

## INFIRMARIES

### **MONTANA STATE PRISON INFIRMARY**

MONTANA STATE PRISON  
DEER LODGE MT 59722-  
**Phone:** 846-1320 **Fax:** 846-2956  
**Administrator:** CATHY REDFERN  
License Number: **10991** Exp. Date: **11/15/2008**  
Original License Date:

Facility ID Number: **700**  
County: **POWELL**  
**JCAHO:**  
Total Beds: **13**  
**NOT PROV**  
Current License Duration: **2**  
Health Planning Region Number: **4**

### **PINE HILLS YOUTH CORRECTIONAL FACILITY**

4 NORTH HAYNES  
MILES CITY MT 59301-  
**Phone:** 232-1377 **Fax:** 232-7432  
**Administrator:** JIM HUNTER  
License Number: **11354** Exp. Date: **12/13/2010**  
Original License Date: **06/13/06**

Facility ID Number: **7002**  
County: **CUSTER**  
**JCAHO:**  
Total Beds: **0**  
**NOT PROV**  
Current License Duration: **3**  
Health Planning Region Number: **1**

### **CURRY HEALTH CENTER**

634 EDDY AVE  
MISSOULA MT 59812-  
**Phone:** 243-2122 **Fax:** 243-2254  
**Administrator:** LELA SHIMER  
License Number: **11124** Exp. Date: **04/30/2009**  
Original License Date:

Facility ID Number: **701**  
County: **MISSOULA**  
**JCAHO:**  
Total Beds: **16**  
**NOT PROV**  
Current License Duration: **2**  
Health Planning Region Number: **5**

### **MISSOULA COUNTY DETENTION CENTER**

2340 MULLAN ROAD  
MISSOULA MT 59808-  
**Phone:** 258-4000 **Fax:** 258-4080  
**Administrator:** CAPTAIN SUSAN HINTZ  
License Number: **10924** Exp. Date: **09/16/2009**  
Original License Date: **03/16/05**

Facility ID Number: **7001**  
County: **MISSOULA**  
**JCAHO:**  
Total Beds: **0**  
**NOT PROV**  
Current License Duration: **3**  
Health Planning Region Number: **5**

### **CCA CROSSROADS CORRECTIONAL CENTER**

75 HEATH RD  
SHELBY MT 59474-  
**Phone:** 434-7055 **Fax:**  
**Administrator:** MITCHELL LILES  
License Number: **10619** Exp. Date: **01/18/2009**  
Original License Date: **10/19/99**

Facility ID Number: **7000**  
County: **TOOLE**  
**JCAHO:**  
Total Beds: **6**  
**NOT PROV**  
Current License Duration: **3**  
Health Planning Region Number: **2**

**Total Facilities = 5**

**Total Licensed Beds: 35**