Category A Beds:** 20**Category B****Category C Endorsement:****Total Beds:** 20

(May have no more than 5 "B" beds)

Original License Date:

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

3710 AMERICAN WAY

MISSOULA

MT 59808-

County: **MISSOULA****Phone:** 273-0101 **Fax:** 273-0202**Administrator:** KEN SPAID**Category C Administrator:** JODY EDINGER-MCEL RAVY**RN:** Lynn JacobsenHealth Planning Region Number: **5**License **12234**Current License Duration: **3 YEARS****Expires:** 6/19/2012**NOT PROV****Category A Beds:** 45**Category B** 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****5754**

2327 39TH STREET

MISSOULA

MT 59803-

County: **MISSOULA****Phone:** 251-7101 **Fax:****Administrator:** LINDA**Category C Administrator:**

ROOT

RN:Health Planning Region Number: **5**License **12639**Current License Duration: **1 YEAR****Expires:** 5/22/2012**NOT PROV****Category A Beds:** 6**Category B****Category C Endorsement:****Total Beds:** 6

(May have no more than 5 "B" beds)

Original License Date:

06/23/09**HILLSIDE PLACE****ID****518**

4718 23RD AVE

MISSOULA

MT 59803-

County: **MISSOULA****Phone:** 251-5912 **Fax:** 251-6357**Administrator:** STARLA**Category C Administrator:**

HORWATH

RN: Lisa LeikumHealth Planning Region Number: **5**License **11853**Current License Duration: **3 YEARS****Expires:** 4/12/2012**NOT PROV****Category A Beds:** 19**Category B****X****Category C Endorsement:****Total Beds:** 19

(May have no more than 5 "B" beds)

Original License Date:

LIGHTHOUSE ASSISTED LIVING**ID****5777**

3214 WASHBURN ST

MISSOULA

MT 59801-

County: **MISSOULA****Phone:** 926-1162 **Fax:****Administrator:** LARRY**Category C Administrator:**

PLANT

RN: Judy MaloneyHealth Planning Region Number: **5**License **12920**Current License Duration: **1 YEAR****Expires:** 2/9/2013**NOT PROV****Category A Beds:** 14**Category B****X****Category C Endorsement:****Total Beds:** 14

(May have no more than 5 "B" beds)

Original License Date:

08/10/11

MISSOULA HEALTH & REHAB**ID****520**

3018 RATTLESNAKE DR

MISSOULA MT 59802- County: **MISSOULA****Phone:** 549-0988 **Fax:** 549-3064**RN:** April Pennington**Administrator:** DALE POLLAHealth Planning Region Number: **5****Category C Administrator:**License **12760** Current License Duration: **1 YEAR** Expires: 9/24/2012 **NOT PROV****Category A Beds:** 22 **Category B** X **Category C Endorsement:****Total Beds:** 22 (May have no more than 5 "B" beds)

Original License Date:

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

4322 W CENTRAL AVE

MISSOULA MT 59804- County: **MISSOULA****Phone:** 728-8675 **Fax:****RN:****Administrator:** BONNIE KOLDENHealth Planning Region Number: **5****Category C Administrator:**License **12636** Current License Duration: **3 YEARS** Expires: 5/14/2014 **NOT PROV****Category A Beds:** 8 **Category B** **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****577**

2406 RIVER RD

MISSOULA MT 59804- County: **MISSOULA****Phone:** 728-0115 **Fax:** 549-3698**RN:** KATHY BESTON**Administrator:** ERIN HEITZMANHealth Planning Region Number: **5****Category C Administrator:**License **12136** Current License Duration: **3 YEARS** Expires: 12/30/2012 **NOT PROV****Category A Beds:** 12 **Category B** X **Category C Endorsement:****Total Beds:** 12 (May have no more than 5 "B" beds)

Original License Date:

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

2406 RIVER RD

MISSOULA MT 59804- County: MISSOULA

Phone: 721-0549 Fax: 721-0546

RN: Home Health of MT
Health Planning Region Number: 5

Administrator: ERIN HEITZMAN

Category C Administrator:

License 12666 Current License Duration: 2 YEARS Expires: 6/21/2013 NOT PROV

Category A Beds: 12 Category B 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 5623

2406 RIVER RD

MISSOULA MT 59804- County: MISSOULA

Phone: 543-0605 Fax: 728-0058

RN: Home Health of MT
Health Planning Region Number: 5

Administrator: ERIN HEITZMAN

Category C Administrator:

License 12665 Current License Duration: 2 YEARS Expires: 6/18/2013 NOT PROV

Category A Beds: 14 Category B 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 5633

2406 RIVER RD

MISSOULA MT 59804- County: MISSOULA

Phone: 728-8557 Fax: 728-0027

RN: Home Health of MT
Health Planning Region Number: 5

Administrator: ERIN HEITZMAN

Category C Administrator:

License 12824 Current License Duration: 2 YEARS Expires: 11/15/2014 NOT PROV

Category A Beds: 14 Category B X Category C Endorsement:

Total Beds: 14 (May have no more than 5 "B" beds)

Original License Date: 11/15/99

ROSETT ASSISTED LIVING**ID****5729**

2810 GREAT NORTHERN LOOP

MISSOULA MT 59808- County: **MISSOULA****Phone:** 728-5822 **Fax:** 728-9371**RN:** Alice Carroll**Administrator:** KATHRYN HARLOWHealth Planning Region Number: **5****Category C Administrator:**License **12789** Current License Duration: **3 YEARS** Expires: 10/9/2014 **NOT PROV****Category A Beds:** 17 **Category B** X **Category C Endorsement:** X**Total Beds:** 16 (May have no more than 5 "B" beds)Original License Date: **09/20/05****THE SPRINGS AT MISSOULA****ID****5720**

3710 AMERICAN WAY

MISSOULA MT 59808- County: **MISSOULA****Phone:** 273-0101 **Fax:** 273-0202**RN:** Sally Evans**Administrator:** KEN SPAIDHealth Planning Region Number: **5****Category C Administrator:**License **12233** Current License Duration: **3 YEARS** Expires: 5/31/2012 **NOT PROV****Category A Beds:** 140 **Category B** 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****521**

2815 OLD FORT RD

MISSOULA MT 59804- County: **MISSOULA****Phone:** 549-1300 **Fax:** 721-1620**RN:****Administrator:** BEVERLY MIXHealth Planning Region Number: **5****Category C Administrator:**License **12369** Current License Duration: **3 YEARS** Expires: 7/22/2013 **NOT PROV****Category A Beds:** 30 **Category B** X **Category C Endorsement:****Total Beds:** 30 (May have no more than 5 "B" beds)

Original License Date:

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

12 BESSLER ROAD

MONTANA CITY

MT 59634-

County: **JEFFERSON****Phone:** 443-1288 **Fax:** 513-1058**Administrator:** BONNIE STAPLES**Category C Administrator:****RN:**Health Planning Region Number: **4**License **11855**Current License Duration: **3 YEARS****Expires:** 4/15/2012**NOT PROV****Category A Beds:** 15**Category B****Category C Endorsement:****Total Beds:** 15

(May have no more than 5 "B" beds)

Original License Date:

04/15/04**NEW HORIZONS ASSISTED LIVING OF MONTANA INC, PLAINS****ID****5614**

519 HORIZON LANE

PLAINS

MT 59859-

PO BOX 1064, LEWISTOWN
County: **SANDERS****Phone:** 826-5152 **Fax:****Administrator:** RAY LANGFORD**Category C Administrator:****RN:** Janet Kathleen DuffnerHealth Planning Region Number: **5**License **12159**Current License Duration: **3 YEARS****Expires:** 12/18/2012**NOT PROV****Category A Beds:** 12**Category B****X****Category C Endorsement:****Total Beds:** 12

(May have no more than 5 "B" beds)

Original License Date:

10/19/98**LA CASA PERSONAL CARE****ID****569**

408 E LASATER AVE

PLENTYWOOD

MT 59254-

County: **SHERIDAN****Phone:** 765-1669 **Fax:** 765-2886**Administrator:** BALALY RICHARDSON**Category C Administrator:****RN:** Debbie AbarHealth Planning Region Number: **1**License **12739**Current License Duration: **2 YEARS****Expires:** 8/15/2013**NOT PROV****Category A Beds:** 26**Category B****X****Category C Endorsement:****Total Beds:** 26

(May have no more than 5 "B" beds)

Original License Date:

LA CASA TOO**ID****5711**

410½ EAST LASATER AVE

PLENTYWOOD

MT 59254-

County: **SHERIDAN****Phone:** 765-1669 **Fax:** 765-2886**RN:****Administrator:** BALALY RICHARDSONHealth Planning Region Number: **1****Category C Administrator:**License **12740**Current License Duration: **2 YEARS****Expires:** 3/9/2012**NOT PROV****Category A Beds:** 6**Category B** X**Category C Endorsement:****Total Beds:** 6

(May have no more than 5 "B" beds)

Original License Date:

04/30/04**GRANDMA'S HOUSE TOO****ID****7024**

41544 PINE TREE LANE

POLSON

MT 59860-

County: **LAKE****Phone:** 251-7101 **Fax:****RN:****Administrator:** LINDA ROOT

Health Planning Region Number:

Category C Administrator:License **12866**Current License Duration: **6 MONTHS****Expires:** 6/1/2012**PROVISIONAL****Category A Beds:** 9**Category B****Category C Endorsement:****Total Beds:** 9

(May have no more than 5 "B" beds)

Original License Date:

12/01/11**ST JOSEPH ASSISTED LIVING****ID****590**

11 17TH AVE E

POLSON

MT 59860-

County: **LAKE****Phone:** 883-1011 **Fax:** 883-8971**RN:** Carol Smith**Administrator:** MR. COOPERHealth Planning Region Number: **5****Category C Administrator:**License **12536**Current License Duration: **2 YEARS****Expires:** 1/29/2013**NOT PROV****Category A Beds:** 47**Category B** X**Category C Endorsement:****Total Beds:** 47

(May have no more than 5 "B" beds)

Original License Date:

THE PINES OF POLSON**ID****5603**

405 6TH AVE W

POLSON MT 59860- County: **LAKE****Phone:** 883-1021 **Fax:** 319-7002**Administrator:** ILENE ARBAUGH**Category C Administrator:****RN:** RHEACHEL SMITHHealth Planning Region Number: **5**License **12919** Current License Duration: **1 YEAR** Expires: 2/8/2013 **NOT PROV****Category A Beds:** 12 **Category B** 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****5744**

1303 RIVENDELL COURT

POLSON MT 59860- County: **LAKE****Phone:** 883-4897 **Fax:** 883-1379**Administrator:** PAMELA J. BONNER**Category C Administrator:****RN:** Debbie Kae MarrinanHealth Planning Region Number: **5**License **12908** Current License Duration: **6 MONTHS** Expires: 7/11/2012 **PROVISIONAL****Category A Beds:** 15 **Category B** X **Category C Endorsement:** X**Total Beds:** 15 (May have no more than 5 "B" beds)Original License Date: **09/03/07****THE SHEPHERD COTTAGE AT THE WILLOWS****ID****7033**

2475 NORTH BROADWAY

RED LODGE MT 59068- County: **CARBON****Phone:** 446-1020 **Fax:** 628-5006**Administrator:** Michelle DeBoer**Category C Administrator:**

Michelle DeBoer

RN:

Health Planning Region Number:

License **12917** Current License Duration: **6 Months** Expires: 7/24/2012 **PROVISIONAL****Category A Beds:** 0 **Category B** X **Category C Endorsement:** X**Total Beds:** 12 (May have no more than 5 "B" beds)Original License Date: **01/25/12**

THE SOJOURNER COTTAGE AT THE WILLOWS**ID****7032**

2475 NORTH BROADWAY

RED LODGE

MT 59068-

County: **CARBON****Phone:** 446-1020 **Fax:** 628-5006**Administrator:** Michelle DeBoer**Category C Administrator:**

Michelle DeBoer

RN:

Health Planning Region Number:

License **12916**Current License Duration: **6 MONTHS****Expires:** 7/24/2012**PROVISIONAL****Category A Beds:** 12**Category B** X**Category C Endorsement:** X**Total Beds:** 12

(May have no more than 5 "B" beds)

Original License Date:

01/25/12**LILY OF THE VALLEY OF RONAN****ID****5738**

34248 TERRACE LAKE ROAD

RONAN

MT 59864-

County: **LAKE****Phone:** 676-2279 **Fax:** 676-2205**Administrator:** LILLIAN MORENO**Category C Administrator:****RN:**Health Planning Region Number: **5**License **12633**Current License Duration: **1 YEAR****Expires:** 4/29/2012**NOT PROV****Category A Beds:** 5**Category B** X**Category C Endorsement:****Total Beds:** 5

(May have no more than 5 "B" beds)

Original License Date:

09/11/06**TLC PERSONAL CARE HOME****ID****5605**

804 2ND ST W

ROUNDUP

MT 59072-

County: **MUSSELSHELL****Phone:** 323-3073 **Fax:****Administrator:** TERESA WAGNER**Category C Administrator:****RN:** Laurie ShanksHealth Planning Region Number: **3**License **12702**Current License Duration: **3 YEARS****Expires:** 7/15/2014**NOT PROV****Category A Beds:** 12**Category B** X**Category C Endorsement:****Total Beds:** 12

(May have no more than 5 "B" beds)

Original License Date:

07/16/98

WHISPERING PINES PERSONAL CARE HOME ID 5651
 40 HORSETHIEF RD
 ROUNDUP MT 59072- County: MUSSELSHELL
Phone: 323-3212 **Fax:**
Administrator: ROSE SNIDER **RN:** Lola Ryan
Category C Administrator: Health Planning Region Number: 3
 License 12717 Current License Duration: 1 YEAR Expires: 7/30/2012 NOT PROV
Category A Beds: 8 **Category B** 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 5703
 407 MESA ST SOUTH PO BOX 41
 SAVAGE MT 59262-00 County: RICHLAND
Phone: 776-2040 **Fax:** 776-2041 **RN:**
Administrator: CAROL LER Health Planning Region Number: 1
Category C Administrator: KAY PRICE
 License 12612 Current License Duration: 2 YEARS Expires: 4/28/2013 NOT PROV
Category A Beds: 8 **Category B** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
 Original License Date: 02/12/04

LIVING SOLUTIONS LLC DBA JUST LIKE HOME ID 5736
 104 3RD AVENUE WEST PO BOX 1127
 SCOBAY MT 59203-11 County: DANIELS
Phone: 487-2081 **Fax:** **RN:**
Administrator: JACK LINQUIST Health Planning Region Number: 1
Category C Administrator:
 License 12670 Current License Duration: 3 YEARS Expires: 6/30/2014 NOT PROV
Category A Beds: 8 **Category B** **Category C Endorsement:**
Total Beds: 8 (May have no more than 5 "B" beds)
 Original License Date: 01/08/09

MARIAS HERITAGE CENTER**ID****5615**

111 2ND ST S

SHELBY MT 59474- County: **TOOLE****Phone:** 434-3290 **Fax:** 434-3291**Administrator:** JUDY RICHMAN**Category C Administrator:****RN:** Judy RichmanHealth Planning Region Number: **2**License **12534** Current License Duration: **2 YEARS** Expires: 1/20/2013 **NOT PROV****Category A Beds:** 40 **Category B** 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****5771**

504 RAY LANE

SHERIDAN MT 59749- County: **MADISON****Phone:** 596-3800 **Fax:** 842-5133**Administrator:** TONY & SIMONSEN**Category C Administrator:****RN:**Health Planning Region Number: **4**License **12653** Current License Duration: **1 YEAR** Expires: 5/8/2012 **NOT PROV****Category A Beds:** 8 **Category B** X **Category C Endorsement:****Total Beds:** 8 (May have no more than 5 "B" beds)Original License Date: **12/09/10****THE LODGE AT LONE TREE CREEK****ID****5642**

1015 7TH AVE SW

SIDNEY MT 59270- County: **RICHLAND****Phone:** 488-4682 **Fax:** 488-8069**Administrator:** KATHY JENSEN**Category C Administrator:****RN:** Terry HouchenHealth Planning Region Number: **1**License **12313** Current License Duration: **3 YEARS** Expires: 5/11/2013 **NOT PROV****Category A Beds:** 40 **Category B** 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****5727**

61262 WATSON ROAD

ST IGNATIUS

MT 59865-

County: **LAKE****Phone:** 745-0272 **Fax:** 745-0272**Administrator:** SHERYL HITCHCOCK**Category C Administrator:****RN:** Jo MorigeauHealth Planning Region Number: **5**License **12845**Current License Duration: **3 YEARS****Expires:** 9/22/2014**NOT PROV****Category A Beds:** 12**Category B** X**Category C Endorsement:** X**Total Beds:** 12

(May have no more than 5 "B" beds)

Original License Date:

08/15/05**PINES OF MISSION****ID****7022**

320 MISSION DRIVE

ST. IGNATIUS

MT 59865-

County:

Phone: 745-1021 **Fax:** 745-1032**Administrator:** ILENE ARBAUGH**Category C Administrator:****RN:** RHEACHEL SMITH

Health Planning Region Number:

License **12846**Current License Duration: **6 MONTHS****Expires:** 5/5/2012**PROVISIONAL****Category A Beds:** 0**Category B** X**Category C Endorsement:** X**Total Beds:** 22

(May have no more than 5 "B" beds)

Original License Date:

11/17/11**BITTERROOT VALLEY LIVING CENTER PCH****ID****523**

57 MAIN

STEVENSVILLE

MT 59870-

County: **RAVALLI****Phone:** 777-2022 **Fax:** 777-5856**Administrator:** LINDA MCLEOD-GARY**Category C Administrator:****RN:** Susan RobinsonHealth Planning Region Number: **5**License **12864**Current License Duration: **3 YEARS****Expires:** 5/28/2014**NOT PROV****Category A Beds:** 50**Category B** X**Category C Endorsement:****Total Beds:** 40

(May have no more than 5 "B" beds)

Original License Date:

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

1310 6TH AVE E

PO BOX 66

SUPERIOR

MT 59872-

County: **MINERAL****Phone:** 822-3719 **Fax:****RN:****Administrator:** STEVE CARTYHealth Planning Region Number: **5****Category C Administrator:**License **12757**Current License Duration: **3 YEARS****Expires:** 9/13/2014**NOT PROV****Category A Beds:** 14**Category B****Category C Endorsement:****Total Beds:** 14

(May have no more than 5 "B" beds)

Original License Date:

CHERRY HILL ASSISTED LIVING**ID****5740**

214 CHURCH STREET

NBR 8 RACOON LN

THOMPSON FALLS

MT 59873-

County: **SANDERS****Phone:** 827-1272 **Fax:** 827-1162**RN:****Administrator:** BARB SAINTHealth Planning Region Number: **1****Category C Administrator:**License **12608**Current License Duration: **1 YEAR****Expires:** 4/15/2012**NOT PROV****Category A Beds:** 8**Category B****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****5607**

622 MAIN

THREE FORKS

MT 59752-

County: **GALLATIN****Phone:** 285-5227 **Fax:** 285-3375**RN:** Allison McIntosh**Administrator:** GENEVA L. PRUETTHealth Planning Region Number: **4****Category C Administrator:**License **12494**Current License Duration: **3 YEARS****Expires:** 12/11/2013**NOT PROV****Category A Beds:** 6**Category B****X****Category C Endorsement:****Total Beds:** 6

(May have no more than 5 "B" beds)

Original License Date:

06/02/04

TLC - 4U LLC ID 5691
 114 NORTH SPRUCE PO BOX 816
 TOWNSEND MT 59644- County: BROADWATER
 Phone: 266-4453 Fax: 266-5124 RN:
 Administrator: TIFFANY RAUSER Health Planning Region Number: 4
 Category C Administrator:
 License 11857 Current License Duration: 2 YEARS Expires: 4/27/2012 NOT PROV
 Category A Beds: 5 Category B 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 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 12698 Current License Duration: 1 YEAR Expires: 7/12/2012 NOT PROV
 Category A Beds: 18 Category B X Category C Endorsement:
 Total Beds: 18 (May have no more than 5 "B" beds)
 Original License Date: 03/24/98

LIBERTY PLACE 2 ID 5762
 113 WEST THIRD PO BOX 446
 WHITE HALL MT 59759- County: JEFFERSON
 Phone: 287-2300 Fax: 287-2301 RN: Mandy Darkenwald
 Administrator: SANYA NESS Health Planning Region Number: 4
 Category C Administrator:
 License 12705 Current License Duration: 3 YEARS Expires: 7/26/2014 NOT PROV
 Category A Beds: 10 Category B Category C Endorsement:
 Total Beds: 9 (May have no more than 5 "B" beds)
 Original License Date: 01/27/10

THE SPRINGS AT WHITEFISH ID 5683
 1001 RIVER LAKES PARKWAY
 WHITEFISH MT 59937- County: **FLATHEAD**
Phone: 862-6322 **Fax:** 862-6328 **RN:** Christine Gibson
Administrator: BRENDA WEISZ Health Planning Region Number: 5
Category C Administrator: CHARLENE DALE
 License **12402** Current License Duration: 2 YEARS Expires: 8/31/2012 NOT PROV
Category A Beds: 85 **Category B** X **Category C Endorsement:** X
Total Beds: 85 (May have no more than 5 "B" beds)
 Original License Date: **11/18/02**

CASLEN LIVING CENTERS INC, DBA MEADOWLARK MANOR ID 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 **12171** Current License Duration: 3 YEARS Expires: 12/31/2012 NOT PROV
Category A Beds: 16 **Category B** 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 5710
 1173 HIGHWAY 55 PO BOX 446
 WHITEHALL MT 59759- County: **JEFFERSON**
Phone: 287-7996 **Fax:** 287-9228 **RN:** Mandy Darkenwald
Administrator: SONYA NESS Health Planning Region Number: 4
Category C Administrator:
 License **12609** Current License Duration: 1 YEAR Expires: 4/20/2012 NOT PROV
Category A Beds: 12 **Category B** X **Category C Endorsement:**
Total Beds: 12 (May have no more than 5 "B" beds)
 Original License Date: **04/21/04**

Total Facilities: 201 **Total Beds:** 5047 **A Beds:** 5032 **"B" Facilities:** 144 **"C" Facilities:** 46