

LONG TERM CARE FACILITIES

COMMUNITY NURSING HOME OF ANACONDA

615 MAIN ST
27-5065

ANACONDA MT 59711-

Phone 563-8417 Fax: 563-5026

Administrator: ANDREW STETZNER

DON: BECKY BANNON RN

License Number: 12454 Exp. 11/24/2012

Current License Duration: 3

Total Beds: 62 Title 18/19 SNF/NF: 62

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1000

County: DEER LODGE

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 4

FALLON MEDICAL COMPLEX NURSING HOME

202 S 4TH ST W
27-5095

PO BOX 820

BAKER MT 59313-

Phone 778-3331 Fax: 778-2488

Administrator: DAVID ESPELAND

DON: SUSAN LUNDE

License Number: 12828 Exp. 11/24/2012

Current License Duration: 3

Total Beds: 15 Title 18/19 SNF/NF: 15

ICF/MR Beds: Title 19 NF:

Licensed-Only Beds:

Title 18 SNF:

Facility ID Number: 1001

County: FALLON

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 1

BIG SANDY MEDICAL CENTER-LONG TERM CARE

166 MONTANA AVE EAST
27-5116

PO BOX 530

BIG SANDY MT 59520-

Phone 378-2188 Fax: 378-2180

Administrator: HARRY BOLD

DON: AMBER BEAUDETTE

License Number: 12873 Exp. 6/30/2012

Current License Duration: 3

Total Beds: 22 Title 18/19 SNF/NF: 22

ICF/MR Beds: Title 19 NF:

Licensed-Only Beds:

Title 18 SNF:

Facility ID Number: 1003

County: CHOUTEAU

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 2

PIONEER MEDICAL CENTER - LTC

301 WEST 7TH AVE
27-5139

PO BOX 1228

BIG TIMBER MT 59011-

Phone 932-4603 Fax: 932-5468

Administrator: BREN LOWE

DON: RANDI PIKE

License Number: 12713 Exp. 3/29/2014

Current License Duration: 3

Total Beds: 35 Title 18/19 SNF/NF: 35

ICF/MR Beds: Title 19 NF:

Licensed-Only Beds:

Title 18 SNF:

Facility ID Number: 1005

County: SWEET GRASS

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 3

LAKE VIEW CARE CENTER

1050 GRAND AVE
27-5094

BIGFORK MT 59911-
Phone 837-5041 Fax: 837-1145
Administrator: BRENT C. SMITH
DON: KATIE O YLER
License Number: 12230 Exp. 7/9/2012

Current License Duration: 3
Total Beds: 83 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1002
County: FLATHEAD
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

83 Licensed-Only Beds:
Title 18 SNF:

ASPEN MEADOWS RETIREMENT COMMUNITY

3155 AVE C
27-5140

BILLINGS MT 59102-
Phone 656-8818 Fax: 656-9552
Administrator: CHERYL NELSON
DON: LYNN MOFFITT
License Number: 12649 Exp. 7/22/2013

Current License Duration: 3
Total Beds: 90 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1104
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

90 Licensed-Only Beds:
Title 18 SNF:

BILLINGS CLINIC TCU

2800 10TH AVE N
27-5152

BILLINGS MT 59107-7000
Phone 657-4000 Fax: 657-3880
Administrator: CHERYL NELSON
DON: LYNN MOFFITT
License Number: 12914 Exp. 12/24/2014

Current License Duration: 3
Total Beds: 15 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1110
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

15 Licensed-Only Beds:
Title 18 SNF:

BILLINGS HEALTH & REHABILITATION COMMUNITY

2115 CENTRAL AVE
27-5029

BILLINGS MT 59102-
Phone 656-6500 Fax: 652-7870
Administrator: BENJAMIN TYRRELL
DON: JUDY CAMPEAU
License Number: 12872 Exp. 6/30/2012

Current License Duration: 3
Total Beds: 161 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1012
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

161 Licensed-Only Beds:
Title 18 SNF:

EAGLE CLIFF MANOR

1415 YELLOWSTONE RIVER RD
27-5123

BILLINGS MT 59101-
Phone 245-9330 Fax: 245-4219
Administrator: BRIAN HUSO
DON: KATHY AGER
License Number: 12197 Exp. 7/15/2012

Current License Duration: 3

Total Beds: 129 Title 18/19 SNF/NF: 129

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1009

County: YELLOWSTONE

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 3

PARKVIEW CARE CENTER INC DBA PARKVIEW CARE CENTER

600 S 27TH ST
27-5120

BILLINGS MT 59101-
Phone 259-8000 Fax: 259-8190
Administrator: MARLENE LAURETTA
DON: DENISE MOLNAR RN
License Number: 12659 Exp. 5/30/2012

Current License Duration: 364 DAYS

Total Beds: 100 Title 18/19 SNF/NF: 100

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1007

County: YELLOWSTONE

Cert Prov Number: JCAHO: State Facility:

Original License Date:

PROVISIONAL

Health Planning Region Number: 3

PONDEROSA PINES HEALTH CARE LLC

1341 ROSEBUD LANE
27-5096

BILLINGS MT 59101-
Phone 252-6135 Fax: 252-0926
Administrator: BRENDAN FOLEY
DON: JUDY WIEGAND
License Number: 12512 Exp. 5/7/2012

Current License Duration: 364 DAYS

Total Beds: 36 Title 18/19 SNF/NF: 36

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1006

County: YELLOWSTONE

Cert Prov Number: JCAHO: State Facility:

Original License Date:

PROVISIONAL

Health Planning Region Number: 3

ST JOHNS LUTHERAN MINISTRIES

3940 RIMROCK RD
27-5024

BILLINGS MT 59102-0199
Phone 655-5600 Fax: 655-5639
Administrator: KARNA RHODES
DON: ELIZABETH MARKUS
License Number: 12420 Exp. 8/19/2013

Current License Duration: 3

Total Beds: 186 Title 18/19 SNF/NF: 186

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1008

County: YELLOWSTONE

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 3

VALLEY HEALTH CARE CENTER

1807 24TH ST W
27-5020

BILLINGS MT 59102-
Phone 656-5010 Fax: 616-8103
Administrator: JENNIFER MERECKI
DON: BILL HOLLOWAY
License Number: 12897 Exp. 1/15/2015
Current License Duration: 3 YEAR
Total Beds: 150 Title 18/19 SNF/NF: 150
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1011
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

MONTANA DEVELOPMENTAL CENTER

1310 EAST 4TH AVE PO BOX 87
27-G001 X

BOULDER MT 59632-
Phone 225-4411 Fax: 225-4414
Administrator: GENE HAIRE
DON: JANISE LEWIS RN
License Number: 12938 Exp. 8/28/2012
Current License Duration: 6 MONTHS
Total Beds: 56 Title 18/19 SNF/NF:
ICF/MR Beds: 11 Title 19 NF:

Facility ID Number: 1013
County: JEFFERSON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
PROVISIONAL
Health Planning Region Number: 4

BOZEMAN HEALTH & REHABILITATION CENTER

321 N 5TH AVE
27-5115

BOZEMAN MT 59715-
Phone 587-4404 Fax: 587-2302
Administrator: Thane Bedwell
DON: BETH MEYER
License Number: 12257 Exp. 7/22/2012
Current License Duration: 3
Total Beds: 103 Title 18/19 SNF/NF: 103
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1014
County: GALLATIN
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

GALLATIN REST HOME

1221 W DURSTON RD
27-5066

BOZEMAN MT 59715-
Phone 582-3300 Fax: 582-3333
Administrator: VICKI WEST
DON: PAT LARMER RN
License Number: 12080 Exp. 3/31/2012
Current License Duration: 3
Total Beds: 94 Title 18/19 SNF/NF: 94
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1015
County: GALLATIN
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

MOUNTAIN VIEW CARE CENTER

205 N TRACY
27-5039

BOZEMAN MT 59715-
Phone 587-2218 Fax: 586-3850
Administrator: JOSHUA BROWN
DON: JIM CLAVADETSC
License Number: 12150 Exp. 7/23/2012
Current License Duration: 3
Total Beds: 86 Title 18/19 SNF/NF: 86
ICF/MR Beds: Title 19 NF:

POWDER RIVER MANOR

104 N TRAUTMAN
27-5087

BROADUS MT 59317-0719
Phone 436-2646 Fax: 436-2923
Administrator: DAVID ESPALAND
DON: Cherie Stachey
License Number: 12326 Exp. 5/20/2012
Current License Duration: 3
Total Beds: 41 Title 18/19 SNF/NF: 41
ICF/MR Beds: Title 19 NF:

BLACKFEET CARE CENTER

SOUTH GOVERNMENT SQUARE
27-5133

BROWNING MT 59417-
Phone 338-2686 Fax: 338-7779
Administrator: MARK CROSS
DON: MARTHA SPOTTED
License Number: 12231 Exp. 8/15/2012
Current License Duration: 3
Total Beds: 40 Title 18/19 SNF/NF: 40
ICF/MR Beds: Title 19 NF: 47

BUTTE CARE AND REHABILITATION CENTER

2400 CONTINENTAL DR
27-5103

BUTTE MT 59701-
Phone 723-6556 Fax: 723-9456
Administrator: RANDY EDWARDS
DON: GERI SHEARN
License Number: 12193 Exp. 5/28/2012
Current License Duration: 3
Total Beds: 100 Title 18/19 SNF/NF: 100
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1016
County: GALLATIN
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

86 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1017
County: POWDER RIVER
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

41 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1018
County: GLACIER
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1019
County: SILVER BOW
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

100 Licensed-Only Beds:
Title 18 SNF:

COPPER RIDGE HEALTH & REHABILITATION CENTER

3251 NETTIE ST
27-5060

BUTTE MT 59701-
Phone 723-3225 Fax: 723-6470
Administrator: MAURA UGGETTI
DON: LINDA FOOTE RN
License Number: 12619 Exp. 1/31/2014

Current License Duration: 3
Total Beds: 186 Title 18/19 SNF/NF: 186
ICF/MR Beds: Title 19 NF:

CREST NURSING HOME

3131 AMHERST AVE
27-5122

BUTTE MT 59701-
Phone 494-7035 Fax: 494-7065
Administrator: RACHEL WOOD
DON: VICKY MILLER
License Number: 12565 Exp. 9/15/2013

Current License Duration: 3
Total Beds: 103 Title 18/19 SNF/NF: 103
ICF/MR Beds: Title 19 NF:

SWEET MEMORIAL NURSING HOME

125 AIRPORT ROAD PO BOX 1149
27-5127

CHINOOK MT 59523-
Phone 357-2549 Fax: 357-2093
Administrator: JENNI PULA
DON: JONI MYHRE
License Number: 12228 Exp. 7/23/2012

Current License Duration: 3
Total Beds: 42 Title 18/19 SNF/NF: 42
ICF/MR Beds: Title 19 NF:

TETON MEDICAL CENTER NURSING HOME

915 4TH ST NW
27-5085

CHOTEAU MT 59422-
Phone 466-5763 Fax: 466-5852
Administrator: SUSAN MURPHY
DON: CINDY FORSETH
License Number: 12915 Exp. 12/17/2014

Current License Duration: 3
Total Beds: 36 Title 18/19 SNF/NF: 36
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1020
County: SILVER BOW
Cert Prov Number: JCAHO: State Facility:

Original License Date: 08/01/08
NOT PROV
Health Planning Region Number: 4

Licensed-Only Beds: 186
Title 18 SNF:

Facility ID Number: 1021
County: SILVER BOW
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

Licensed-Only Beds: 103
Title 18 SNF:

Facility ID Number: 1023
County: BLAINE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds: 42
Title 18 SNF:

Facility ID Number: 1024
County: TETON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds: 36
Title 18 SNF:

TETON NURSING HOME

24 MAIN AVE N PO BOX 317
27-5075

CHOTEAU MT 59422-
Phone 466-5338 Fax: 466-5898
Administrator: ARLENE WOLBAUM
DON: ARDENE ZION RN
License Number: 12196 Exp. 4/29/2012

Current License Duration: 3
Total Beds: 41 Title 18/19 SNF/NF: 29
ICF/MR Beds: Title 19 NF: 12

Facility ID Number: 1025
County: TETON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

ELKHORN HEALTHCARE & REHABILITATION LLC

474 HWY 282
27-5056

CLANCY MT 59634-
Phone 933-8311 Fax: 933-8391
Administrator: KATHLEEN MCARDLE
DON: MICHELLE GOLDER
License Number: 11677 Exp. 5/7/2012

Current License Duration: 3
Total Beds: 70 Title 18/19 SNF/NF: 70
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1027
County: JEFFERSON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

MONTANA VETERANS HOME

400 VETERANS RD PO BOX 250
27-5100 X

COLUMBIA FALLS MT 59912-
Phone 892-3256 Fax: 892-0256
Administrator: JOREN UNDERDAHL
DON: KATHY RAY
License Number: 12618 Exp. 6/10/2013

Current License Duration: 3
Total Beds: 105 Title 18/19 SNF/NF: 105
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1028
County: FLATHEAD
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

BEARTOOTH MANOR LTC

350 W PIKE AVE PO BOX 789
27-5090

COLUMBUS MT 59019-
Phone 322-5342 Fax: 322-5737
Administrator: SHAWNA BOATMAN
DON: LINDA BROST RN
License Number: 12682 Exp. 9/16/2013

Current License Duration: 3
Total Beds: 82 Title 18/19 SNF/NF: 82
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1030
County: STILLWATER
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

PONDERA MEDICAL CENTER LONG TERM CARE

805 SUNSET BLVD
27-5119

CONRAD MT 59425-
Phone 271-3211 Fax: 271-2899
Administrator: MARK JONES
DON: TIFFANY NITZ
License Number: 12034 Exp. 6/25/2012

Current License Duration: 3
Total Beds: 67 Title 18/19 SNF/NF: 67
ICF/MR Beds: Title 19 NF:

AWE KUALAWAACHE

10131 S HERITAGE RD PO BOX 999
27-5153 X

CROW AGENCY MT 59022-
Phone 638-9111 Fax: 638-9119
Administrator: CARLA CATOLSTER
DON: MARGARET FAST HORSE
License Number: 12935 Exp. 2/19/2015

Current License Duration: 3
Total Beds: 40 Title 18/19 SNF/NF: 40
ICF/MR Beds: Title 19 NF:

GLACIER CARE CENTER

707 3RD STREET
27-5104

CUT BANK MT 59427-
Phone 873-5600 Fax: 873-5609
Administrator: VIRGINIA VILLEMEZ
DON: JOAN MCKAY
License Number: 12564 Exp. 5/27/2013

Current License Duration: 3
Total Beds: 39 Title 18/19 SNF/NF: 39
ICF/MR Beds: Title 19 NF:

DEER LODGE CARE AND REHABILITATION CENTER

1100 TEXAS AVE
27-5134

DEER LODGE MT 59722-
Phone 846-1655 Fax: 846-2602
Administrator: BENJAMIN JOHNSON
DON: JESSICA THOMPSON
License Number: 12681 Exp. 1/20/2014

Current License Duration: 3
Total Beds: 60 Title 18/19 SNF/NF: 60
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1031
County: PONDERA
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds: 67
Title 18 SNF:

Facility ID Number: 1111
County: BIG HORN
Cert Prov Number: JCAHO: State Facility:

Original License Date: 05/11/98
NOT PROV
Health Planning Region Number: 3

Licensed-Only Beds: 40
Title 18 SNF:

Facility ID Number: 1033
County: GLACIER
Cert Prov Number: JCAHO: State Facility:

Original License Date: 04/18/04
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds: 39
Title 18 SNF:

Facility ID Number: 1034
County: POWELL
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

Licensed-Only Beds: 60
Title 18 SNF:

PARKVIEW ACRES CARE & REHABILITATION CENTER

200 NORTH OREGON ST
27-5124

DILLON MT 59725-
Phone 683-5105 Fax: 683-6388
Administrator: CLAIRE MILLER
DON: SUE STUART
License Number: 12566 Exp. 3/4/2013

Current License Duration: 3
Total Beds: 87 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

DAHL MEMORIAL NURSING HOME

215 SANDY STREET PO BOX 46
27-5105

EKALAKA MT 59324-
Phone 775-8730 Fax: 775-6706
Administrator: NADINE ELMORE
DON: PATRICIA ROGER
License Number: 12798 Exp. 10/30/2014

Current License Duration: 3
Total Beds: 23 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

MADISON VALLEY MANOR

211 N MAIN ST PO BOX 335
27-5136

ENNIS MT 59729-
Phone 682-7271 Fax: 682-5486
Administrator: JUDY MELIN
DON: CHRISTINE CANTERBURY
License Number: 12398 Exp. 1/21/2013

Current License Duration: 3
Total Beds: 38 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

GOOD SAMARITAN SOCIETY- MOUNTAIN VIEW MANOR

10 MOUNTAIN VIEW LN PO BOX 327
27-5084

EUREKA MT 59917-
Phone 297-2541 Fax: 297-2543
Administrator: REMICK CLARK
DON: KAREN SUCHY
License Number: 12078 Exp. 6/11/2012

Current License Duration: 3
Total Beds: 49 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1037
County: BEAVERHEAD
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

87 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1038
County: CARTER
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

23 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1039
County: MADISON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

40 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1040
County: LINCOLN
Cert Prov Number: JCAHO: State Facility:

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
27-5072

FORSYTH MT 59327-
Phone 346-2161 **Fax:** 346-4240
Administrator: RYAN TOOKE
DON: ROSARIO KLAR
 License Number: **12795** Exp. **10/30/2014**

Current License Duration: **3**
 Total Beds: **31** Title 18/19 SNF/NF: **31**
 ICF/MR Beds: Title 19 NF: Licensed-Only Beds:

Facility ID Number: **1041**
 County: **ROSEBUD**
 Cert Prov Number: **JCAHO:** State Facility:

Original License Date:
NOT PROV
 Health Planning Region Number: **1**

MISSOURI RIVER MEDICAL CENTER NURSING HOME

1501 ST CHARLES ST
27-5062

FORT BENTON MT 59442-
Phone 622-3331 **Fax:** 622-5670
Administrator: JAY POTTENGER
DON: JANICE WOODHOUSE
 License Number: **12936** Exp. **2/19/2015**

Current License Duration: **3**
 Total Beds: **45** Title 18/19 SNF/NF: **45**
 ICF/MR Beds: Title 19 NF: Licensed-Only Beds:

Facility ID Number: **1042**
 County: **CHOUTEAU**
 Cert Prov Number: **JCAHO:** State Facility:

Original License Date:
NOT PROV
 Health Planning Region Number: **2**

VALLEY VIEW HOME

1225 PERRY LN
27-5091

GLASGOW MT 59230-
Phone 228-2461 **Fax:** 228-4831
Administrator: TOM KLOTZ
DON: LORI COLLINS
 License Number: **12599** Exp. **5/12/2013**

Current License Duration: **3**
 Total Beds: **96** Title 18/19 SNF/NF: **96**
 ICF/MR Beds: Title 19 NF: Licensed-Only Beds:

Facility ID Number: **1044**
 County: **VALLEY**
 Cert Prov Number: **JCAHO:** State Facility:

Original License Date:
NOT PROV
 Health Planning Region Number: **1**

EASTERN MONTANA VETERAN'S HOME

2000 MONTANA AVE
27-5144

GLENDIVE MT 59330-
Phone 345-8855 **Fax:** 345-8121
Administrator: JILL DOMEK
DON: PAM RORVICK
 License Number: **12598** Exp. **4/28/2013**

Current License Duration: **3**
 Total Beds: **80** Title 18/19 SNF/NF: **80**
 ICF/MR Beds: Title 19 NF: Licensed-Only Beds:

Facility ID Number: **1043**
 County: **DAWSON**
 Cert Prov Number: **JCAHO:** State Facility:

Original License Date:
NOT PROV
 Health Planning Region Number: **1**

GLENDIVE MEDICAL CENTER NURSING HOME

202 PROSPECT DR
27-5067

GLENDIVE MT 59330-1999
Phone 345-3320 Fax: 345-3325
Administrator: SCOTT DUKE
DON: VICKY DAVIS
License Number: 12936 Exp. 2/28/2015

Current License Duration: 3
Total Beds: 75 Title 18/19 SNF/NF: 75
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1046
County: DAWSON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

BENEFIS EXTENDED CARE CENTER

2621 15TH AVE S PO BOX 5013
27-5012

GREAT FALLS MT 59405-
Phone 455-5903 Fax: 455-4147
Administrator: SOLTYS FRANK
DON: SUE WARREN
License Number: 11899 Exp. 3/31/2012

Current License Duration: 3
Total Beds: 146 Title 18/19 SNF/NF: 146
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1048
County: CASCADE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

MISSOURI RIVER CARE & REHABILITATION CENTER

1130 17TH AVE S
27-5026

GREAT FALLS MT 59405-
Phone 771-4500 Fax: 771-4590
Administrator: RANDY EDWARDS
DON: LISA TAYLOR
License Number: 12680 Exp. 9/30/2013

Current License Duration: 3
Total Beds: 278 Title 18/19 SNF/NF: 278
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1047
County: CASCADE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

PARK PLACE HEALTH CARE CENTER

1500 32ND ST S
27-5030

GREAT FALLS MT 59405-5001
Phone 761-4300 Fax: 761-8778
Administrator: JIM HOLCOMB
DON: LAURETTA GIFFORD
License Number: 12899 Exp. 1/31/2015

Current License Duration: 3 YEARS
Total Beds: 189 Title 18/19 SNF/NF: 189
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1049
County: CASCADE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

MARCUS DALY MEMORIAL HOSPITAL TCU

1200 WESTWOOD DR
27-5150

HAMILTON MT 59840-
Phone 363-2211 Fax: 363-6536
Administrator: JOHN BARTOS
DON: SUSAN HILL RN
License Number: 12912 Exp. 2/18/2015

Current License Duration: 3
Total Beds: 5 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

THE DISCOVERY CARE CENTRE

601 N 10TH ST
27-5135

HAMILTON MT 59840-
Phone 363-2273 Fax: 363-2709
Administrator: DORIS GILBERTSON
DON: RICHARD BUCHEIT
License Number: 12008 Exp. 3/17/2012

Current License Duration: 3
Total Beds: 58 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

VALLEY VIEW ESTATES HEALTH CARE CENTER

225 N 8TH ST
27-5101

HAMILTON MT 59840-
Phone 363-1144 Fax: 363-7654
Administrator: KATHRYN BEATY
DON: PAM SUNDE
License Number: 12898 Exp. 1/22/2015

Current License Duration: 3 YEARS
Total Beds: 98 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

HERITAGE ACRES NURSING HOME

200 N MITCHELL
27-5130

HARDIN MT 59034-
Phone 665-2802 Fax: 665-3809
Administrator: PAULA SMALL
DON: JOE PURCELL
License Number: 12617 Exp. 8/31/2013

Current License Duration: 3
Total Beds: 36 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1108
County: RAVALLI
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF: 5

Facility ID Number: 1050
County: RAVALLI
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

58 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1051
County: RAVALLI
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

98 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1053
County: BIG HORN
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

36 Licensed-Only Beds:
Title 18 SNF:

NORTHERN MONTANA CARE CENTER

24 - 13TH ST
27-5112

HAVRE MT 59501-
Phone 265-2238 Fax: 265-9046

Administrator: LORI HENDERSON
DON: JANICE ROTH RN

License Number: 12036 Exp. 3/31/2012

Current License Duration: 3

Total Beds: 135 Title 18/19 SNF/NF: 136

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1057

County: HILL

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 2

BIG SKY CARE CENTER

2475 WINNE AVE
27-5044

HELENA MT 59601-
Phone 442-1350 Fax: 449-4878

Administrator: GUY HAYTER

DON: KIRK FUZESY RN

License Number: 12152 Exp. 6/11/2012

Current License Duration: 3

Total Beds: 108 Title 18/19 SNF/NF: 108

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1058

County: LEWIS & CLARK

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 4

COONEY CONVALESCENT HOME

2555 BROADWAY
27-5080

HELENA MT 59601-
Phone 447-1651 Fax: 447-1653

Administrator: HEISER HEIDI

DON: MARY ANN HINTZ

License Number: 12419 Exp. 10/21/2012

Current License Duration: 3

Total Beds: 90 Title 18/19 SNF/NF: 90

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1059

County: LEWIS & CLARK

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 4

ROCKY MOUNTAIN CARE CENTER

30 S RODNEY
27-5114

HELENA MT 59601-
Phone 443-5880 Fax: 443-6655

Administrator: BILL POWELL

DON: CAROL SMITH RN

License Number: 12328 Exp. 10/29/2012

Current License Duration: 3

Total Beds: 101 Title 18/19 SNF/NF: 101

ICF/MR Beds: Title 19 NF:

Facility ID Number: 1060

County: LEWIS & CLARK

Cert Prov Number: JCAHO: State Facility:

Original License Date:

NOT PROV

Health Planning Region Number: 4

HOT SPRINGS HEALTH & REHABILITATION CENTER

600 1ST AVE N
27-5069

HOT SPRINGS MT 59845-
Phone 741-2992 **Fax:** 741-2994

Administrator: JEANNATTE CARR

DON: JEANETTE MUELLER

License Number: **12616** Exp. **5/27/2013**

Current License Duration: **3**

Total Beds: **64** Title 18/19 SNF/NF: **64**

ICF/MR Beds: Title 19 NF:

Facility ID Number: **1061**

County: **SANDERS**

Cert Prov Number: **JCAHO:** **State Facility:**

Original License Date:

NOT PROV

Health Planning Region Number: **5**

Licensed-Only Beds:

Title 18 SNF:

GARFIELD COUNTY HEALTH CENTER

332 LEAVITT AVENUE
27-5082

JORDAN MT 59337-
Phone 557-2500 **Fax:** 557-2950

Administrator: RONALD BARNES

DON: BRINDA PLUHAR RN

License Number: **12430** Exp. **6/30/2013**

Current License Duration: **3**

Total Beds: **24** Title 18/19 SNF/NF: **24**

ICF/MR Beds: Title 19 NF:

Facility ID Number: **1062**

County: **GARFIELD**

Cert Prov Number: **JCAHO:** **State Facility:**

Original License Date:

NOT PROV

Health Planning Region Number: **1**

Licensed-Only Beds:

Title 18 SNF:

BRENDAN HOUSE

350 CONWAY DR
27-5109

KALISPELL MT 59901-
Phone 752-5460 **Fax:** 751-6544

Administrator: DEBORAH M WILSON

DON: ROCHELLE GEYSLER RN

License Number: **12327** Exp. **1/12/2013**

Current License Duration: **3**

Total Beds: **110** Title 18/19 SNF/NF: **110**

ICF/MR Beds: Title 19 NF:

Facility ID Number: **1063**

County: **FLATHEAD**

Cert Prov Number: **JCAHO:** **State Facility:**

Original License Date:

NOT PROV

Health Planning Region Number: **5**

Licensed-Only Beds:

Title 18 SNF:

HERITAGE PLACE

171 HERITAGE WAY
27-5025

KALISPELL MT 59901-
Phone 755-0800 **Fax:** 755-0801

Administrator: RON GERSACK

DON: BETTY HAAS RN

License Number: **12597** Exp. **4/29/2013**

Current License Duration: **3**

Total Beds: **140** Title 18/19 SNF/NF: **140**

ICF/MR Beds: Title 19 NF:

Facility ID Number: **1064**

County: **FLATHEAD**

Cert Prov Number: **JCAHO:** **State Facility:**

Original License Date:

NOT PROV

Health Planning Region Number: **5**

Licensed-Only Beds:

Title 18 SNF:

IMMANUEL LUTHERAN COMMUNITIES

185 CRESTLINE
27-5129

KALISPELL MT 59901-
Phone 752-9622 Fax: 752-9602
Administrator: JIM ARCHIBALD
DON: LINDA CANFIELD RN
License Number: 12081 Exp. 6/24/2012
Current License Duration: 3
Total Beds: 155 Title 18/19 SNF/NF: 143
ICF/MR Beds: Title 19 NF: 12

LAUREL HEALTH & REHABILITATION CENTER

820 3RD AVE
27-5111

LAUREL MT 59044-
Phone 628-8251 Fax: 628-8253
Administrator: SHELDON JENSEN
DON: JACKIE MEYER RN
License Number: 12861 Exp. 12/31/2014
Current License Duration: 3
Total Beds: 79 Title 18/19 SNF/NF: 79
ICF/MR Beds: Title 19 NF: 12

CENTRAL MONTANA SKILLED NURSING CENTER

408 WENDALL AVE
27-5064

LEWISTOWN MT 59457-
Phone 535-6225 Fax: 535-6325
Administrator: DIANNE SCOTTEN
DON: KATHERYN BALDWIN
License Number: 12195 Exp. 4/16/2012
Current License Duration: 3
Total Beds: 85 Title 18/19 SNF/NF: 85
ICF/MR Beds: Title 19 NF: 12

MONTANA MENTAL HEALTH NURSING CARE CENTER

800 CASINO CRK DR
27-A052

LEWISTOWN MT 59457-
Phone 538-7451 Fax: 535-2863
Administrator: RON BALAS
DON: DEBBIE MOORE
License Number: 12797 Exp. 10/16/2014
Current License Duration: 3
Total Beds: 100 Title 18/19 SNF/NF: 143
ICF/MR Beds: Title 19 NF: 191

Facility ID Number: 1065
County: FLATHEAD
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF: 12

Facility ID Number: 1066
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1067
County: FERGUS
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1068
County: FERGUS
Cert Prov Number: JCAHO: State Facility:
X

Original License Date:
NOT PROV
Health Planning Region Number: 3

Licensed-Only Beds:
Title 18 SNF:

VALLE VISTA MANOR INC

402 SUMMIT AVE
27-5021
LEWISTOWN MT 59457-
Phone 538-8775 **Fax:** 538-8773
Administrator: RICHARD AGNER
DON: CRYSTAL SCHULTZ
License Number: **12694** Exp. **5/30/2012**
Current License Duration: **364 DAYS**
Total Beds: **101** Title 18/19 SNF/NF: **101**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1069**
County: **FERGUS**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date:
PROVISIONAL
Health Planning Region Number: **3**

LIBBY CARE CENTER

308 EAST 3RD STREET
27-5040
LIBBY MT 59923-
Phone 293-6285 **Fax:** 293-4791
Administrator: CATHY ANN JENKINS
DON: CINDY BANICH
License Number: **12511** Exp. **8/31/2013**
Current License Duration: **3**
Total Beds: **101** Title 18/19 SNF/NF: **101**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1070**
County: **LINCOLN**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date: 08/01/04
NOT PROV
Health Planning Region Number: **5**

LIVINGSTON HEALTH & REHABILITATION CENTER

510 S 14TH ST
27-5047
LIVINGSTON MT 59047-
Phone 222-0672 **Fax:** 222-1406
Administrator: DONNA NELSON
DON: BARBARA CROMARTIE
License Number: **12545** Exp. **11/23/2013**
Current License Duration: **3**
Total Beds: **115** Title 18/19 SNF/NF: **115**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1071**
County: **PARK**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date:
NOT PROV
Health Planning Region Number: **4**

HI-LINE RETIREMENT CENTER INC

801 S 3RD E
27-5131
MALTA MT 59538-
Phone 654-1190 **Fax:** 654-2233
Administrator: WARD VANWICHEN
DON: JODY HERMAN
License Number: **12077** Exp. **4/16/2012**
Current License Duration: **3**
Total Beds: **48** Title 18/19 SNF/NF: **48**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1072**
County: **PHILLIPS**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date: 10/01/05
NOT PROV
Health Planning Region Number: **1**

FRIENDSHIP VILLA CARE CENTER

2300 WILSON
27-5081
MILES CITY MT 59301-
Phone 874-2687 **Fax:** 874-7470
Administrator: SHIRLEY BYRNE
DON: CONNIE HUBBELL
License Number: **12714** Exp. **6/24/2013**
Current License Duration: **3**
Total Beds: **107** Title 18/19 SNF/NF: **107**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1074**
County: **CUSTER**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date:
NOT PROV
Health Planning Region Number: **1**

Licensed-Only Beds: **4**
Title 18 SNF:

HOLY ROSARY EXTENDED CARE UNIT

2600 WILSON
Facility:
MILES CITY MT 59301-
Phone 233-2600 **Fax:** 233-3205
Administrator: MARK BICHLER
DON: LISA SANFORD
License Number: **12117** Exp. **3/18/2012**
Current License Duration: **3**
Total Beds: **84** Title 18/19 SNF/NF: **84**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1073**
County: **CUSTER**
Cert Prov Number: **JCAHO:** **X** **State**
27-5106
Original License Date:
NOT PROV
Health Planning Region Number: **1**

Licensed-Only Beds:
Title 18 SNF:

HILLSIDE HEALTH CARE CENTER

4720 23RD AVE
27-5027
MISSOULA MT 59803-1199
Phone 251-5100 **Fax:** 251-6357
Administrator: STARLA HORWATH
DON: CHRISTIE JONES
License Number: **12728** Exp. **7/9/2014**
Current License Duration: **3**
Total Beds: **95** Title 18/19 SNF/NF: **95**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1075**
County: **MISSOULA**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date:
NOT PROV
Health Planning Region Number: **5**

Licensed-Only Beds:
Title 18 SNF:

MISSOULA HEALTH & REHABILITATION CENTER

3018 RATTLESNAKE DR
27-5035
MISSOULA MT 59802-
Phone 549-0988 **Fax:** 549-3064
Administrator: DALE POLLA
DON: APRIL PENNINGTON
License Number: **12153** Exp. **10/28/2012**
Current License Duration: **3**
Total Beds: **52** Title 18/19 SNF/NF: **53**
ICF/MR Beds: Title 19 NF:

Facility ID Number: **1077**
County: **MISSOULA**
Cert Prov Number: **JCAHO:** **State Facility:**
Original License Date:
NOT PROV
Health Planning Region Number: **5**

Licensed-Only Beds:
Title 18 SNF:

RIVERSIDE HEALTH CARE CENTER

1301 E BROADWAY
27-5126

MISSOULA MT 59802-
Phone 721-0680 Fax: 721-1101
Administrator: TAMMY TALLEY
DON: KAREN TUCKER
License Number: 12151 Exp. 11/12/2012

Current License Duration: 3
Total Beds: 71 Title 18/19 SNF/NF: 72
ICF/MR Beds: Title 19 NF:

THE VILLAGE HEALTH CARE CENTER

2651 S AVE W
27-5043

MISSOULA MT 59804-
Phone 728-9162 Fax: 543-8128
Administrator: KATHY HAMMOND
DON: MELISSA BESTRAM
License Number: 12227 Exp. 8/6/2012

Current License Duration: 3
Total Beds: 193 Title 18/19 SNF/NF: 193
ICF/MR Beds: Title 19 NF:

CLARK FORK VALLEY NURSING HOME

10 KRUGER RD PO BOX 768
27-5107

PLAINS MT 59859-
Phone 826-4800 Fax: 826-4811
Administrator: GREGORY HANSON
DON: DAWN LYNCH
License Number: 12734 Exp. 9/16/2013

Current License Duration: 3
Total Beds: 28 Title 18/19 SNF/NF: 28
ICF/MR Beds: Title 19 NF:

SHERIDAN MEMORIAL NURSING HOME

440 W LAUREL AVE
27-5070

PLENTYWOOD MT 59254-1596
Phone 765-1420 Fax: 765-3800
Administrator: SANDRA CHRISTENSEN
DON: LINDA ATOR
License Number: 12285 Exp. 2/28/2013

Current License Duration: 3
Total Beds: 78 Title 18/19 SNF/NF: 78
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1076
County: MISSOULA
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1078
County: MISSOULA
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1080
County: SANDERS
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1081
County: SHERIDAN
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

Licensed-Only Beds:
Title 18 SNF:

POLSON HEALTH & REHABILITATION CENTER

9 14TH AVE W
27-5049

POLSON MT 59860-
Phone 883-4378 Fax: 883-0039
Administrator: DEBBIE SIEGFRIED
DON: LORRAINE FROST
License Number: 12596 Exp. 7/31/2013

Current License Duration: 3
Total Beds: 110 Title 18/19 SNF/NF: 110
ICF/MR Beds: Title 19 NF:

CEDAR WOOD VILLA

#1 S OAKS PO BOX 430
27-5053

RED LODGE MT 59068-
Phone 446-2525 Fax: 446-2526
Administrator: MARGARET SCHWEND
DON: CARRIE OKKEN
License Number: 12470 Exp. 6/24/2013

Current License Duration: 3
Total Beds: 76 Title 18/19 SNF/NF: 76
ICF/MR Beds: Title 19 NF:

MOUNTAIN VIEW CARE CENTER INC.

829 MAIN ST SW PO BOX 762
27-5148

RONAN MT 59864-
Phone 676-5510 Fax: 676-5512
Administrator: JOY HOUSE
DON: DANNA CLAIRMONT
License Number: 12844 Exp. 2/9/2014

Current License Duration: 3
Total Beds: 20 Title 18/19 SNF/NF: 23
ICF/MR Beds: Title 19 NF:

ST LUKE EXTENDED CARE

107 6TH AVE SW
27-5093

RONAN MT 59864-
Phone 676-2900 Fax: 676-0523
Administrator: SHANE ROBERTS
DON: DAWN RAYMOND RN
License Number: 12683 Exp. 6/10/2013

Current License Duration: 3
Total Beds: 75 Title 18/19 SNF/NF: 75
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1083
County: LAKE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1085
County: CARBON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1088
County: LAKE
Cert Prov Number: JCAHO: State Facility:

Original License Date: 10/01/04
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1087
County: LAKE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

Licensed-Only Beds:
Title 18 SNF:

DANIELS MEMORIAL NURSING HOME

105 5TH AVENUE EAST PO BOX 400
27-5071

SCOBEY MT 59263-
Phone 487-2296 Fax: 487-2471
Administrator: CODY LANGBEHN
DON: KIM WOLFE
License Number: 12735 Exp. 10/27/2013

Current License Duration: 3
Total Beds: 30 Title 18/19 SNF/NF: 30
ICF/MR Beds: Title 19 NF:

MARIAS CARE CENTER

640 PARK AVE PO BOX 915
27-5061

SHELBY MT 59474-
Phone 434-3261 Fax: 434-3213
Administrator: MARK CROSS
DON: KATHY DANIELSON
License Number: 12119 Exp. 4/30/2012

Current License Duration: 3
Total Beds: 63 Title 18/19 SNF/NF: 63
ICF/MR Beds: Title 19 NF:

TOBACCO ROOT MOUNTAINS CARE CENTER

326 MADISON STREET PO BOX 308
27-5147

SHERIDAN MT 59749-
Phone 842-5600 Fax: 842-5419
Administrator: JOHN SEMINGSON
DON: CONNIE COX-THOMAS
License Number: 12799 Exp. 10/30/2014

Current License Duration: 3
Total Beds: 39 Title 18/19 SNF/NF: 39
ICF/MR Beds: Title 19 NF:

SIDNEY HEALTH CENTER-EXTENDED CARE

104 14TH AVE NW
27-5121

SIDNEY MT 59270-9201
Phone 488-2300 Fax: 488-2246
Administrator: KAY JOHNSON
DON: VICKI STRASHEIM
License Number: 12038 Exp. 4/30/2012

Current License Duration: 3
Total Beds: 82 Title 18/19 SNF/NF: 93
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1090
County: DANIELS
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1091
County: TOOLE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 2

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1092
County: MADISON
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1093
County: RICHLAND
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 1

Licensed-Only Beds:
Title 18 SNF:

BITTERROOT VALLEY LIVING CENTER LTC

63 MAIN ST
27-5125

STEVENSVILLE MT 59870-
Phone 777-5411 Fax: 777-5856
Administrator: LINDA GARY
DON: LISA SAXON
License Number: 12082 Exp. 5/14/2012

Current License Duration: 3
Total Beds: 50 Title 18/19 SNF/NF: 50
ICF/MR Beds: Title 19 NF:

BROADWATER HEALTH CENTER NURSING HOME

110 N OAK
27-5118

TOWNSEND MT 59644-
Phone 266-3186 Fax: 266-3180
Administrator: JOAN DAVIS
DON: JULIE WHITEHEAD
License Number: 12650 Exp. 1/20/2014

Current License Duration: 3
Total Beds: 35 Title 18/19 SNF/NF: 35
ICF/MR Beds: Title 19 NF:

WHITEFISH CARE & REHABILITATION CENTER

1305 E 7TH ST
27-5132

WHITEFISH MT 59937-
Phone 862-3557 Fax: 862-3742
Administrator: NATHAN PURDY MD
DON: PATRICIA KINGSOLVER
License Number: 12679 Exp. 11/10/2013

Current License Duration: 3
Total Beds: 100 Title 18/19 SNF/NF: 100
ICF/MR Beds: Title 19 NF:

WIBAUX COUNTY NURSING HOME

710 SOUTH WIBAUX ST
27-5079

WIBAUX MT 59353-
Phone 796-2429 Fax: 796-8109
Administrator: MAUREEN BROPHY
DON: KRISTIE NIELSEN
License Number: 12009 Exp. 3/17/2012

Current License Duration: 3
Total Beds: 40 Title 18/19 SNF/NF: 40
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1094
County: RAVALLI
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 5

50 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1097
County: BROADWATER
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 4

35 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1100
County: FLATHEAD
Cert Prov Number: JCAHO: State Facility:

Original License Date: 03/17/77
NOT PROV
Health Planning Region Number: 5

100 Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1102
County: WIBAUX
Cert Prov Number: JCAHO: State Facility:

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
27-5073

WOLF POINT MT 59201-

Phone 653-1400 **Fax:** 653-1433

Administrator: MARGARET NORGAARD

DON: JOANN HIBL

License Number: **12397** Exp. **7/23/2012**

Current License Duration: **3**

Total Beds: **60**

Title 18/19 SNF/NF: **60**

Licensed-Only Beds: **0**

ICF/MR Beds: **0**

Title 19 NF: **0**

Title 18 SNF: **0**

Total Facilities 85

Total Licensed Beds: 6853

Facility ID Number: **1103**

County: **ROOSEVELT**

Cert Prov Number: **JCAHO:** **State Facility:**

Original License Date: 08/26/04

NOT PROV

Health Planning Region Number: **1**