

## LONG TERM CARE FACILITIES

### **COMMUNITY NURSING HOME OF ANACONDA**

615 MAIN ST  
ANACONDA MT 59711-  
**Phone** 563-8417 **Fax:** 563-5026  
**Administrator:** AUDREY ASPHOLM  
**DON:** KRISTINE DANFORTH  
License Number: **11343** Exp. **10/31/2010**  
Current License Duration: **3**  
Total Beds: **62** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1000**  
County: **DEER LODGE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5065**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**62** Licensed-Only Beds:  
Title 18 SNF:

### **FALLON MEDICAL COMPLEX NURSING HOME**

202 S 4TH ST W PO BOX 820  
BAKER MT 59313-  
**Phone** 778-3331 **Fax:** 778-2488  
**Administrator:** DAVID ESPELAND  
**DON:** MICHELLE SCHUMAKER  
License Number: **10662** Exp. **03/25/2009**  
Current License Duration: **3**  
Total Beds: **27** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1001**  
County: **FALLON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5095**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**27** Licensed-Only Beds:  
Title 18 SNF:

### **BIG SANDY MEDICAL CENTER-LONG TERM CARE**

3 MONTANA AVE PO BOX 530  
BIG SANDY MT 59520-  
**Phone** 378-2188 **Fax:** 378-2180  
**Administrator:** HARRY BOLD  
**DON:** AMBER BEAUDETTE  
License Number: **10637** Exp. **02/28/2009**  
Current License Duration: **3**  
Total Beds: **22** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1003**  
County: **CHOUTEAU**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5116**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**22** Licensed-Only Beds:  
Title 18 SNF:

### **PIONEER MEDICAL CENTER - LTC**

301 W 7TH PO BOX 1228  
BIG TIMBER MT 59011-  
**Phone** 932-4603 **Fax:** 932-5468  
**Administrator:** BREN LOWE  
**DON:** LINDA BROST RN BSN  
License Number: **10786** Exp. **06/30/2009**  
Current License Duration: **3**  
Total Beds: **35** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1005**  
County: **SWEET GRASS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5139**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**35** Licensed-Only Beds:  
Title 18 SNF:

**LAKE VIEW CARE CENTER**

1050 GRAND AVE  
BIGFORK MT 59911-  
**Phone** 837-5041 **Fax:** 837-1145  
**Administrator:** BRENT C. SMITH  
**DON:** ANGIE WILKENING  
License Number: **11079** Exp. **02/24/2010**  
Current License Duration: **3**  
Total Beds: **83** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1002**  
County: **FLATHEAD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5094**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**83** Licensed-Only Beds:  
Title 18 SNF:

**ASPEN MEADOWS RETIREMENT COMMUNITY**

3155 AVE C PO BOX 37000  
BILLINGS MT 59102-  
**Phone** 656-8818 **Fax:** 656-9552  
**Administrator:** ANNE GONZALEZ  
**DON:** DOROTHY KINDSFATER  
License Number: **10641** Exp. **02/08/2009**  
Current License Duration: **3**  
Total Beds: **90** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1104**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5140**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**90** Licensed-Only Beds:  
Title 18 SNF:

**BILLINGS CLINIC TCU**

2800 10TH AVE N PO BOX 37000  
BILLINGS MT 59107-7000  
**Phone** 657-4000 **Fax:** 657-3880  
**Administrator:** ANNE GONZALEZ  
**DON:** DOROTHY KINDSFATHER  
License Number: **10980** Exp. **11/05/2009**  
Current License Duration: **3**  
Total Beds: **15** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1110**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5152**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**15** Licensed-Only Beds:  
Title 18 SNF:

**BILLINGS HEALTH & REHABILITATION**

2115 CENTRAL AVE  
BILLINGS MT 59102-  
**Phone** 656-6500 **Fax:** 652-7870  
**Administrator:** KERRY ASHMENT  
**DON:** TRA WILLIAMS  
License Number: **10771** Exp. **01/01/2009**  
Current License Duration: **3**  
Total Beds: **161** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1012**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5029**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**158** Licensed-Only Beds:  
Title 18 SNF:

**EAGLE CLIFF MANOR**

1415 YELLOWSTONE RIVER RD  
BILLINGS MT 59101-  
**Phone** 245-9330 **Fax:** 245-4219  
**Administrator:** BRIAN HUSO  
**DON:** VICKIE BAUER RN  
License Number: **11042** Exp. **01/30/2010**  
Current License Duration: **3**  
Total Beds: **129** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1009**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5123**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**129** Licensed-Only Beds:  
Title 18 SNF:

**PARKVIEW CARE CENTER**

600 S 27TH ST  
BILLINGS MT 59101-  
**Phone** 259-8000 **Fax:** 259-8190  
**Administrator:** MARY E. MUNSHELL  
**DON:** DENISE MOLNAR RN  
License Number: **10658** Exp. **03/01/2009**  
Current License Duration: **3**  
Total Beds: **100** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1007**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5120**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**100** Licensed-Only Beds:  
Title 18 SNF:

**PONDEROSA PINES HEALTH CARE LLC**

1341 ROSEBUD LANE  
BILLINGS MT 59101-  
**Phone** 252-6135 **Fax:** 259-0926  
**Administrator:** JOE RUDE  
**DON:** LORI PRITCHARD  
License Number: **11358** Exp. **12/29/2010**  
Current License Duration: **3**  
Total Beds: **36** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1006**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5096**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**36** Licensed-Only Beds:  
Title 18 SNF:

**ST JOHNS LUTHERAN HOME**

3940 RIMROCK RD  
BILLINGS MT 59102-0199  
**Phone** 655-5600 **Fax:** 655-5639  
**Administrator:** KENT BURGESS  
**DON:** SYLVIA GOLICK RN  
License Number: **11267** Exp. **09/25/2009**  
Current License Duration: **3**  
Total Beds: **186** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1008**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5024**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**186** Licensed-Only Beds:  
Title 18 SNF:

**ST VINCENT HEALTHCARE TCU**

1233 N 30TH ST PO BOX 35200  
BILLINGS MT 59107-5200  
**Phone** 657-7000 **Fax:** 237-7653  
**Administrator:** LAURIE MCCAULEY  
**DON:** LAURIE MCCAULEY  
License Number: **10911** Exp. **09/30/2009**  
Current License Duration: **3**  
Total Beds: **28** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1010**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5137**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
Licensed-Only Beds:  
Title 18 SNF: **28**

**VALLEY HEALTH CARE CENTER**

1807 24TH ST W  
BILLINGS MT 59102-  
**Phone** 656-5010 **Fax:** 656-6976  
**Administrator:** JENNIFER GREER  
**DON:** VICKIE BOWER RN  
License Number: **10950** Exp. **10/14/2009**  
Current License Duration: **3**  
Total Beds: **150** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1011**  
County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5020**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**150** Licensed-Only Beds:  
Title 18 SNF:

**MONTANA DEVELOPMENTAL CENTER**

310 4TH AVENUE PO BOX 87  
BOULDER MT 59632-  
**Phone** 225-4411 **Fax:** 225-4414  
**Administrator:** JEFF STURM  
**DON:** JANISE LEWIS RN  
License Number: **10867** Exp. **08/04/2009**  
Current License Duration: **3**  
Total Beds: **107** Title 18/19  
ICF/MR Beds: **11** Title 19 NF:

Facility ID Number: **1013**  
County: **JEFFERSON**  
**JCAHO:** **State Facility:** X  
Cert Prov Number: **27-G001**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
Licensed-Only Beds:  
Title 18 SNF:

**EVERGREEN BOZEMAN HEALTH & REHABILITATION**

321 N 5TH AVE  
BOZEMAN MT 59715-  
**Phone** 587-4404 **Fax:** 587-2302  
**Administrator:** DAVID GREEN  
**DON:** VINCE HOHN  
License Number: **11108** Exp. **03/31/2010**  
Current License Duration: **3**  
Total Beds: **103** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1014**  
County: **GALLATIN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5115**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**103** Licensed-Only Beds:  
Title 18 SNF:

**GALLATIN REST HOME**

1221 W DURSTON RD  
BOZEMAN MT 59715-  
**Phone** 582-3300 **Fax:** 582-3333  
**Administrator:** CONNIE WAGNER  
**DON:** PAT LARMER RN  
License Number: **10951** Exp. **10/21/2009**  
Current License Duration: **3**  
Total Beds: **94** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1015**  
County: **GALLATIN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5066**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**94** Licensed-Only Beds:  
Title 18 SNF:

**MOUNTAIN VIEW CARE CENTER**

205 N TRACY  
BOZEMAN MT 59715-  
**Phone** 587-2218 **Fax:** 586-3850  
**Administrator:** DON BEADLE  
**DON:** MELISSA FINGERSON RN  
License Number: **11024** Exp. **12/18/2009**  
Current License Duration: **3**  
Total Beds: **86** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1016**  
County: **GALLATIN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5039**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**86** Licensed-Only Beds:  
Title 18 SNF:

**POWDER RIVER MANOR**

104 N TRAUTMAN PO BOX 719  
BROADUS MT 59317-0719  
**Phone** 436-2646 **Fax:** 436-2923  
**Administrator:** PAUL LONGDEN  
**DON:** TENA OLSON  
License Number: **11165** Exp. **05/12/2010**  
Current License Duration: **3**  
Total Beds: **41** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1017**  
County: **POWDER RIVER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5087**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**41** Licensed-Only Beds:  
Title 18 SNF:

**BLACKFEET CARE CENTER**

SOUTH GOVERNMENT SQUARE PO BOX 728  
BROWNING MT 59417-  
**Phone** 338-2686 **Fax:** 338-7779  
**Administrator:** CAROL SCOTT  
**DON:** BERNICE VAILE RN  
License Number: **11082** Exp. **02/28/2010**  
Current License Duration: **3**  
Total Beds: **47** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1018**  
County: **GLACIER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5133**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**47** Licensed-Only Beds:  
Title 18 SNF:

**BUTTE CONVALESCENT CENTER**

2400 CONTINENTAL DR  
BUTTE MT 59701-  
**Phone** 723-6556 **Fax:** 723-9456  
**Administrator:** RANDY EDWARDS  
**DON:** GERI SHEA RN  
License Number: **11043** Exp. **01/15/2010**  
Current License Duration: **3**  
Total Beds: **100** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1019**  
County: **SILVER BOW**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5103**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**100** Licensed-Only Beds:  
Title 18 SNF:

**CREST NURSING HOME**

3131 AMHERST AVE  
BUTTE MT 59701-  
**Phone** 494-7035 **Fax:** 494-7065  
**Administrator:** EILEENE STEVENS  
**DON:** RACHEL CADE RN  
License Number: **11421** Exp. **02/11/2011**  
Current License Duration: **3**  
Total Beds: **103** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1021**  
County: **SILVER BOW**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5122**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**103** Licensed-Only Beds:  
Title 18 SNF:

**LADY OF THE ROCKIES REHAB & LIVING CENTER**

3251 NETTIE ST  
BUTTE MT 59701-  
**Phone** 723-3225 **Fax:** 723-6470  
**Administrator:** WANDA TOUNSLEY  
**DON:** KIM COLLINS  
License Number: **11557** Exp. **04/30/2011**  
Current License Duration: **3**  
Total Beds: **186** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1020**  
County: **SILVER BOW**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5060**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**186** Licensed-Only Beds:  
Title 18 SNF:

**ST JAMES HEALTHCARE TCU**

400 S CLARK ST  
BUTTE MT 59701-  
**Phone** 723-2798 **Fax:** 723-2736  
**Administrator:** CHERYL STENSRUD  
**DON:** CHERYL STENSRUD RN  
License Number: **11025** Exp. **12/19/2009**  
Current License Duration: **3**  
Total Beds: **12** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1105**  
County: **SILVER BOW**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5142**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
Licensed-Only Beds:  
Title 18 SNF: **12**

**SWEET MEMORIAL NURSING HOME**

HWY 2 W PO BOX 1149  
CHINOOK MT 59523-  
**Phone** 357-2549 **Fax:** 357-2093  
**Administrator:** JENNI PULA  
**DON:** PULA, JENNI BUCK, KARLA  
License Number: **11081** Exp. **02/11/2010**  
Current License Duration: **3**  
Total Beds: **42** Title 18/19  
ICF/MR Beds: Title 19 NF:

**TETON MEDICAL CENTER NURSING HOME**

915 4TH ST NW  
CHOTEAU MT 59422-  
**Phone** 466-5763 **Fax:** 466-5852  
**Administrator:** RAY GIBBONS  
**DON:** DAWN BAKER RN  
License Number: **11022** Exp. **12/18/2008**  
Current License Duration: **3**  
Total Beds: **34** Title 18/19  
ICF/MR Beds: Title 19 NF:

**TETON NURSING HOME**

24 MAIN AVE N PO BOX 317  
CHOTEAU MT 59422-  
**Phone** 466-5338 **Fax:** 466-5898  
**Administrator:** ARLENE WOLBAUM  
**DON:** ARLENE ZION RN  
License Number: **11044** Exp. **01/28/2010**  
Current License Duration: **3**  
Total Beds: **41** Title 18/19  
ICF/MR Beds: Title 19 NF: **12**

**MCCONE COUNTY NURSING HOME**

605 SULLIVAN AVENUE PO BOX 48  
CIRCLE MT 59215-  
**Phone** 485-3381 **Fax:** 485-3383  
**Administrator:** NANCY HANSEN  
**DON:** TISH GULDBORG  
License Number: **10613** Exp. **01/21/2009**  
Current License Duration: **3**  
Total Beds: **30** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1023**  
County: **BLAINE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5127**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**42** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1024**  
County: **TETON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5085**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**34** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1025**  
County: **TETON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5075**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**29** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1026**  
County: **MCCONE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5083**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**30** Licensed-Only Beds:  
Title 18 SNF:

**ELKHORN HEALTHCARE & REHABILITATION LLC**

474 HWY 282  
CLANCY MT 59634-  
**Phone** 933-8311 **Fax:** 933-8391  
**Administrator:** SHERI CISLO  
**DON:** GAYLA BROWN RN  
License Number: **11342** Exp. **11/29/2008**  
Current License Duration: **1**  
Total Beds: **70** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1027**  
County: **JEFFERSON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5056**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**70** Licensed-Only Beds:  
Title 18 SNF:

**MT VETERANS' HOME - NURSING HOME**

400 VETERANS RD PO BOX 250  
COLUMBIA MT 59912-  
**Phone** 892-3256 **Fax:** 892-0256  
**Administrator:** RON BALAS  
**DON:** JOREN UNDERDAHL  
License Number: **10640** Exp. **02/21/2009**  
Current License Duration: **3**  
Total Beds: **105** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1028**  
County: **FLATHEAD**  
**JCAHO:** **State Facility:** X  
Cert Prov Number: **27-5100**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
**105** Licensed-Only Beds:  
Title 18 SNF:

**BEARTOOTH MANOR LTC**

350 W PIKE AVE PO BOX 789  
COLUMBUS MT 59019-  
**Phone** 322-5342 **Fax:** 322-5737  
**Administrator:** SHAWNA BOATMAN  
**DON:** DIANNA RICHARDS  
License Number: **11542** Exp. **06/14/2011**  
Current License Duration: **3**  
Total Beds: **82** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1030**  
County: **STILLWATER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5090**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **3**  
**82** Licensed-Only Beds:  
Title 18 SNF:

**PONDERA MEDICAL CENTER LONG TERM CARE**

805 SUNSET BLVD PO BOX 758  
CONRAD MT 59425-  
**Phone** 271-3211 **Fax:** 271-3917  
**Administrator:** CARL J CHRISTENSEN  
**DON:** THERESA KNAUP BSN  
License Number: **10913** Exp. **09/11/2009**  
Current License Duration: **3**  
Total Beds: **67** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1031**  
County: **PONDERA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5119**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **2**  
**67** Licensed-Only Beds:  
Title 18 SNF:

**AWE KUALAWAACHE**

PO BOX 999

CROW MT 59022-  
**Phone** 638-9111 **Fax:** 638-9119  
**Administrator:** KENT HANAWALT  
**DON:** MICHELLE CARTIER  
License Number: **10981** Exp. **11/05/2009**  
Current License Duration: **3**  
Total Beds: **40** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1111**  
County: **BIG HORN**  
**JCAHO:** **State Facility:** X  
Cert Prov Number: **27-5153**  
**Original License Date:** 05/11/98

**NOT PROV**  
Health Planning Region Number: **3**  
**40** Licensed-Only Beds:  
Title 18 SNF:

**GLACIER CARE CENTER**

707 3RD STREET  
CUT BANK MT 59427-  
**Phone** 873-5600 **Fax:** 873-5609  
**Administrator:** ALLISON HARVIE  
**DON:** JOAN MCKAY  
License Number: **11422** Exp. **02/09/2011**  
Current License Duration: **3**  
Total Beds: **39** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1033**  
County: **GLACIER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5104**  
**Original License Date:** 04/18/04

**NOT PROV**  
Health Planning Region Number: **2**  
**39** Licensed-Only Beds:  
Title 18 SNF:

**COLONIAL MANOR OF DEER LODGE**

1100 TEXAS AVE  
DEER LODGE MT 59722-  
**Phone** 846-1655 **Fax:** 846-2602  
**Administrator:** RANDY EDWARDS  
**DON:** CONNIE KOCHMAN  
License Number: **11543** Exp. **06/10/2011**  
Current License Duration: **3**  
Total Beds: **60** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1034**  
County: **POWELL**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5134**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**60** Licensed-Only Beds:  
Title 18 SNF:

**POWELL COUNTY HOSPITAL LONG TERM CARE**

1101 TEXAS AVE  
DEER LODGE MT 59722-  
**Phone** 846-2212 **Fax:** 846-3074  
**Administrator:** MIKE WALSH  
**DON:** KELLI WHEAT  
License Number: **10864** Exp. **08/01/2009**  
Current License Duration: **3**  
Total Beds: **16** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1036**  
County: **POWELL**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5113**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**16** Licensed-Only Beds:  
Title 18 SNF:

**PARKVIEW ACRES CARE & REHABILITATION**

200 OREGON ST  
DILLON MT 59725-3699  
**Phone** 683-5105 **Fax:** 683-6388  
**Administrator:** WILLIAM HARLOW  
**DON:** BEVERLY HUMPHREY  
License Number: **11409** Exp. **01/15/2010**  
Current License Duration: **3**  
Total Beds: **87** Title 18/19  
ICF/MR Beds: Title 19 NF:

**DAHL MEMORIAL NURSING HOME**

215 SANDY STREET PO BOX 46  
EKALAKA MT 59324-  
**Phone** 775-8730 **Fax:** 775-6706  
**Administrator:** NADINE ELMORE  
**DON:** CONNIE HUBBLE RN  
License Number: **10660** Exp. **03/25/2009**  
Current License Duration: **3**  
Total Beds: **23** Title 18/19  
ICF/MR Beds: Title 19 NF:

**MADISON VALLEY MANOR**

211 N MAIN ST PO BOX 335  
ENNIS MT 59729-  
**Phone** 682-7271 **Fax:** 682-5486  
**Administrator:** JUDY MELIN  
**DON:** BONNIE ZEHENTNER  
License Number: **11287** Exp. **08/31/2010**  
Current License Duration: **3**  
Total Beds: **40** Title 18/19  
ICF/MR Beds: Title 19 NF:

**GOOD SAMARITAN SOCIETY MOUNTAIN VIEW**

10 MOUNTAIN VIEW LN PO BOX 327  
EUREKA MT 59917-  
**Phone** 297-2541 **Fax:** 297-2543  
**Administrator:** DON ALEXANDER  
**DON:** MAE DILTS RN  
License Number: **11289** Exp. **10/07/2009**  
Current License Duration: **3**  
Total Beds: **49** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1037**  
County: **BEAVERHEAD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5124**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**87** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1038**  
County: **CARTER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5105**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**23** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1039**  
County: **MADISON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5136**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**40** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1040**  
County: **LINCOLN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5084**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**49** Licensed-Only Beds:  
Title 18 SNF:

**ROSEBUD HEALTH CARE CENTER NURSING HOME**

383 N 17TH AVE  
 FORSYTH MT 59327-  
**Phone** 346-2161 **Fax:** 346-4242  
**Administrator:** JAMES FERGUSON  
**DON:** DENISE CLARK RN  
 License Number: **11558** Exp. **12/31/2009**  
 Current License Duration: **3**

Total Beds: **35** Title 18/19  
 ICF/MR Beds: Title 19 NF:

Facility ID Number: **1041**  
 County: **ROSEBUD**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5072**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **1**

**35** Licensed-Only Beds:  
 Title 18 SNF:

**MISSOURI RIVER MEDICAL CENTER NURSING**

1501 ST CHARLES ST PO BOX 249  
 FORT BENTON MT 59442-  
**Phone** 622-3331 **Fax:** 622-5670  
**Administrator:** JAY POTTENGER  
**DON:** JANICE WOODHOUSE  
 License Number: **11053** Exp. **02/20/2009**  
 Current License Duration: **3**

Total Beds: **41** Title 18/19  
 ICF/MR Beds: Title 19 NF:

Facility ID Number: **1042**  
 County: **CHOUTEAU**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5062**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **2**

**41** Licensed-Only Beds:  
 Title 18 SNF:

**VALLEY VIEW HOME**

1225 PERRY LN  
 GLASGOW MT 59230-  
**Phone** 228-2461 **Fax:** 228-4831  
**Administrator:** TOM KLOTZ  
**DON:** LORI KRAMER RN  
 License Number: **10700** Exp. **04/22/2009**  
 Current License Duration: **3**

Total Beds: **96** Title 18/19  
 ICF/MR Beds: Title 19 NF:

Facility ID Number: **1044**  
 County: **VALLEY**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5091**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **1**

**96** Licensed-Only Beds:  
 Title 18 SNF:

**EASTERN MONTANA VETERAN'S HOME**

2000 MONTANA AVE  
 GLENDIVE MT 59330-  
**Phone** 345-8855 **Fax:** 345-8121  
**Administrator:** REED REYMAN  
**DON:** VICKIE GALLAHER RN  
 License Number: **10779** Exp. **06/17/2009**  
 Current License Duration: **3**

Total Beds: **80** Title 18/19  
 ICF/MR Beds: Title 19 NF:

Facility ID Number: **1043**  
 County: **DAWSON**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5144**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **1**

**80** Licensed-Only Beds:  
 Title 18 SNF:

**GLENDIVE MEDICAL CENTER NURSING HOME**

202 PROSPECT DR  
GLENDIVE MT 59330-1999  
**Phone** 345-3320 **Fax:** 345-3325  
**Administrator:** JEFF LINGERFELT  
**DON:** BEV HELLMAN RN  
License Number: **10704** Exp. **04/07/2009**  
Current License Duration: **3**  
Total Beds: **75** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1046**  
County: **DAWSON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5067**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **1**  
**75** Licensed-Only Beds:  
Title 18 SNF:

**BENEFIS SKILLED NURSING CENTER**

2621 15TH AVE S  
GREAT FALLS MT 59405-  
**Phone** 455-5903 **Fax:** 455-4147  
**Administrator:** BRUCE BOWERSOX  
**DON:** TIFFANY NITZ  
License Number: **10744** Exp. **05/22/2009**  
Current License Duration: **3**  
Total Beds: **146** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1048**  
County: **CASCADE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5012**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **2**  
**146** Licensed-Only Beds:  
Title 18 SNF:

**MISSOURI RIVER MANOR**

1130 17TH AVE S  
GREAT FALLS MT 59405-  
**Phone** 771-4500 **Fax:** 771-4590  
**Administrator:** TINA FRENICK  
**DON:** JOYCE DAVIS  
License Number: **11544** Exp. **06/10/2011**  
Current License Duration: **3**  
Total Beds: **278** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1047**  
County: **CASCADE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5026**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **2**  
**278** Licensed-Only Beds:  
Title 18 SNF:

**PARK PLACE HEALTH CARE CENTER**

1500 32ND ST S PO BOX 5001  
GREAT FALLS MT 59405-5001  
**Phone** 761-4300 **Fax:** 761-8778  
**Administrator:** JIM HOLCOMB  
**DON:** LAURETTA GIFFORD  
License Number: **11400** Exp. **11/25/2009**  
Current License Duration: **3**  
Total Beds: **189** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1049**  
County: **CASCADE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5030**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **2**  
**223** Licensed-Only Beds:  
Title 18 SNF:

**MARCUS DALY MEMORIAL HOSPITAL TCU**

1200 WESTWOOD DR  
HAMILTON MT 59840-  
**Phone** 363-2211 **Fax:** 363-6536  
**Administrator:** JOHN BARTOS  
**DON:** SUSAN HILL RN  
License Number: **11080** Exp. **02/18/2010**  
Current License Duration: **3**  
Total Beds: **5** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1108**  
County: **RAVALLI**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5150**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
Licensed-Only Beds:  
Title 18 SNF: **5**

**THE DISCOVERY CARE CENTRE**

601 N 10TH ST  
HAMILTON MT 59840-  
**Phone** 363-2273 **Fax:** 363-2709  
**Administrator:** DORIS GILBERTSON  
**DON:** RICHARD BURCHEIT RN  
License Number: **10865** Exp. **08/07/2009**  
Current License Duration: **3**  
Total Beds: **58** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1050**  
County: **RAVALLI**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5135**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
**58** Licensed-Only Beds:  
Title 18 SNF:

**VALLEY VIEW ESTATES HEALTH CARE CENTER**

225 N 8TH ST  
HAMILTON MT 59840-  
**Phone** 363-1144 **Fax:** 363-7654  
**Administrator:** KATHRYN BEATY  
**DON:** KAREN E. HOWARD RN  
License Number: **11033** Exp. **12/29/2009**  
Current License Duration: **3**  
Total Beds: **98** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1051**  
County: **RAVALLI**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5101**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
**98** Licensed-Only Beds:  
Title 18 SNF:

**HERITAGE ACRES NURSING HOME**

200 N MITCHELL  
HARDIN MT 59034-  
**Phone** 665-2802 **Fax:** 665-3809  
**Administrator:** PAULA SMALL  
**DON:** JOANI MYHRE  
License Number: **11424** Exp. **02/22/2009**  
Current License Duration: **364 DAYS**  
Total Beds: **36** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1053**  
County: **BIG HORN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5130**  
**Original License Date:**  
**PROVISIONAL**  
Health Planning Region Number: **3**  
**36** Licensed-Only Beds:  
Title 18 SNF:

**NORTHERN MONTANA CARE CENTER**

24 - 13TH ST PO BOX 1231  
HAVRE MT 59501-  
**Phone** 265-2238 **Fax:** 265-9046  
**Administrator:** LORI HENDERSON  
**DON:** CAROL JOHNSON RN  
License Number: **10914** Exp. **09/30/2009**  
Current License Duration: **3**  
Total Beds: **136** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1057**  
County: **HILL**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5112**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **2**  
**136** Licensed-Only Beds:  
Title 18 SNF:

**BIG SKY CARE CENTER**

2475 WINNE AVE  
HELENA MT 59601-  
**Phone** 442-1350 **Fax:** 449-4878  
**Administrator:** LILLIAN BOUSQUET  
**DON:** TARA HANNA  
License Number: **11021** Exp. **12/18/2009**  
Current License Duration: **3**  
Total Beds: **108** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1058**  
County: **LEWIS & CLARK**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5044**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**108** Licensed-Only Beds:  
Title 18 SNF:

**COONEY CONVALESCENT HOME**

2555 BROADWAY  
HELENA MT 59601-  
**Phone** 447-1651 **Fax:** 447-1653  
**Administrator:** MARLENE LAURETTA  
**DON:** JOAN LESTER RN  
License Number: **11288** Exp. **09/12/2010**  
Current License Duration: **3**  
Total Beds: **90** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1059**  
County: **LEWIS & CLARK**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5080**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**70** Licensed-Only Beds: **20**  
Title 18 SNF:

**ROCKY MOUNTAIN CARE CENTER**

30 S RODNEY  
HELENA MT 59601-  
**Phone** 443-5880 **Fax:** 443-6655  
**Administrator:** BILL POWELL  
**DON:** RITA CARUSO  
License Number: **11163** Exp. **05/26/2010**  
Current License Duration: **3**  
Total Beds: **101** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1060**  
County: **LEWIS & CLARK**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5114**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**101** Licensed-Only Beds:  
Title 18 SNF:

**EVERGREEN HOT SPRINGS HEALTH & REHAB**

600 1ST AVE N PO BOX 689  
HOT SPRINGS MT 59845-  
**Phone** 741-2992 **Fax:** 741-2994  
**Administrator:** MARY ANNE PETERSON  
**DON:** MARY ANNE PETERSON RN  
License Number: **10778** Exp. **06/15/2009**  
Current License Duration: **3**  
Total Beds: **64** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1061**  
County: **SANDERS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5069**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**64** Licensed-Only Beds:  
Title 18 SNF:

**GARFIELD COUNTY HEALTH CENTER INC NURSING**

332 LEAVITT AVENUE PO BOX 389  
JORDAN MT 59337-  
**Phone** 557-2500 **Fax:** 557-2950  
**Administrator:** MARK HAGEMAN  
**DON:** MARY SKYBERG RN  
License Number: **10788** Exp. **06/30/2009**  
Current License Duration: **3**  
Total Beds: **24** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1062**  
County: **GARFIELD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5082**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**22** Licensed-Only Beds: **2**  
Title 18 SNF:

**BRENDAN HOUSE**

350 CONWAY DR  
KALISPELL MT 59901-  
**Phone** 752-5460 **Fax:** 751-6544  
**Administrator:** DEBORAH M WILSON  
**DON:** ROCHELLE GEYSLER RN  
License Number: **11162** Exp. **05/15/2010**  
Current License Duration: **3**  
Total Beds: **110** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1063**  
County: **FLATHEAD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5109**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**110** Licensed-Only Beds:  
Title 18 SNF:

**HERITAGE PLACE**

171 HERITAGE WAY  
KALISPELL MT 59901-  
**Phone** 755-0800 **Fax:** 755-0801  
**Administrator:** RON GERSACK  
**DON:** BETTY HAAS RN  
License Number: **11084** Exp. **05/15/2009**  
Current License Duration: **3**  
Total Beds: **140** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1064**  
County: **FLATHEAD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5025**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**140** Licensed-Only Beds:  
Title 18 SNF:

**IMMANUEL LUTHERAN HOME**

185 CRESTLINE  
 KALISPELL MT 59901-  
**Phone** 752-9622 **Fax:** 752-9602  
**Administrator:** JEFF EVANS  
**DON:** LINDA CANFIELD RN  
 License Number: **11482** Exp. **10/22/2009**  
 Current License Duration: **3**

Total Beds: **155** Title 18/19  
 ICF/MR Beds: Title 19 NF: **144**

Facility ID Number: **1065**  
 County: **FLATHEAD**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5129**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **5**  
 Licensed-Only Beds:  
 Title 18 SNF: **18**

**EVERGREEN LAUREL HEALTH & REHABILITATION**

820 3RD AVE  
 LAUREL MT 59044-  
**Phone** 628-8251 **Fax:** 628-8253  
**Administrator:** SHELDON JENSEN  
**DON:** CHERYL LEWIS RN  
 License Number: **10616** Exp. **01/01/2009**  
 Current License Duration: **3**

Total Beds: **79** Title 18/19  
 ICF/MR Beds: Title 19 NF: **79**

Facility ID Number: **1066**  
 County: **YELLOWSTONE**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5111**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **3**  
 Licensed-Only Beds:  
 Title 18 SNF: **79**

**CENTRAL MONTANA SKILLED NURSING CENTER**

408 WENDALL AVE  
 LEWISTOWN MT 59457-  
**Phone** 538-6225 **Fax:** 538-6392  
**Administrator:** DIANNE SCOTTEN  
**DON:** KATHERYN BALDWIN  
 License Number: **11046** Exp. **01/22/2010**  
 Current License Duration: **3**

Total Beds: **85** Title 18/19  
 ICF/MR Beds: Title 19 NF: **85**

Facility ID Number: **1067**  
 County: **FERGUS**  
**JCAHO:** **State Facility:**  
 Cert Prov Number: **27-5064**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **3**  
 Licensed-Only Beds:  
 Title 18 SNF: **85**

**MONTANA MENTAL HEALTH NURSING CARE**

800 CASINO CRK DR  
 LEWISTOWN MT 59457-  
**Phone** 538-7451 **Fax:** 538-2863  
**Administrator:** GLENDA OLDENBURG RN  
**DON:** LINDA UNMACK  
 License Number: **10746** Exp. **05/31/2009**  
 Current License Duration: **3**

Total Beds: **191** Title 18/19  
 ICF/MR Beds: Title 19 NF: **191**

Facility ID Number: **1068**  
 County: **FERGUS**  
**JCAHO:** **State Facility:** **X**  
 Cert Prov Number: **27-A052**  
**Original License Date:**

**NOT PROV**  
 Health Planning Region Number: **3**  
 Licensed-Only Beds:  
 Title 18 SNF: **191**

**VALLE VISTA MANOR**

402 SUMMIT AVE PO BOX 1183  
LEWISTOWN MT 59457-  
**Phone** 538-8775 **Fax:** 538-8773  
**Administrator:** MARY HARDY  
**DON:** CRYSTAL SCHULTZ  
License Number: **11344** Exp. **10/31/2010**  
Current License Duration: **3**  
Total Beds: **101** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1069**  
County: **FERGUS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5021**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**101** Licensed-Only Beds:  
Title 18 SNF:

**LIBBY CARE CENTER**

308 EAST 3RD STREET  
LIBBY MT 59923-  
**Phone** 293-6285 **Fax:** 293-4791  
**Administrator:** DEBBIE EDWARDS  
**DON:** BEVERLY CARBERY  
License Number: **11359** Exp. **12/28/2010**  
Current License Duration: **3**  
Total Beds: **101** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1070**  
County: **LINCOLN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5040**  
**Original License Date:** 08/01/04

**NOT PROV**  
Health Planning Region Number: **5**  
**101** Licensed-Only Beds:  
Title 18 SNF:

**EVERGREEN AT LIVINGSTON LLC**

510 S 14TH ST  
LIVINGSTON MT 59047-  
**Phone** 222-0672 **Fax:** 222-1927  
**Administrator:** SHERI CISLO  
**DON:** JUDITH MELIN  
License Number: **11423** Exp. **01/31/2011**  
Current License Duration: **3**  
Total Beds: **115** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1071**  
County: **PARK**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5047**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**115** Licensed-Only Beds:  
Title 18 SNF:

**HI-LINE RETIREMENT CENTER INC**

801 S 3RD E PO BOX 770  
MALTA MT 59538-  
**Phone** 654-1190 **Fax:** 654-2233  
**Administrator:** WARD VANWICHEN  
**DON:** LONNA CROWDER  
License Number: **11032** Exp. **10/01/2009**  
Current License Duration: **3**  
Total Beds: **48** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1072**  
County: **PHILLIPS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5131**  
**Original License Date:** 10/01/05

**NOT PROV**  
Health Planning Region Number: **1**  
**48** Licensed-Only Beds:  
Title 18 SNF:

**FRIENDSHIP VILLA CARE CENTER**

2300 WILSON  
MILES CITY MT 59301-  
**Phone** 874-2687 **Fax:** 874-7470  
**Administrator:** MARGARET SCHWEND  
**DON:** SHIRLEY BYRNE  
License Number: **10707** Exp. **04/01/2009**  
Current License Duration: **3**  
Total Beds: **107** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1074**  
County: **CUSTER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5081**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**103** Licensed-Only Beds: **4**  
Title 18 SNF:

**HOLY ROSARY EXTENDED CARE UNIT**

2600 WILSON  
MILES CITY MT 59301-  
**Phone** 233-2600 **Fax:** 233-2601  
**Administrator:** BEVERLY ASKIN  
**DON:** CINDA MILLER RN  
License Number: **10983** Exp. **11/15/2009**  
Current License Duration: **3**  
Total Beds: **84** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1073**  
County: **CUSTER**  
**JCAHO:** **X State Facility:**  
Cert Prov Number: **27-5106**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**107** Licensed-Only Beds:  
Title 18 SNF:

**EVERGREEN MISSOULA HEALTH &**

3018 RATTLESNAKE DR  
MISSOULA MT 59802-  
**Phone** 549-0988 **Fax:** 549-0111  
**Administrator:** POLLY HANSON  
**DON:** TANYA MELNIKOFF  
License Number: **11020** Exp. **12/18/2009**  
Current License Duration: **3**  
Total Beds: **53** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1077**  
County: **MISSOULA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5035**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**53** Licensed-Only Beds:  
Title 18 SNF:

**HILLSIDE MANOR**

4720 23RD AVE  
MISSOULA MT 59803-1199  
**Phone** 251-5100 **Fax:** 251-6357  
**Administrator:** PAUL TEAGLE  
**DON:** DICIE JANGULA RN  
License Number: **10703** Exp. **04/09/2009**  
Current License Duration: **3**  
Total Beds: **95** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1075**  
County: **MISSOULA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5027**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**95** Licensed-Only Beds:  
Title 18 SNF:

**RIVERSIDE HEALTH CARE CENTER**

1301 E BROADWAY  
MISSOULA MT 59802-  
**Phone** 721-0680 **Fax:** 728-1330  
**Administrator:** TAMMY TALLEY  
**DON:** DENISE LICATA  
License Number: **11023** Exp. **12/18/2009**  
Current License Duration: **3**  
Total Beds: **72** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1076**  
County: **MISSOULA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5126**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
**72** Licensed-Only Beds:  
Title 18 SNF:

**ST PATRICK HOSPITAL CORP TCU**

500 W BROADWAY PO BOX 4587  
MISSOULA MT 59801-  
**Phone** 329-5870 **Fax:** 329-5684  
**Administrator:** ROXY JANSSEN  
**DON:** ROXY JANSSEN  
License Number: **10659** Exp. **03/21/2009**  
Current License Duration: **3**  
Total Beds: **16** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1107**  
County: **MISSOULA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5146**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
Licensed-Only Beds:  
Title 18 SNF: **16**

**THE VILLAGE HEALTH CARE CENTER**

2651 S AVE W  
MISSOULA MT 59804-  
**Phone** 728-9162 **Fax:** 543-8128  
**Administrator:** KATHY HAMMOND  
**DON:** SUSAN FINAAS RN  
License Number: **11135** Exp. **02/11/2010**  
Current License Duration: **3**  
Total Beds: **193** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1078**  
County: **MISSOULA**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5043**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **5**  
**193** Licensed-Only Beds:  
Title 18 SNF:

**GRANITE COUNTY MEDICAL CENTER NURSING**

310 SANSOME STREET PO BOX 729  
PHILIPSBURG MT 59858-  
**Phone** 859-3271 **Fax:** 859-3795  
**Administrator:** AMY EDWARDS  
**DON:** DOUG VAN SICKLE  
License Number: **10814** Exp. **01/07/2009**  
Current License Duration: **3**  
Total Beds: **24** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1079**  
County: **GRANITE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5099**  
**Original License Date:**  
**NOT PROV**  
Health Planning Region Number: **4**  
**24** Licensed-Only Beds:  
Title 18 SNF:

**CLARK FORK VALLEY NURSING HOME**

110 KRUGER RD PO BOX 768  
PLAINS MT 59859-  
**Phone** 826-4800 **Fax:** 826-4811  
**Administrator:** JANET GATES  
**DON:** LINDA SUND RN  
License Number: **10984** Exp. **11/27/2009**  
Current License Duration: **3**  
Total Beds: **28** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1080**  
County: **SANDERS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5107**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**28** Licensed-Only Beds:  
Title 18 SNF:

**SHERIDAN MEMORIAL NURSING HOME**

440 W LAUREL AVE  
PLENTYWOOD MT 59254-1596  
**Phone** 765-1420 **Fax:** 765-1424  
**Administrator:** WAYNE NELSON  
**DON:** BEVERLY JOHNSON RN  
License Number: **10702** Exp. **04/23/2009**  
Current License Duration: **3**  
Total Beds: **78** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1081**  
County: **SHERIDAN**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5070**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**78** Licensed-Only Beds:  
Title 18 SNF:

**EVERGREEN POLSON HEALTH & REHABILITATION**

NBR 9 14TH AVE W  
POLSON MT 59860-  
**Phone** 883-4378 **Fax:** 883-3388  
**Administrator:** SHERI CISLO  
**DON:** ROBIN FABIAN RN  
License Number: **11445** Exp. **03/14/2011**  
Current License Duration: **3**  
Total Beds: **110** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1083**  
County: **LAKE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5049**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**110** Licensed-Only Beds:  
Title 18 SNF:

**CEDAR WOOD VILLA**

#1 S OAKS PO BOX 430  
RED LODGE MT 59068-  
**Phone** 446-2525 **Fax:** 446-2526  
**Administrator:** CONNIE SWEDBERG  
**DON:** LILLIAN BOUSQUET RN  
License Number: **11360** Exp. **11/30/2010**  
Current License Duration: **3**  
Total Beds: **76** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1085**  
County: **CARBON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5053**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**76** Licensed-Only Beds:  
Title 18 SNF:

**MOUNTAIN VIEW CARE CENTER INC.**

829 MAIN ST SW  
RONAN MT 59864-  
**Phone** 676-5510 **Fax:** 676-5512  
**Administrator:** JOY HOUSE  
**DON:** DONNA CLAIRMONT  
License Number: **11545** Exp. **06/29/2011**  
Current License Duration: **3**  
Total Beds: **23** Title 18/19  
ICF/MR Beds: Title 19 NF:

**ST LUKE COMMUNITY NURSING HOME**

107 6TH AVE SW  
RONAN MT 59864-  
**Phone** 676-2900 **Fax:** 676-0523  
**Administrator:** SHANE ROBERTS  
**DON:** DAWN RAYMOND RN  
License Number: **10787** Exp. **06/30/2009**  
Current License Duration: **3**  
Total Beds: **75** Title 18/19  
ICF/MR Beds: Title 19 NF:

**ROUNDUP MEMORIAL NURSING HOME**

1202 3RD ST W PO BOX 40  
ROUNDUP MT 59072-  
**Phone** 323-2301 **Fax:** 323-1170  
**Administrator:** MR LEE RHODES  
**DON:** SUSAN RAY RN  
License Number: **10985** Exp. **11/30/2009**  
Current License Duration: **3**  
Total Beds: **21** Title 18/19  
ICF/MR Beds: Title 19 NF:

**DANIELS MEMORIAL NURSING HOME**

105 5TH AVENUE EAST PO BOX 400  
SCOBEEY MT 59263-  
**Phone** 487-2296 **Fax:** 487-2471  
**Administrator:** CODY LANGBEHN  
**DON:** PENNY STEPHENSON  
License Number: **10639** Exp. **02/28/2009**  
Current License Duration: **3**  
Total Beds: **30** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1088**  
County: **LAKE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5148**  
**Original License Date:** 10/01/04

**NOT PROV**  
Health Planning Region Number: **5**  
**23** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1087**  
County: **LAKE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5093**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**70** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1089**  
County: **MUSSELSHELL**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5098**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **3**  
**21** Licensed-Only Beds:  
Title 18 SNF:

Facility ID Number: **1090**  
County: **DANIELS**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5071**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**30** Licensed-Only Beds:  
Title 18 SNF:

**MARIAS CARE CENTER**

640 PARK DR PO BOX 915  
SHELBY MT 59474-  
**Phone** 434-3261 **Fax:** 434-3213  
**Administrator:** MARK CROSS  
**DON:** BETH FLEMMING RN  
License Number: **11399** Exp. **11/25/2009**  
Current License Duration: **3**  
Total Beds: **63** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1091**  
County: **TOOLE**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5061**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **2**  
**68** Licensed-Only Beds:  
Title 18 SNF:

**TOBACCO ROOT MOUNTAINS CARE CENTER**

SHERIDAN MT 59749- PO BOX 308  
**Phone** 842-5600 **Fax:** 842-5419  
**Administrator:** JOHN SEMINGSON  
**DON:** CONNIE COX-THOMAS  
License Number: **10915** Exp. **09/30/2009**  
Current License Duration: **3**  
Total Beds: **39** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1092**  
County: **MADISON**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5147**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**39** Licensed-Only Beds:  
Title 18 SNF:

**SIDNEY HEALTH CENTER-EXTENDED CARE**

104 14TH AVE NW  
SIDNEY MT 59270-9201  
**Phone** 488-2300 **Fax:** 488-2246  
**Administrator:** THERESA LIVERS  
**DON:** VICKI STRASHEIM  
License Number: **10916** Exp. **09/30/2009**  
Current License Duration: **3**  
Total Beds: **93** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1093**  
County: **RICHLAND**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5121**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**93** Licensed-Only Beds:  
Title 18 SNF:

**BITTERROOT VALLEY LIVING CENTER LTC**

63 MAIN  
STEVENS VILL MT 59870-  
**Phone** 777-5411 **Fax:** 777-5856  
**Administrator:** BRAD SHEFLOE  
**DON:** MARY PRUITT RN  
License Number: **10955** Exp. **10/30/2009**  
Current License Duration: **3**  
Total Beds: **56** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1094**  
County: **RAVALLI**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5125**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **5**  
**56** Licensed-Only Beds:  
Title 18 SNF:

**BROADWATER HEALTH CENTER NURSING HOME**

110 N OAK  
TOWNSEND MT 59644-  
**Phone** 266-3186 **Fax:** 266-3180  
**Administrator:** SAM ALLEN  
**DON:** JAMES HARRIS  
License Number: **10833** Exp. **07/10/2009**  
Current License Duration: **3**  
Total Beds: **35** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1097**  
County: **BROADWATER**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5118**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **4**  
**35** Licensed-Only Beds:  
Title 18 SNF:

**COLONIAL MANOR OF WHITEFISH**

1305 E 7TH ST  
WHITEFISH MT 59937-  
**Phone** 862-3557 **Fax:** 862-3742  
**Administrator:** JOSH BROWN  
**DON:** JOREN UNDERDAHL  
License Number: **11546** Exp. **06/10/2011**  
Current License Duration: **3**  
Total Beds: **100** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1100**  
County: **FLATHEAD**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5132**  
**Original License Date:** 03/17/77

**NOT PROV**  
Health Planning Region Number: **5**  
**100** Licensed-Only Beds:  
Title 18 SNF:

**WIBAUX COUNTY NURSING HOME**

712 WIBAUX ST  
WIBAUX MT 59353-  
**Phone** 796-2429 **Fax:** 796-8109  
**Administrator:** MAUREEN BROPHY  
**DON:** KRISTIE NIELSEN  
License Number: **10866** Exp. **08/20/2009**  
Current License Duration: **3**  
Total Beds: **40** Title 18/19  
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1102**  
County: **WIBAUX**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5079**  
**Original License Date:**

**NOT PROV**  
Health Planning Region Number: **1**  
**40** Licensed-Only Beds:  
Title 18 SNF:

**FAITH LUTHERAN HOME LTC**

1000 6TH AVENUE NORTH  
WOLF POINT MT 59201-  
**Phone** 653-1400 **Fax:** 653-1433  
**Administrator:** MARGARET NORGAARD  
**DON:** JOANN HIBL  
License Number: **11260** Exp. **08/25/2010**  
Current License Duration: **3**  
Total Beds: **60** Title 18/19  
ICF/MR Beds: **0** Title 19 NF: **0**

Facility ID Number: **1103**  
County: **ROOSEVELT**  
**JCAHO:** **State Facility:**  
Cert Prov Number: **27-5073**  
**Original License Date:** 08/26/04

**NOT PROV**  
Health Planning Region Number: **1**  
**0** Licensed-Only Beds: **0**  
Title 18 SNF: **0**

**Total Facilities 92 Total Licensed Beds: 7184**