

RETIREMENT HOMES

ASPEN VIEW RETIREMENT RESIDENCE

3075 AVE C
BILLINGS MT 59102-
Phone: 652-7788 **Fax:** 652-7890
Administrator: BOB & CHRIS REDMOND
License Number: **12381** Exp. Date: **7/31/2013**
Health Planning Region Number: **3** Apts: **125**

Facility ID Number: **1205**
County: **YELLOWSTONE**
JCAHO:
Original License Date:
NOT PROV
Current License Duration: **3**
Licensed Beds: **125**

BONAVENTURE OF BILLINGS

4001 BELL AVENUE
BILLINGS MT 59106-
Phone: 652-9303 **Fax:** 652-9305
Administrator: STACIE KAUTZMAN
License Number: **12900** Exp. Date: **1/7/2015**
Health Planning Region Number: **3** Apts: **72**

Facility ID Number: **1242**
County: **YELLOWSTONE**
JCAHO:
Original License Date: **07/08/09**
NOT PROV
Current License Duration: **3 YEAR**
Licensed Beds: **72**

MISSION RIDGE INDEPENDENT LIVING

3840 RIMROCK RD
BILLINGS MT 59102-
Phone: 655-5200 **Fax:** 655-5201
Administrator: KEVIN SIDER
License Number: **11871** Exp. Date: **4/27/2012**
Health Planning Region Number: **3** Apts: **86**

Facility ID Number: **1220**
County: **YELLOWSTONE**
JCAHO:
Original License Date: **04/28/99**
NOT PROV
Current License Duration: **3**
Licensed Beds: **142**

SWEETWATER RETIREMENT COMMUNITY

3140 SWEETWATER
BILLINGS MT 59102-683
Phone: 651-8111 **Fax:** 294-8661
Administrator: DENISE FERRUCCI
License Number: **12600** Exp. Date: **3/28/2012**
Health Planning Region Number: **3** Apts: **0**

Facility ID Number: **1238**
County: **YELLOWSTONE**
JCAHO:
Original License Date: **05/08/06**
NOT PROV
Current License Duration: **1**
Licensed Beds: **48**

WESTPARK VILLAGE

2351 SOLOMON AVE
BILLINGS MT 59102-
Phone: 652-4886 **Fax:** 652-5674
Administrator: TINA VAUTHIER
License Number: **12376** Exp. Date: **7/21/2013**
Health Planning Region Number: **3** Apts:

Facility ID Number: **1208**
County: **YELLOWSTONE**
JCAHO:
Original License Date:
NOT PROV
Current License Duration: **3**
Licensed Beds: **139**

ASPEN POINTE AT HILLCREST

1201 HIGHLAND BLVD
 BOZEMAN MT 59715-
Phone: 556-2004 **Fax:** 556-2091
Administrator: RICHARD OJALA
 License Number: **12605** Exp. Date: **3/23/2013**
 Health Planning Region Number: **4** Apts: **115**

Facility ID Number: **1203**
 County: **GALLATIN**
JCAHO:
 Original License Date: **05/25/01**
NOT PROV
 Current License Duration: **2**
 Licensed Beds: **115**

BIG SKY SENIOR LIVING COMMUNITY

3701 ELIZABETH
 BUTTE MT 59701-
Phone: 494-4900 **Fax:** 494-6281
Administrator: LAURI YELLENICH
 License Number: **12901** Exp. Date: **1/31/2015**
 Health Planning Region Number: **4** Apts: **90**

Facility ID Number: **1221**
 County: **SILVER BOW**
JCAHO:
 Original License Date: **04/13/07**
NOT PROV
 Current License Duration: **3 YEAR**
 Licensed Beds: **85**

MONTANA VETERANS HOME

400 VETERANS DR PO BOX 250
 COLUMBIA FALLS MT 59912-
Phone: 892-3256 **Fax:** 892-0256
Administrator: JOREN UNDERDAHL
 License Number: **12329** Exp. Date: **5/29/2013**
 Health Planning Region Number: **5** Apts: **5**

Facility ID Number: **1226**
 County: **FLATHEAD**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **12**

EMERITUS AT CAMBRIDGE PLACE

1104 6TH AVE N
 GREAT FALLS MT 59401-
Phone: 727-0447 **Fax:** 727-9965
Administrator: GREG GAUDREAU
 License Number: **12913** Exp. Date: **2/28/2015**
 Health Planning Region Number: **2** Apts: **61**

Facility ID Number: **1200**
 County: **CASCADE**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **83**

GOLDEN EAGLE PLAZA

1615 9TH STREET
 GREAT FALLS MT 59405-
Phone: 268-0100 **Fax:** 216-3114
Administrator: JUDY LINDQUIST
 License Number: **12819** Exp. Date: **10/23/2014**
 Health Planning Region Number: **2** Apts: **30**

Facility ID Number: **1240**
 County: **CASCADE**
JCAHO:
 Original License Date: **10/31/07**
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **45**

PARK MANOR RETIREMENT APARTMENTS

100 CENTRAL AVE
 GREAT FALLS MT 59405-
Phone: 761-1444 **Fax:** 761-1522
Administrator: DALE NELSON
 License Number: **12422** Exp. Date: **9/16/2013**
 Health Planning Region Number: **2** Apts: **2**

Facility ID Number: **1228**
 County: **CASCADE**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **103**

SAPPHIRE LUTHERAN HOMES

501 N 10TH
 HAMILTON MT 59840-
Phone: 363-2800 **Fax:** 363-3003
Administrator: CHRIS HARDEN
 License Number: **12157** Exp. Date: **12/11/2012**
 Health Planning Region Number: **5** Apts: **40**

Facility ID Number: **1211**
 County: **RAVALLI**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **40**

HAVRE EAGLES MANOR

20 W 3RD ST
 HAVRE MT 59501-
Phone: 265-5531 **Fax:** 265-8645
Administrator: WALT BALL
 License Number: **12623** Exp. Date: **4/30/2013**
 Health Planning Region Number: **2** Apts: **100**

Facility ID Number: **1204**
 County: **HILL**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **2**
 Licensed Beds: **91**

HUNTERS POINTE

2801 COLONIAL DR
 HELENA MT 59601-
Phone: 443-4222 **Fax:** 449-3108
Administrator: JACK LEE
 License Number: **12685** Exp. Date: **6/29/2014**
 Health Planning Region Number: **4** Apts: **4**

Facility ID Number: **1230**
 County: **LEWIS & CLARK**
JCAHO:
 Original License Date: **01/30/98**
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **115**

PENKAY EAGLES MANOR

715 FEE
 HELENA MT 59601-
Phone: 442-0610 **Fax:** 442-1146
Administrator: BOBBIE SUE CAROTHERS
 License Number: **12651** Exp. Date: **5/16/2014**
 Health Planning Region Number: **4** Apts: **66**

Facility ID Number: **1207**
 County: **LEWIS & CLARK**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds:

TOUCHMARK ON SADDLE DRIVE

915 SADDLE DR
 HELENA MT 59601-
Phone: 449-4900 **Fax:** 449-4999
Administrator: MERRY LUNDE
 License Number: **12880** Exp. Date: **10/31/2013**
 Health Planning Region Number: **4** Apts: **4**

Facility ID Number: **1225**
 County: **LEWIS & CLARK**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **97**

BUFFALO HILL TERRACE RETIREMENT - IMMANUAL

40 CLAREMONT ST
 KALISPELL MT 59901-
Phone: 752-9624 **Fax:** 752-9609
Administrator: CARLA WILTON
 License Number: **12330** Exp. Date: **5/13/2013**
 Health Planning Region Number: **5** Apts: **100**

Facility ID Number: **1202**
 County: **FLATHEAD**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **64**

VILJOYA

119 5TH AVENUE WEST
 KALISPELL MT 59901-
Phone: 755-2287 **Fax:** 755-8486
Administrator: STACY ROSENLUND
 License Number: **12836** Exp. Date: **11/30/2012**
 Health Planning Region Number: **5** Apts: **6**

Facility ID Number: **1243**
 County: **FLATHEAD**
JCAHO:
 Original License Date: **06/01/11**
PROVISIONAL
 Current License Duration: **6 MONTH**
 Licensed Beds: **6**

THE CROSSINGS DRIVE

600 ROUNDHOUSE
 LAUREL MT 59044-
Phone: 628-1200 **Fax:** 628-5006
Administrator: MICHELLE DEBOER
 License Number: **12736** Exp. Date: **8/12/2014**
 Health Planning Region Number: **3** Apts: **3**

Facility ID Number: **1239**
 County: **YELLOWSTONE**
JCAHO:
 Original License Date: **01/14/08**
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **12**

LEWISTOWN EAGLES MANOR

211 WEST JANEANUX
 LEWISTOWN MT 59457-
Phone: 538-3230 **Fax:** 538-4925
Administrator: MARTIN KILLHAM
 License Number: **12790** Exp. Date: **10/15/2012**
 Health Planning Region Number: **3** Apts: **58**

Facility ID Number: **1235**
 County: **FERGUS**
JCAHO:
 Original License Date: **04/02/04**
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **63**

CLARK FORK RIVERSIDE-CLARK FORK MANOR INC

301 W FRONT
 MISSOULA MT 59802-
Phone: 721-2439 **Fax:** 721-2935
Administrator: ROD FOSTER
 License Number: **12158** Exp. Date: **12/12/2012**
 Health Planning Region Number: **5** Apts: **132**

Facility ID Number: **1209**
 County: **MISSOULA**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **132**

GRIZZLY PEAK RETIREMENT RESIDENCE

3600 AMERICAN WAY
 MISSOULA MT 59801-
Phone: 721-2292 **Fax:** 721-3125
Administrator: RANDY AND BEST
 License Number: **12686** Exp. Date: **6/30/2014**
 Health Planning Region Number: **5** Apts: **114**

Facility ID Number: **1218**
 County: **MISSOULA**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **113**

MISSOULA MANOR RETIREMENT HOME

909 W CENTRAL
 MISSOULA MT 59801-
Phone: 728-3210 **Fax:** 721-7681
Administrator: CONNIE PFISTER
 License Number: **12688** Exp. Date: **6/18/2014**
 Health Planning Region Number: **5** Apts: **149**

Facility ID Number: **1213**
 County: **MISSOULA**
JCAHO:
 Original License Date:
NOT PROV
 Current License Duration: **3**
 Licensed Beds: **135**

THE VILLAGE SENIOR RESIDENCE - RTH

2815 OLD FORT RD
MISSOULA MT 59801-
Phone: 549-1300 **Fax:** 721-1620
Administrator: BEVERLY MIX
License Number: **12375** Exp. Date: **7/21/2013**
Health Planning Region Number: **5** Apts: **99**

Facility ID Number: **1215**
County: **MISSOULA**
JCAHO:
Original License Date:
NOT PROV
Current License Duration: **3**
Licensed Beds: **70**

MONTANA PIONEER MANOR- MT PIONEER MANORS

605 SHERIDAN
PLENTYWOOD MT 59254-
Phone: 765-1400 **Fax:**
Administrator: MEGAN HANSEN
License Number: **11931** Exp. Date: **6/29/2012**
Health Planning Region Number: **1** Apts: **52**

Facility ID Number: **1217**
County: **SHERIDAN**
JCAHO:
Original License Date:
NOT PROV
Current License Duration: **3**
Licensed Beds: **50**

THE LIVING CENTER

63 MAIN STREET
STEVENSVILLE MT 59870-
Phone: 777-5411 **Fax:** 777-5856
Administrator: LINDA GRAY
License Number: **12864** Exp. Date: **11/30/2012**
Health Planning Region Number: Apts: **0**

Facility ID Number: **7023**
County: **RAVALLI**
JCAHO:
Original License Date: **12/01/11**
NOT PROV
Current License Duration: **1 YEAR**
Licensed Beds: **25**

NE MONTANA FAITH LUTHERAN HOME

1000 6TH AVE N
WOLF POINT MT 59201-
Phone: 653-1400 **Fax:** 653-6432
Administrator: MARGARET (PEG) NORGAARD
License Number: **12771** Exp. Date: **9/14/2014**
Health Planning Region Number: **1** Apts: **25**

Facility ID Number: **1216**
County: **ROOSEVELT**
JCAHO:
Original License Date:
NOT PROV
Current License Duration: **3**
Licensed Beds: **25**

Total Facilities: 27

Total Licensed Beds: 2007