ASSISTED LIVING FACILITIES

NEW HORIZONS ASSISTED LIVING/ANACONDA Facility ID Number: **594**
402 CHRISTINE CT **PO Box:** 1064, LEWISTOWN County: **DEER LODGE**
ANACONDA MT 59711- **Total Beds:** 12 **NOT PROV**
Phone: 563-7008 **Fax:** License Number: **10278** Exp. Date: **04/13/2008**
Administrator: WENDY ELIAS **RN:**
Original License **04/13/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HERITAGE LIVING CENTER Facility ID Number: **5677**
2232 TONGUE RIVER RD **PO Box:** 598 County: **ROSEBUD**
ASHLAND MT 59003- **Total Beds:** 40 **NOT PROV**
Phone: 784-2839 **Fax:** License Number: **9805** Exp. Date: **03/01/2007**
Administrator: JAMIE OLSON **RN:**
Original License **09/01/0** Current License Duration: **1** Health Planning Region Number: **1**

Category A Beds: 40 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

QUALITY PERSONAL CARE LLC Facility ID Number: **5628**
101 S 2ND ST W **PO Box:** 994 County: **FALLON**
BAKER MT 59313- **Total Beds:** 21 **NOT PROV**
Phone: 778-3201 **Fax:** License Number: **10047** Exp. Date: **09/08/2006**
Administrator: ROBIN WRIGHT **RN:** Robin Wright
Original License **09/08/9** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 21 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

DUTCH HEARTH Facility ID Number: **5673**
991 PACHE RD **PO Box:** County: **GALLATIN**
BELGRADE MT 59714- **Total Beds:** 8 **PROVISIONAL**
Phone: 388-6140 **Fax:** License Number: **10101** Exp. Date: **02/03/2006**
Administrator: MERLIN BYLSMA **RN:**
Original License **05/03/0** Current License Duration: **3 MONTH** Health Planning Region Number: **4**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

EDGEWOOD VISTA PCH - BELGRADE Facility ID Number: **5618**
1011 CARDINAL DR **PO Box:** County: **GALLATIN**
BELGRADE MT 59714- **Total Beds:** 13 **NOT PROV**
Phone: 388-9439 **Fax:** 388-7722 License Number: **10508** Exp. Date: **02/16/2006**
Administrator: GLENDA E. GREENE **RN:** Gail Gunderson
Original License **02/16/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:** X
(May have no more than 5 "B" beds)

GENERATIONS Facility ID Number: **5616**
700 MINNESOTA **PO Box:** County: **GALLATIN**
BELGRADE MT 59714- **Total Beds:** 8 **NOT PROV**
Phone: 388-7419 **Fax:** 388-8394 License Number: **10544** Exp. Date: **10/04/2006**
Administrator: KENTON IRVINE **RN:**
Original License **01/04/9** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

OPEN ARMS ELDER CARE Facility ID Number: **553**
505 MINNESOTA **PO Box:** County: **GALLATIN**
BELGRADE MT 59714- **Total Beds:** 7 **PROVISIONAL**
Phone: 388-1052 **Fax:** License Number: **10533** Exp. Date: **02/18/2006**
Administrator: FAITH VANOVER **RN:**
Original License Current License Duration: **3 MONTH** Health Planning Region Number: **4**

Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BOULDER MEADOWS ASSISTED LIVING Facility ID Number: **5658**
302 W 8TH AVE **PO Box:** 1390 County: **SWEET GRASS**
BIG TIMBER MT 59011- **Total Beds:** 18 **NOT PROV**
Phone: 932-4603 **Fax:** 932-5468 License Number: **10250** Exp. Date: **03/02/2008**
Administrator: CODY LANGBEHN **RN:** Jill Brown
Original License **03/02/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 18 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

ADULT HOME CARE SERVICES PERSONAL Facility ID Number: **5645**
106 ERICKSON CRT N **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 6 **NOT PROV**
Phone: 256-0168 **Fax:** License Number: **10477** Exp. Date: **09/28/2006**
Administrator: NANCY FEDERICO **RN:** Rocky Mtn Home Care
Original License **06/28/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ASPEN MEADOWS RETIRMENT COMMUNITY Facility ID Number: **526**
3155 AVE C **PO Box:** 37000 County: **YELLOWSTONE**
BILLINGS MT 59107- **Total Beds:** 55 **NOT PROV**
Phone: 656-8818 **Fax:** License Number: **10373** Exp. Date: **07/11/2007**
Administrator: ANNE GONZALEZ **RN:**
Original License Current License Duration: **2** Health Planning Region Number: **3**

Category A Beds: 55 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

AUTUMN CARE CENTER PERSONAL CARE Facility ID Number: **548**
4739 RIMROCK RD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 10 **NOT PROV**
Phone: 656-2434 **Fax:** License Number: **10267** Exp. Date: **05/01/2006**
Administrator: BRENDA THOMPSON **RN:** Kelly Forslund
Original License Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

AUTUMN CARE II Facility ID Number: **5666**
2233 MYRTLE DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 656-2434 **Fax:** License Number: **10182** Exp. Date: **11/05/2007**
Administrator: BRENDA THOMPSON **RN:** Kelly Forslund
Original License **11/05/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BUTTERFLY HOMES Facility ID Number: **5686**
77 LILY VALLEY CIRCLE **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 14 **NOT PROV**
Phone: 245-0334 **Fax:** License Number: **10316** Exp. Date: **07/04/2006**
Administrator: BERNADETTE BROWN **RN:** Bernadette Brown
Original License **02/04/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BUTTERFLY HOMES II Facility ID Number: **5714**
72 LILY VALLEY CIRCLE **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 16 **NOT PROV**
Phone: 245-0334 **Fax:** 245-0460 License Number: **10315** Exp. Date: **07/04/2006**
Administrator: BERNADETTE BROWN **RN:**
Original License **09/13/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 16 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

CANYON RIDGE Facility ID Number: **589**
2115 CANYON DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 652-5155 **Fax:** License Number: **10247** Exp. Date: **04/03/2008**
Administrator: WILLIAM & LYFORD **RN:** Trina Higgins
Original License Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

DIAMOND WILLOW PERSONAL CARE Facility ID Number: **5674**
667 BLACK DIAMOND RD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 8 **NOT PROV**
Phone: 254-0900 **Fax:** License Number: **10042** Exp. Date: **05/23/2006**
Administrator: RICHARD VOORHIS **RN:** Carole Peterson
Original License **05/23/0** Current License Duration: **2** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

DIAMOND WILLOW PERSONAL CARE HOME Facility ID Number: **5688**
3111 PARKHILL DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 254-0900 **Fax:** License Number: **9861** Exp. Date: **04/16/2007**
Administrator: RICH VOORHIS **RN:**
Original License **04/16/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

EDGEWOOD VISTA OF BILLINGS Facility ID Number: **545**
1225 WICKS LN **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 28 **NOT PROV**
Phone: 256-5398 **Fax:** 256-3313 License Number: **10507** Exp. Date: **10/01/2007**
Administrator: COLLEEN BENJAMIN **RN:** Donna Lennick
Original License **10/01/9** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 28 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

EUNICE'S PRIVATE CARE Facility ID Number: **539**
930 AVE E **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 12 **NOT PROV**
Phone: 259-5349 **Fax:** License Number: **10374** Exp. Date: **07/04/2007**
Administrator: CRYSTAL ASH **RN:**
Original License Current License Duration: **2** Health Planning Region Number: **3**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GINNY WANNER PERSONAL CARE INC Facility ID Number: **541**
3842 HERITAGE DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 656-3299 **Fax:** License Number: **10202** Exp. Date: **01/17/2006**
Administrator: GINNY WANNER **RN:** Christina Schye
Original License Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GINNY WANNER'S PERSONAL CARE FACILITY Facility ID Number: **500**
3320 RAVALLI PL **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 11 **NOT PROV**
Phone: 652-3727 **Fax:** License Number: **10203** Exp. Date: **01/17/2006**
Administrator: GINNY WANNER **RN:** Christina Schye
Original License Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 11 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GRAND PARK VINTAGE SUITES Facility ID Number: **566**
1221 28TH ST W **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 65 **NOT PROV**
Phone: 652-6989 **Fax:** License Number: **10185** Exp. Date: **01/08/2008**
Administrator: JUDY ANNIN **RN:** Kathy Austfjord
Original License Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 65 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

HICO CARE - DELPHINIUM Facility ID Number: **532**
1132 DELPHINIUM DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 256-1552 **Fax:** License Number: **10417** Exp. Date: **10/18/2007**
Administrator: JANET HAWLEY **RN:** Susan Richman
Original License Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

HIGHGATE Facility ID Number: **5692**
3980 PARKHILL DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 130 **NOT PROV**
Phone: 651-4833 **Fax:** 651-1908 License Number: **10422** Exp. Date: **05/22/2007**
Administrator: ANNE CONLEY **RN:** Linda Cotton-Thayer
Original License **05/22/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 130 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

LANGEMO COTTAGE AT ST JOHNS Facility ID Number: **5725**
2625 SHILO ROAD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 24 **NOT PROV**
Phone: 655-5600 **Fax:** 655-5639 License Number: **10540** Exp. Date: **10/05/2006**
Administrator: MICHAEL FOLLETT **RN:** Ethel Schrenegost
Original License **08/15/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 24 **Category B Endorsement:** X **Category C Endorsement:** X
(May have no more than 5 "B" beds)

LINCOLN LANE ASSISTED LIVING Facility ID Number: **522**
659 LINCOLN LN **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 12 **NOT PROV**
Phone: 254-2851 **Fax:** License Number: **10416** Exp. Date: **07/14/2006**
Administrator: LARY GARRISON **RN:**
Original License Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 12 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

MAGNOLIA PLACE Facility ID Number: **582**
3201 RUGBY DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 248-2853 **Fax:** 248-3626 License Number: **9845** Exp. Date: **04/11/2007**
Administrator: JANELLE SIEMS **RN:** Jan Siems
Original License Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

MAGNOLIA PLACE (GLENWOOD) Facility ID Number: **5685**
2902 GLENWOOD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 256-1129 **Fax:** License Number: **9440** Exp. Date: **01/20/2007**
Administrator: JAN SIEMS **RN:**
Original License **01/20/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

MOORBERG COTTAGE AT ST JOHNS Facility ID Number: **5726**
2621 SHILO ROAD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 24 **NOT PROV**
Phone: 655-5600 **Fax:** 655-5639 License Number: **10539** Exp. Date: **10/05/2006**
Administrator: MICHAEL FOLLETT **RN:** Ethel Schrenegost, RN
Original License **08/15/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 24 **Category B Endorsement:** X **Category C Endorsement:** X
(May have no more than 5 "B" beds)

PRIMROSE PERSONAL CARE HOME Facility ID Number: **585**
1228 MAURINE ST **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105- **Total Beds:** 9 **NOT PROV**
Phone: 248-9943 **Fax:** License Number: **10376** Exp. Date: **05/09/2008**
Administrator: CYNTHIA JOHNSON **RN:**
Original License **05/07/9** Current License Duration: **2** Health Planning Region Number: **3**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

RIM SHADOWS Facility ID Number: **580**
2138 SKYVIEW DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105-362 **Total Beds:** 8 **NOT PROV**
Phone: 259-6624 **Fax:** License Number: **10217** Exp. Date: **03/03/2006**
Administrator: MARY DIETRICH **RN:** Jerilyn Foslien
Original License **08/08/9** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

RIM SHADOWS INC II Facility ID Number: **5696**
2140 RIDGEVIEW DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59105-362 **Total Beds:** 6 **NOT PROV**
Phone: 256-6017 **Fax:** License Number: **10487** Exp. Date: **07/17/2006**
Administrator: MARY DIETRICH **RN:**
Original License **07/17/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 6 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

RIVER RIDGE
1415 YELLOWSTONE **PO Box:**
BILLINGS MT 59105- **Total Beds:** 26
Phone: 245-9330 **Fax:** 245-4219 License Number: **9889**
Administrator: BRIAN HUSO
Original License Current License Duration: **2**

Facility ID Number: **586**
County: **YELLOWSTONE**
NOT PROV
Exp. Date: **05/16/2006**
RN:
Health Planning Region Number: **3**

Category A Beds: 26 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

SPECIALTY RETIREMENT CARE
2510 RIMROCK RD **PO Box:** 21256
BILLINGS MT 59104- **Total Beds:** 7
Phone: 652-8722 **Fax:** License Number: **10184**
Administrator: ROBERT LESTER
Original License Current License Duration: **1**

Facility ID Number: **559**
County: **YELLOWSTONE**
NOT PROV
Exp. Date: **12/15/2005**
RN:
Health Planning Region Number: **3**

Category A Beds: 7 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

ST JOHNS LUTHERAN HOME PERSONAL CARE
3940 RIMROCK RD **PO Box:**
BILLINGS MT 59102- **Total Beds:** 110
Phone: 655-5614 **Fax:** License Number: **10024**
Administrator: KARNA RHODES
Original License **06/18/0** Current License Duration: **3**

Facility ID Number: **5662**
County: **YELLOWSTONE**
NOT PROV
Exp. Date: **09/18/2007**
RN: Sylvia Gollick
Health Planning Region Number: **3**

Category A Beds: 110 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

TENDERNEST LLC 1B
4001 PARKHILL DR **PO Box:**
BILLINGS MT 59106- **Total Beds:** 17
Phone: 655-9100 **Fax:** 651-5044 License Number: **10241**
Administrator: RANDALL SWENSON
Original License **10/04/0** Current License Duration: **1**

Facility ID Number: **5680**
County: **YELLOWSTONE**
NOT PROV
Exp. Date: **03/02/2006**
RN: Julie Miller
Health Planning Region Number: **3**

Category A Beds: 17 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

TENDERNEST LLC 2B Facility ID Number: **5687**
4003 PARKHILL DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59106- **Total Beds:** 17 **NOT PROV**
Phone: 855-9990 **Fax:** License Number: **10242** Exp. Date: **03/02/2006**
Administrator: RANDALL SWENSON **RN:** Julie Miller
Original License **04/02/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

TENDERNEST LLC 3B Facility ID Number: **5701**
4005 PARKHILL DRIVE **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59106- **Total Beds:** 16 **NOT PROV**
Phone: 655-9100 **Fax:** 651-5044 License Number: **10243** Exp. Date: **03/02/2006**
Administrator: RANDALL SWENSON **RN:** Julie Miller
Original License **12/23/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE VISTA AT MISSION RIDGE Facility ID Number: **592**
3840 RIMROCK RD **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 70 **NOT PROV**
Phone: 655-5300 **Fax:** License Number: **10224** Exp. Date: **03/09/2008**
Administrator: Kevin Snider **RN:** Sylvia Gollick
Original License **03/09/9** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 70 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WESTPARK VILLAGE RETIREMENT CENTER - Facility ID Number: **501**
2351 SOLOMON AVE **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 70 **NOT PROV**
Phone: 652-4886 **Fax:** License Number: **9973** Exp. Date: **07/22/2007**
Administrator: TINA VAUTHIER **RN:** Becky Wolfe
Original License Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 70 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WILLOW BROOK LLC Facility ID Number: **5684**
2924 STILLWATER DR **PO Box:** County: **YELLOWSTONE**
BILLINGS MT 59102- **Total Beds:** 8 **NOT PROV**
Phone: 656-0570 **Fax:** License Number: **10400** Exp. Date: **04/21/2006**
Administrator: AMY HERMAN **RN:** Amy Herman
Original License **03/01/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEARCREEK RESPITE CARE CENTER PCH Facility ID Number: **543**
1002 E KAGY **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715- **Total Beds:** 6 **NOT PROV**
Phone: 587-7002 **Fax:** 586-2262 License Number: **10206** Exp. Date: **01/20/2008**
Administrator: MARIAN STEFFES **RN:** Marian R. Steffes
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BIRCHWOOD AT HILLCREST Facility ID Number: **503**
1201 HIGHLAND BLVD **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715- **Total Beds:** 43 **NOT PROV**
Phone: 556-2000 **Fax:** License Number: **10049** Exp. Date: **09/27/2007**
Administrator: RICHARD OJALA **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 43 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

BRACKETT CREEK INN Facility ID Number: **5728**
16530 BRACKETT CREEK **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715- **Total Beds:** 6 **PROVISIONAL**
Phone: 686-4440 **Fax:** 686-4440 License Number: **10482** Exp. Date: **03/12/2006**
Administrator: ERIC & JACOBS **RN:**
Original License **09/12/0** Current License Duration: **6 MONTHS** Health Planning Region Number: **4**

Category A Beds: 6 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

HAMILTON HOUSE Facility ID Number: **502**
9430 HAGGERTY LN **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715-926 **Total Beds:** 8 **PROVISIONAL**
Phone: 586-9459 **Fax:** License Number: **10493** Exp. Date: **12/30/2005**
Administrator: DONALD & HAMILTON **RN:** M. Hamilton
Original License Current License Duration: **3 MONTHS** Health Planning Region Number: **4**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HIGH COUNTRY CARE LLC Facility ID Number: **5716**
8659 HAGGERTY LANE **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715- **Total Beds:** 7 **NOT PROV**
Phone: 582-9068 **Fax:** 388-6147 License Number: **10377** Exp. Date: **04/05/2006**
Administrator: MERLIN BYLSMA **RN:**
Original License **10/05/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HIGHGATE SENIOR LIVING Facility ID Number: **5723**
2219 WEST OAK STREET **PO Box:** County: **GALLATIN**
BOZEMAN MT 59718- **Total Beds:** 85 **PROVISIONAL**
Phone: 587-5100 **Fax:** 586-3674 License Number: **10401** Exp. Date: **12/30/2005**
Administrator: CARIN KEETER **RN:**
Original License **06/30/0** Current License Duration: **6 MONTHS** Health Planning Region Number: **4**

Category A Beds: 85 **Category B Endorsement:** X **Category C Endorsement:** X
(May have no more than 5 "B" beds)

SPRING MEADOWS Facility ID Number: **584**
3175 GRAF ST **PO Box:** County: **GALLATIN**
BOZEMAN MT 59715- **Total Beds:** 85 **NOT PROV**
Phone: 587-4570 **Fax:** License Number: **9445** Exp. Date: **02/08/2006**
Administrator: PENELOPE WATKINS **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 85 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

TWIN COTTAGE CARE CENTER Facility ID Number: **571**
108 S D **PO Box:** 537 County: **CARBON**
BRIDGER MT 59014- **Total Beds:** 7 **NOT PROV**
Phone: 662-3095 **Fax:** License Number: **9962** Exp. Date: **06/02/2006**
Administrator: BETTY ASPLIN **RN:** Tess Ship
Original License Current License Duration: **2** Health Planning Region Number: **3**

Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEYOND HOME I GOLD Facility ID Number: **564**
2900 ELM ST **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 12 **NOT PROV**
Phone: 723-6663 **Fax:** 494-4918 License Number: **9730** Exp. Date: **11/19/2006**
Administrator: JOLENE HUNSAKER **RN:** Cynthia Northey
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEYOND HOME II SILVER Facility ID Number: **578**
2930 ELM ST **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 11 **NOT PROV**
Phone: 723-5556 **Fax:** 494-4918 License Number: **9787** Exp. Date: **11/19/2006**
Administrator: JOLENE HUNSAKER **RN:** Cynthia Northey
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEYOND HOME III COPPER Facility ID Number: **595**
2920 ELM ST **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 11 **NOT PROV**
Phone: 723-6665 **Fax:** 494-4918 License Number: **10368** Exp. Date: **07/23/2008**
Administrator: JOLENE HUNSAKER **RN:** Cynthia Northey
Original License **04/23/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

GREENWOOD ASSISTED LIVING Facility ID Number: **507**
5 E GREENWOOD **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 9 **NOT PROV**
Phone: 782-9004 **Fax:** License Number: **10372** Exp. Date: **08/10/2006**
Administrator: JULIE KINDT **RN:** Julie Kindt
Original License **02/01/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

VINTAGE SUITES AT BUTTE Facility ID Number: **5626**
300 MOUNT HIGHLAND **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 65 **NOT PROV**
Phone: 494-0083 **Fax:** 494-3950 License Number: **10386** Exp. Date: **01/01/2007**
Administrator: LAUREN LYNCH **RN:** Jeanne Anderson
Original License **07/01/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 65 **Category B Endorsement:** X **Category C Endorsement:** X
(May have no more than 5 "B" beds)

WATERFORD ON ELIZABETH WARREN - PCH Facility ID Number: **5604**
3701 ELIZABETH **PO Box:** County: **SILVER BOW**
BUTTE MT 59701- **Total Beds:** 73 **NOT PROV**
Phone: 494-4900 **Fax:** 494-6281 License Number: **9395** Exp. Date: **12/26/2005**
Administrator: PAT HOLLAND **RN:**
Original License **06/26/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 73 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WHEAT COUNTRY ESTATE Facility ID Number: **5659**
111 6TH ST W **PO Box:** County: **LIBERTY**
CHESTER MT 59522- **Total Beds:** 19 **NOT PROV**
Phone: 759-5787 **Fax:** 759-5799 License Number: **10283** Exp. Date: **04/04/2006**
Administrator: SHARON STONES **RN:** Karen Shaw
Original License **04/04/0** Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

CHOTEAU BEE HIVE HOMES Facility ID Number: **525**
1006 W DIVISION **PO Box:** 1370 County: **TETON**
CHOTEAU MT 59422- **Total Beds:** 12 **NOT PROV**
Phone: 466-5559 **Fax:** 466-5860 License Number: **10403** Exp. Date: **09/15/2008**
Administrator: SHARON AWTREY **RN:** Jodie Perry
Original License Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

COUNTRY LIFE LLC Facility ID Number: **5709**
12 BESSLER ROAD **PO Box:** County: **JEFFERSON**
CLANCY MT 59634- **Total Beds:** 11 **PROVISIONAL**
Phone: 443-1288 **Fax:** 443-1288 License Number: **10513** Exp. Date: **04/09/2006**
Administrator: BONNIE STAPLES **RN:**
Original License **04/15/0** Current License Duration: **6 MONTH** Health Planning Region Number: **4**

Category A Beds: 11 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

STILLWATER COMM HOSP MEADOWLARK PC Facility ID Number: **5647**
44 W 4TH AVE N **PO Box:** 959 County: **STILLWATER**
COLUMBUS MT 59019- **Total Beds:** 23 **NOT PROV**
Phone: 322-6150 **Fax:** 322-5207 License Number: **9620** Exp. Date: **07/20/2006**
Administrator: TIM RUSSELL **RN:**
Original License **07/20/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 23 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

CONRAD BEE HIVE HOMES Facility ID Number: **5622**
205 N WISCONSIN **PO Box:** County: **PONDERA**
CONRAD MT 59425- **Total Beds:** 12 **NOT PROV**
Phone: 278-7004 **Fax:** License Number: **9542** Exp. Date: **05/24/2006**
Administrator: MELONIE AWTREY **RN:** Rhonda Dantin
Original License **02/24/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ARRON CARE HOME Facility ID Number: **504**
777 OILWELL **PO Box:** County: **RAVALLI**
CORVALLIS MT 59828- **Total Beds:** 13 **NOT PROV**
Phone: 961-3458 **Fax:** License Number: **9912** Exp. Date: **06/08/2007**
Administrator: REBECCA CAMPBELL **RN:** Karen L. Wolsky
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 13 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

AUTUMN HOUSE Facility ID Number: **550**
1186 EAST SIDE **PO Box:** County: **RAVALLI**
CORVALLIS MT 59828- **Total Beds:** 8 **NOT PROV**
Phone: 961-3627 **Fax:** License Number: **10207** Exp. Date: **02/14/2007**
Administrator: JENET NICHOLSON **RN:** Allexis Wagner
Original License **02/14/0** Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 8 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

CUT BANK BEE HIVE HOME Facility ID Number: **5636**
318 E MAIN **PO Box:** County: **GLACIER**
CUT BANK MT 59425- **Total Beds:** 12 **NOT PROV**
Phone: 873-3292 **Fax:** License Number: **10204** Exp. Date: **03/13/2008**
Administrator: MELONIE AWTREY **RN:** Teresa Shiner
Original License **03/13/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

LOVELAND ACRES Facility ID Number: **538**
4485 THORNING LOOP **PO Box:** County: **RAVALLI**
DARBY MT 59829- **Total Beds:** 7 **NOT PROV**
Phone: 821-3519 **Fax:** License Number: **10295** Exp. Date: **04/23/2006**
Administrator: GEARLENE MCCUTCHEON **RN:** Anne Mortonson
Original License Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 7 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

BEYOND HOME Facility ID Number: **5639**
702 TUMBLEWEED LN **PO Box:** County: **POWELL**
DEER LODGE MT 59722- **Total Beds:** 11 **NOT PROV**
Phone: 846-3342 **Fax:** License Number: **9666** Exp. Date: **09/13/2006**
Administrator: JOLENE HUNSAKER **RN:**
Original License **03/13/0** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ROSETTA ASSISTED LIVING-DILLON Facility ID Number: **561**
1025 East Center **PO Box:** County: **BEAVERHEAD**
DILLON MT 59725- **Total Beds:** 14 **NOT PROV**
Phone: 683-4002 **Fax:** License Number: **10157** Exp. Date: **11/24/2006**
Administrator: DORITTA RAE STENSON **RN:** Barrett Hospital
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SHELBY HOUSE Facility ID Number: **547**
2320 SPOKANE CREEK **PO Box:** 1493 County: **LEWIS & CLARK**
EAST HELENA MT 59635- **Total Beds:** 12 **NOT PROV**
Phone: 475-3621 **Fax:** License Number: **10454** Exp. Date: **08/21/2008**
Administrator: SHELBY CLEVELAND **RN:** Karen Stiles
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SHELBY HOUSE II Facility ID Number: **567**
5750 SPOKANE RANCH **PO Box:** 1167 County: **LEWIS & CLARK**
EAST HELENA MT 59635- **Total Beds:** 9 **NOT PROV**
Phone: 475-9347 **Fax:** License Number: **10456** Exp. Date: **08/21/2008**
Administrator: SHELBY CLEVELAND **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

GENERATIONS II Facility ID Number: **5643**
200 W FAGAN **PO Box:** 160 County: **MADISON**
ENNIS MT 59729- **Total Beds:** 8 **PROVISIONAL**
Phone: 682-7066 **Fax:** 680-7070 License Number: **10532** Exp. Date: **02/16/2006**
Administrator: KENTON IRVINE **RN:**
Original License **05/16/0** Current License Duration: **3 MONTH** Health Planning Region Number: **4**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

KATHY'S PLACE PCH Facility ID Number: **5648**
466 HIDDEN VALLEY RD **PO Box:** County: **RAVALLI**
FLORENCE MT 59833- **Total Beds:** 8 **NOT PROV**
Phone: 273-6826 **Fax:** License Number: **10170** Exp. Date: **01/15/2007**
Administrator: KATHY PORTER **RN:**
Original License **09/18/0** Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WARM SUNSETS ASSISTED LIVING Facility ID Number: **5707**
19655 OLD HWY 93 **PO Box:** 873 County: **RAVALLI**
FLORENCE MT 59833- **Total Beds:** 7 **NOT PROV**
Phone: 273-2200 **Fax:** License Number: **10423** Exp. Date: **06/15/2006**
Administrator: LINDA TRUMAN **RN:**
Original License **04/01/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 7 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

MISSOURI RIVER MEDICAL CENTER PC Facility ID Number: **505**
1501 ST CHARLES ST **PO Box:** 249 County: **CHOUTEAU**
FORT BENTON MT 59442- **Total Beds:** 6 **NOT PROV**
Phone: 622-3331 **Fax:** 622-5670 License Number: **9990** Exp. Date: **07/11/2007**
Administrator: JAY POTTENGER **RN:** Janice Woodhouse
Original License Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

OUR PLACE Facility ID Number: **540**
#17 HIGH SCHOOL RD **PO Box:** 471 County: **VALLEY**
GLASGOW MT 59230- **Total Beds:** 11 **NOT PROV**
Phone: 228-8520 **Fax:** 228-9472 License Number: **10134** Exp. Date: **10/04/2007**
Administrator: JOY ERICKSON **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 11 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

PRAIRIE RIDGE VILLAGE Facility ID Number: **5694**
521 4TH AVE S **PO Box:** County: **VALLEY**
GLASGOW MT 59230- **Total Beds:** 34 **NOT PROV**
Phone: 228-2208 **Fax:** License Number: **9870** Exp. Date: **06/06/2007**
Administrator: TOM KLOTZ **RN:**
Original License **06/06/0** Current License Duration: **1** Health Planning Region Number: **1**

Category A Beds: 34 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

ROBISON CARE CENTER Facility ID Number: **551**
408 CHESTNUT AVE **PO Box:** County: **DAWSON**
GLENDIVE MT 59330- **Total Beds:** 12 **PROVISIONAL**
Phone: 377-5918 **Fax:** License Number: **10378** Exp. Date: **01/24/2007**
Administrator: PATTI ROBISON **RN:** Patti Robison
Original License Current License Duration: **6 MONTHS** Health Planning Region Number: **1**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

THE HERITAGE Facility ID Number: **5608**
1313 N MERRILL AVE **PO Box:** County: **DAWSON**
GLENDIVE MT 59330- **Total Beds:** 13 **NOT PROV**
Phone: 377-7700 **Fax:** 377-7701 License Number: **9469** Exp. Date: **03/02/2006**
Administrator: BARBARA MARKHAM **RN:**
Original License **11/02/9** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 13 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

"THE LODGE" AT MISSOURI RIVER MANOR Facility ID Number: **5663**
1801 9TH ST S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 97 **NOT PROV**
Phone: 771-7440 **Fax:** License Number: **10488** Exp. Date: **10/23/2008**
Administrator: MIKE MASTERS **RN:** Oralei Hoffman
Original License **07/23/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 97 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ANGEL'S HOME CARE CENTER Facility ID Number: **5718**
5010 9TH AVENUE **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 8 **NOT PROV**
Phone: 761-0829 **Fax:** 761-0829 License Number: **10291** Exp. Date: **04/26/2007**
Administrator: ROBERT & VAN SPYK **RN:** Theresa Jo Marsac
Original License **10/26/0** Current License Duration: **2** Health Planning Region Number: **2**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

AZALEA PLACE ADULT FAMILY HOME INC Facility ID Number: **5724**
1 PROSPECT DRIVE **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 8 **NOT PROV**
Phone: 452-4500 **Fax:** 452-4500 License Number: **10505** Exp. Date: **09/21/2006**
Administrator: ART SIMONS **RN:**
Original License **06/30/0** Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEE HIVE HOMES OF GREAT FALLS Facility ID Number: **5625**
2824 15TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 12 **NOT PROV**
Phone: 727-2528 **Fax:** 453-7101 License Number: **10133** Exp. Date: **10/29/2007**
Administrator: MIKE KINGSLEY **RN:** Barbara Rovreit
Original License **04/29/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEE HIVE HOMES OF GREAT FALLS #2 Facility ID Number: **5665**
2824 15TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59404- **Total Beds:** 15 **NOT PROV**
Phone: 727-2528 **Fax:** License Number: **10130** Exp. Date: **10/17/2007**
Administrator: MIKE KINGSLEY **RN:** Barbara Rovreit
Original License **10/17/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 15 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

CAMBRIDGE COURT GF, LLC Facility ID Number: **506**
1109 6TH AVE N **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 97 **NOT PROV**
Phone: 727-7151 **Fax:** 717-7024 License Number: **10463** Exp. Date: **08/09/2006**
Administrator: KEVIN WILLEMS **RN:**
Original License Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 97 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

DONNALEE'S ASSISTED LIVING CARE LLC Facility ID Number: **5620**
2201 11TH ST SW **PO Box:** County: **CASCADE**
GREAT FALLS MT 59404- **Total Beds:** 12 **NOT PROV**
Phone: 452-7559 **Fax:** License Number: **9793** Exp. Date: **02/26/2007**
Administrator: DONNALEE TAMOSIATIS **RN:** Donnalee Tamosiatis
Original License **02/26/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

DONNALEE'S PERSONAL CARE LLC Facility ID Number: **5653**
2101 11TH ST SW **PO Box:** County: **CASCADE**
GREAT FALLS MT 59404- **Total Beds:** 8 **NOT PROV**
Phone: 452-7559 **Fax:** License Number: **9794** Exp. Date: **03/14/2007**
Administrator: DONNALEE TAMOSAITIS **RN:** Donnalee Tamosaitis
Original License **12/14/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 8 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GOLDEN EAGLE PLAZA Facility ID Number: **5640**
1615 9TH ST S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 40 **NOT PROV**
Phone: 268-0100 **Fax:** License Number: **10018** Exp. Date: **07/30/2007**
Administrator: JUDY LINDQUIST **RN:**
Original License **04/12/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 40 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

HIGHGATE HOUSE PERSONAL CARE Facility ID Number: **5601**
3000 - 11TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 58 **NOT PROV**
Phone: 454-0991 **Fax:** 454-0994 License Number: **10426** Exp. Date: **10/08/2008**
Administrator: CHERYL WEAVER **RN:** Barbara Kessner Boe
Original License **07/08/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 58 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

HOSANNA HOME ASSISTED LIVING HOME Facility ID Number: **5706**
1521 3RD AVENUE **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 13 **NOT PROV**
Phone: 453-1171 **Fax:** 453-1171 License Number: **10525** Exp. Date: **08/09/2006**
Administrator: AMANDA GABLE **RN:**
Original License **05/03/0** Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 13 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

MEADOWLARK ASSISTED LIVING Facility ID Number: **5719**
1009 3RD AVENUE **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 20 **NOT PROV**
Phone: 452-6400 **Fax:** License Number: **10218** Exp. Date: **02/15/2006**
Administrator: ROBERT BARTRAM **RN:**
Original License **12/07/0** Current License Duration: **1** Health Planning Region Number: **2**

Category A Beds: 20 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

MOUNTAIN VIEW HOME Facility ID Number: **5705**
6600 58TH STREET SW **PO Box:** County: **CASCADE**
GREAT FALLS MT 59404- **Total Beds:** 7 **NOT PROV**
Phone: 452-5810 **Fax:** License Number: **10281** Exp. Date: **06/02/2008**
Administrator: ANNALIZA SHERBONDY **RN:** Emelia Leanordson
Original License **03/30/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

MURPHY'S ELDERLY GUEST HOUSE Facility ID Number: **5619**
2925 6TH AVE N **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 6 **NOT PROV**
Phone: 727-5428 **Fax:** License Number: **10019** Exp. Date: **07/01/2006**
Administrator: PATTI MURPHY **RN:** Joanie Betschart
Original License **07/01/0** Current License Duration: **2** Health Planning Region Number: **2**

Category A Beds: 6 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

RAINBOW GF, LLC Facility ID Number: **546**
20 3RD ST N **PO Box:** County: **CASCADE**
GREAT FALLS MT 59401- **Total Beds:** 65 **PROVISIONAL**
Phone: 761-6661 **Fax:** 761-6809 License Number: **10288** Exp. Date: **10/15/2005**
Administrator: BECKY DEBOLT **RN:** Beverly M. Debolt
Original License Current License Duration: **6 MO** Health Planning Region Number: **2**

Category A Beds: 65 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

ROSETTA ASSISTED LIVING - MEDLEY 2 Facility ID Number: **5678**
2010 16TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 9 **NOT PROV**
Phone: 453-2882 **Fax:** 268-1159 License Number: **10261** Exp. Date: **03/17/2008**
Administrator: AUBREY MATOON **RN:** Kathy Hansen
Original License **08/29/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ROSETTA ASSISTED LIVING MEDLEY I Facility ID Number: **5667**
2000 16TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 9 **NOT PROV**
Phone: 453-2882 **Fax:** License Number: **10260** Exp. Date: **03/17/2008**
Administrator: AUBREY MATOON **RN:** Kathy Hansen
Original License **02/19/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SAPPHIRE INC. Facility ID Number: **5700**
815 2ND AVENUE SOUTH **PO Box:** County: **CASCADE**
GREAT FALLS MT 59406- **Total Beds:** 11 **NOT PROV**
Phone: 761-1155 **Fax:** License Number: **10494** Exp. Date: **09/23/2008**
Administrator: ROBIN FLEEK **RN:**
Original License **12/19/0** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 11 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE GOLDSTONE Facility ID Number: **5629**
5200 9TH AVE S **PO Box:** County: **CASCADE**
GREAT FALLS MT 59405- **Total Beds:** 13 **NOT PROV**
Phone: 452-1239 **Fax:** 452-5320 License Number: **10136** Exp. Date: **10/21/2007**
Administrator: BONNIE HUESTIS **RN:** Peggy Huestis
Original License **10/21/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 13 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE DISCOVERY CARE CENTRE PC Facility ID Number: **508**
601 10TH AVE **PO Box:** County: **RAVALLI**
HAMILTON MT 59840- **Total Beds:** 45 **NOT PROV**
Phone: 363-2273 **Fax:** 363-2709 License Number: **9701** Exp. Date: **11/05/2006**
Administrator: DORIS GILBERTSON **RN:** Joanie King
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 45 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HERITAGE ACRES ASSISTED LIVING
200 N MITCHELL **PO Box:**
HARDIN MT 59034- **Total Beds:** 11
Phone: 665-2802 **Fax:** 665-3809 License Number: **9365**
Administrator: PAULA SMALL
Original License **10/20/9** Current License Duration: **3**

Facility ID Number: **5613**
County: **BIG HORN**
NOT PROV
Exp. Date: **10/20/2005**
RN:
Health Planning Region Number: **3**

Category A Beds: 11 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

NORTHERN MONTANA CARE CENTER
24 13TH ST **PO Box:**
HAVRE MT 59501- **Total Beds:** 10
Phone: 265-2238 **Fax:** 265-9046 License Number: **9846**
Administrator: LORI HENDERSON
Original License Current License Duration: **3**

Facility ID Number: **581**
County: **HILL**
NOT PROV
Exp. Date: **03/27/2007**
RN:
Health Planning Region Number: **2**

Category A Beds: 10 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

ASPEN GARDENS 11
11 BUMBLE BEE CRT **PO Box:**
HELENA MT 59601- **Total Beds:** 12
Phone: 495-8173 **Fax:** 457-9629 License Number: **10311**
Administrator: SHERRI MAHARG
Original License **06/16/0** Current License Duration: **8 MONTH**

Facility ID Number: **5641**
County: **LEWIS & CLARK**
PROVISIONAL
Exp. Date: **12/16/2005**
RN: Aimee Shein
Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

ASPEN GARDENS 13
13 BUMBLE BEE CRT **PO Box:**
HELENA MT 59601- **Total Beds:** 12
Phone: 495-9005 **Fax:** 457-9629 License Number: **10312**
Administrator: SHERRI MAHARG
Original License **06/16/0** Current License Duration: **8 MONTH**

Facility ID Number: **554**
County: **LEWIS & CLARK**
PROVISIONAL
Exp. Date: **12/16/2005**
RN: Aimee Shein
Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

ASPEN GARDENS 16
16 BUMBLE BEE CRT **PO Box:**
HELENA MT 59601- **Total Beds:** 12
Phone: 457-9626 **Fax:** 457-9629 License Number: **10313**
Administrator: SHERRI MAHARG
Original License **06/16/0** Current License Duration: **8 MONTH**

Facility ID Number: **5671**
County: **LEWIS & CLARK**
PROVISIONAL
Exp. Date: **12/16/2005**
RN: Aimee Shein
Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

MONTANA MASONIC HOME
2010 MASONIC HOME RD **PO Box:**
HELENA MT 59601- **Total Beds:** 45
Phone: 458-5431 **Fax:** 458-9322 License Number: **10266**
Administrator: GALE EVANS
Original License Current License Duration: **3**

Facility ID Number: **555**
County: **LEWIS & CLARK**
NOT PROV
Exp. Date: **03/01/2008**
RN: Sharon Kelly
Health Planning Region Number: **4**

Category A Beds: 45 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

OUR HOUSE
2000 WINNE **PO Box:**
HELENA MT 59601- **Total Beds:** 6
Phone: 443-3364 **Fax:** License Number: **9378**
Administrator: MARY JO GIBSON
Original License **12/01/0** Current License Duration: **3**

Facility ID Number: **5652**
County: **LEWIS & CLARK**
NOT PROV
Exp. Date: **12/01/2005**
RN: Jill Farnam
Health Planning Region Number: **4**

Category A Beds: 6 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

ROSETTA ASSISTED LIVING DAYSPRING
10 DAY SPRING LOOP **PO Box:**
HELENA MT 59601- **Total Beds:** 9
Phone: 449-7587 **Fax:** License Number: **10296**
Administrator: BONNIE LAFOUNTAINE
Original License **10/07/0** Current License Duration: **1**

Facility ID Number: **5681**
County: **LEWIS & CLARK**
NOT PROV
Exp. Date: **04/15/2006**
RN: Kathy Pedersen
Health Planning Region Number: **4**

Category A Beds: 9 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

ROSETTA ASSISTED LIVING-VALLEY VIEW Facility ID Number: **5717**
525 SADDLE DRIVE **PO Box:** County: **LEWIS & CLARK**
HELENA MT 59601- **Total Beds:** 17 **PROVISIONAL**
Phone: 443-6339 **Fax:** 449-3109 License Number: **10364** Exp. Date: **04/13/2006**
Administrator: BONNIE LAFOUNTAINE **RN:** Kathy Pedersen
Original License **10/13/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 17 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SONHEAVEN I Facility ID Number: **552**
2510 FERNDALE **PO Box:** County: **LEWIS & CLARK**
HELENA MT 59601- **Total Beds:** 15 **NOT PROV**
Phone: 449-0229 **Fax:** License Number: **10121** Exp. Date: **10/16/2007**
Administrator: LINDA SANDMAN **RN:**
Original License **10/16/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 15 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

SONHEAVEN II Facility ID Number: **5630**
2540 FERNDALE **PO Box:** County: **LEWIS & CLARK**
HELENA MT 59601- **Total Beds:** 17 **NOT PROV**
Phone: 495-0436 **Fax:** 449-0231 License Number: **10137** Exp. Date: **10/16/2007**
Administrator: LINDA SANDMAN **RN:**
Original License **12/05/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 17 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

WATERFORD ON SADDLE DRIVE LLC Facility ID Number: **512**
915 SADDLE DR **PO Box:** County: **LEWIS & CLARK**
HELENA MT 59601- **Total Beds:** 78 **PROVISIONAL**
Phone: 449-4900 **Fax:** 449-4999 License Number: **10490** Exp. Date: **03/03/2006**
Administrator: STEVE W. NISTLER **RN:**
Original License Current License Duration: **6 MONTHS** Health Planning Region Number: **4**

Category A Beds: 78 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BUFFALO HILL TERRACE Facility ID Number: **5644**
40 CLAREMONT ST **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 25 **NOT PROV**
Phone: 752-9624 **Fax:** 752-9609 License Number: **9852** Exp. Date: **05/31/2007**
Administrator: CAROL COCKRELL **RN:**
Original License **05/31/0** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 25 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

EDGEWOOD VISTA PCH - KALISPELL Facility ID Number: **5657**
141 INTERSTATE LN **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 12 **NOT PROV**
Phone: 755-3240 **Fax:** 755-3249 License Number: **10457** Exp. Date: **08/21/2006**
Administrator: LAURA FERGUSON **RN:** Linda R. Cranney
Original License **02/21/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

FRIENDSHIP HOUSE INC PERSONAL CARE Facility ID Number: **510**
606 2ND AVE W **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 23 **NOT PROV**
Phone: 257-8375 **Fax:** 257-6675 License Number: **9609** Exp. Date: **06/30/2006**
Administrator: SHERRY PANARIELLO **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 23 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

GREENWOOD VILLAGE Facility ID Number: **5660**
1150 E OREGON ST **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 47 **NOT PROV**
Phone: 257-7719 **Fax:** License Number: **10424** Exp. Date: **08/18/2006**
Administrator: DENNIS RASMUSSEN **RN:**
Original License **05/18/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 47 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

PRESTIGE ASSISTED LIVING AT KALISPELL Facility ID Number: **596**
125 GLENWOOD DRIVE **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 53 **NOT PROV**
Phone: 756-1818 **Fax:** License Number: **10314** Exp. Date: **05/06/2008**
Administrator: GINIA K SIEBENALER **RN:** Jan Mueller
Original License **05/06/9** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 53 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

ROSETTA ASSISTED LIVING - LIBERTY Facility ID Number: **5708**
645 LIBERTY STREET **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 12 **NOT PROV**
Phone: 755-4483 **Fax:** License Number: **10438** Exp. Date: **10/15/2008**
Administrator: BRETT WRIGHT **RN:** Mitzie Carpenter
Original License **04/15/0** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WEL-LIFE AT KALISPELL Facility ID Number: **599**
156 3 MILE DR **PO Box:** County: **FLATHEAD**
KALISPELL MT 59901- **Total Beds:** 36 **NOT PROV**
Phone: 756-8688 **Fax:** 756-0095 License Number: **10425** Exp. Date: **05/26/2006**
Administrator: SHEILA GERSACK **RN:**
Original License **06/22/9** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 36 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

TENDERNEST LLC, 1L Facility ID Number: **593**
120 W 12TH ST **PO Box:** County: **YELLOWSTONE**
LAUREL MT 59044- **Total Beds:** 12 **NOT PROV**
Phone: 628-7500 **Fax:** 628-2395 License Number: **10244** Exp. Date: **03/02/2006**
Administrator: RANDALL SWENSON **RN:** Julie Miller
Original License **04/17/9** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

TENDERNEST LLC, 2L Facility ID Number: **5621**
118 W 12TH ST **PO Box:** County: **YELLOWSTONE**
LAUREL MT 59044- **Total Beds:** 12 **NOT PROV**
Phone: 628-7300 **Fax:** License Number: **10245** Exp. Date: **03/02/2006**
Administrator: RANDALL SWENSON **RN:** Julie Miller
Original License **02/25/9** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

NEW HORIZONS ASSISTED LIVING Facility ID Number: **5679**
217 MCKINLEY **PO Box:** 1064 County: **FERGUS**
LEWISTOWN MT 59457- **Total Beds:** 16 **NOT PROV**
Phone: 538-9853 **Fax:** License Number: **10216** Exp. Date: **03/25/2008**
Administrator: LORI GILL **RN:**
Original License **09/25/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 16 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

NEW HORIZONS ASSISTED LIVING - Facility ID Number: **5654**
221 MCKINLEY ST **PO Box:** 1064 County: **FERGUS**
LEWISTOWN MT 59457- **Total Beds:** 15 **NOT PROV**
Phone: 538-9853 **Fax:** License Number: **10150** Exp. Date: **01/01/2008**
Administrator: LORI GILL **RN:**
Original License **01/01/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SHEPHERDS WAY Facility ID Number: **5712**
80007 US HWY 87 **PO Box:** County: **FERGUS**
LEWISTOWN MT 59457- **Total Beds:** 20 **NOT PROV**
Phone: 538-3610 **Fax:** License Number: **10393** Exp. Date: **09/08/2008**
Administrator: BARBARA NELSON **RN:** Barbara Nelson
Original License **07/21/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 20 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE VILLA
402 SUMMIT AVE **PO Box:**
LEWISTOWN MT 59457- **Total Beds:** 35
Phone: 538-8775 **Fax:** 538-8773 License Number: **10113**
Administrator: JACK STRIKER
Original License Current License Duration: **3**

Facility ID Number: **513**
County: **FERGUS**
NOT PROV
Exp. Date: **11/18/2007**
RN:
Health Planning Region Number: **3**

Category A Beds: 35 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

DIAMOND K LODGE
1200 W MONTANA **PO Box:**
LIVINGSTON MT 59047- **Total Beds:** 18
Phone: 222-0605 **Fax:** 222-7392 License Number: **10223**
Administrator: SUSAN CLARK
Original License Current License Duration: **1**

Facility ID Number: **563**
County: **PARK**
NOT PROV
Exp. Date: **03/01/2006**
RN: Ann Evans Henry
Health Planning Region Number: **4**

Category A Beds: 18 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

FRONTIER PERSONAL CARE CENTER INC
121 S 3RD **PO Box:**
LIVINGSTON MT 59047- **Total Beds:** 50
Phone: 222-6102 **Fax:** 222-4833 License Number: **10453**
Administrator: EVA SHARP
Original License Current License Duration: **3**

Facility ID Number: **514**
County: **PARK**
NOT PROV
Exp. Date: **07/19/2008**
RN: Julian Rost
Health Planning Region Number: **4**

Category A Beds: 50 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

NEW HORIZONS
1301 WINEGLASS LANE **PO Box:**
LIVINGSTON MT 59047- **Total Beds:** 16
Phone: 222-0797 **Fax:** License Number: **10301**
Administrator: RAY LANGFORD
Original License **02/01/0** Current License Duration: **3**

Facility ID Number: **5702**
County: **PARK**
NOT PROV
Exp. Date: **07/09/2008**
RN: Wendy Brown
Health Planning Region Number: **4**

Category A Beds: 16 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

COUNTRY HOME PCH Facility ID Number: **597**
HC 72 BOX 7390 **PO Box:** County: **PHILLIPS**
MALTA MT 59538- **Total Beds:** 12 **NOT PROV**
Phone: 654-2198 **Fax:** 654-2198 License Number: **10259** Exp. Date: **05/08/2008**
Administrator: LAURA PANKRATZ **RN:** Duane Murray
Original License **05/08/9** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HI-LINE RETIREMENT CENTER INC. Facility ID Number: **5698**
801 S 3RD ST W **PO Box:** 770 County: **PHILLIPS**
MALTA MT 59538- **Total Beds:** 8 **NOT PROV**
Phone: 654-1190 **Fax:** 654-2233 License Number: **10517** Exp. Date: **10/01/2008**
Administrator: WARD VANWICHEN **RN:**
Original License **10/01/0** Current License Duration: **1** Health Planning Region Number: **1**

Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

CENTURY VILLAGE ASSISTED LIVING Facility ID Number: **5722**
100 HAMILTON COURT **PO Box:** County: **GALLATIN**
MANHATTAN MT 59741- **Total Beds:** 40 **NOT PROV**
Phone: 282-7488 **Fax:** 327-0042 License Number: **10489** Exp. Date: **09/26/2006**
Administrator: MARIE HAMILTON RN **RN:**
Original License **04/26/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 40 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

CHURCHILL RETIREMENT HOME, INC Facility ID Number: **549**
6150 SHADY REST ST **PO Box:** County: **GALLATIN**
MANHATTAN MT 59741- **Total Beds:** 12 **NOT PROV**
Phone: 282-7631 **Fax:** License Number: **9992** Exp. Date: **07/01/2006**
Administrator: BARBARA KAMERMAN **RN:** Sherrill Olson
Original License Current License Duration: **2** Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

COTTONWOOD CARE HOME Facility ID Number: **5602**
3420 BRISBIN **PO Box:** 1314 County: **CUSTER**
MILES CITY MT 59301- **Total Beds:** 10 **NOT PROV**
Phone: 232-2273 **Fax:** License Number: **9446** Exp. Date: **02/10/2006**
Administrator: CHRIS KUKOWSKI **RN:** J. Chris Kukowski
Original License **11/10/9** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HOMESTEAD HOMES INC Facility ID Number: **535**
2706 PLEASANT ST **PO Box:** County: **CUSTER**
MILES CITY MT 59301- **Total Beds:** 11 **NOT PROV**
Phone: 234-6670 **Fax:** 232-2162 License Number: **9478** Exp. Date: **03/17/2006**
Administrator: BONNIE SCOTT **RN:** Margaret L. Tiffany
Original License Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 11 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

PARKVIEW CARING Facility ID Number: **5650**
106 S STREVELL **PO Box:** County: **CUSTER**
MILES CITY MT 59301- **Total Beds:** 9 **NOT PROV**
Phone: 234-9289 **Fax:** License Number: **10439** Exp. Date: **10/10/2008**
Administrator: SHERRY STOLTZ **RN:** Sherry Stoltz
Original License **10/10/0** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SHADY LANE ASSISTED LIVING INC Facility ID Number: **5672**
1018 PLEASANT **PO Box:** County: **CUSTER**
MILES CITY MT 59301- **Total Beds:** 8 **NOT PROV**
Phone: 234-4104 **Fax:** License Number: **10264** Exp. Date: **07/01/2007**
Administrator: RANDY/DEEA KRUGER **RN:**
Original License **07/01/0** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

TLC OF MILES CITY INC
220 N CENTER **PO Box:**
MILES CITY MT 59301- **Total Beds:** 16
Phone: 232-7988 **Fax:** License Number: **10112**
Administrator: BARBARA MELCHIOR
Original License Current License Duration: **3**
Facility ID Number: **515**
County: **CUSTER**
NOT PROV
Exp. Date: **11/01/2007**
RN:
Health Planning Region Number: **1**

Category A Beds: 16 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

AT HOME ASSISTED LIVING
1300 SPEEDWAY **PO Box:**
MISSOULA MT 59802- **Total Beds:** 28
Phone: 549-8127 **Fax:** License Number: **9606**
Administrator: GARY WINGFIELD
Original License **07/03/0** Current License Duration: **3**
Facility ID Number: **519**
County: **MISSOULA**
NOT PROV
Exp. Date: **07/03/2006**
RN: Partners in Home Care
Health Planning Region Number: **5**

Category A Beds: 28 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

BEE HIVE HOMES OF MISSOULA ASPEN #3
2406 RIVER RD **PO Box:**
MISSOULA MT 59804- **Total Beds:** 12
Phone: 543-0605 **Fax:** 721-0546 License Number: **10385**
Administrator: PAULA WALLACE
Original License **03/17/9** Current License Duration: **3**
Facility ID Number: **5623**
County: **MISSOULA**
NOT PROV
Exp. Date: **06/19/2008**
RN: Home Health of MT
Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

BEE HIVE HOMES OF MISSOULA CEDAR #4
2406 RIVER RD **PO Box:**
MISSOULA MT 59804- **Total Beds:** 12
Phone: 728-8557 **Fax:** 721-0546 License Number: **9683**
Administrator: PAULA WALLACE
Original License **11/15/9** Current License Duration: **3**
Facility ID Number: **5633**
County: **MISSOULA**
NOT PROV
Exp. Date: **11/15/2006**
RN: Home Health of MT
Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

BEE HIVE HOMES OF MISSOULA PONDEROSA Facility ID Number: **5606**
2406 RIVER RD **PO Box:** County: **MISSOULA**
MISSOULA MT 59804- **Total Beds:** 12 **NOT PROV**
Phone: 721-0549 **Fax:** 721-0546 License Number: **10384** Exp. Date: **06/22/2008**
Administrator: PAULA WALLACE **RN:** Home Health of MT
Original License **06/22/9** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BEE HIVE HOMES OF MISSOULA SPRUCE #1 Facility ID Number: **577**
2406 RIVER RD **PO Box:** County: **MISSOULA**
MISSOULA MT 59804- **Total Beds:** 12 **NOT PROV**
Phone: 728-0115 **Fax:** 721-0546 License Number: **9777** Exp. Date: **12/30/2006**
Administrator: PAULA WALLACE **RN:** Home Health of MT
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

COUNTRY HOME ESTATE Facility ID Number: **5635**
1704 S RESERVE ST **PO Box:** County: **MISSOULA**
MISSOULA MT 59801- **Total Beds:** 10 **NOT PROV**
Phone: 542-1889 **Fax:** 549-6848 License Number: **10205** Exp. Date: **02/28/2006**
Administrator: LYNNE MERVIN **RN:** Betty L. Sol
Original License **02/28/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

EDGEWOOD VISTA OF MISSOULA Facility ID Number: **570**
2815 PALMER **PO Box:** County: **MISSOULA**
MISSOULA MT 59802- **Total Beds:** 25 **NOT PROV**
Phone: 549-9660 **Fax:** 549-4424 License Number: **10029** Exp. Date: **07/03/2007**
Administrator: JAN WOLSTAD-GRE **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 25 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

EVERGREEN VISTA OF MISSOULA Facility ID Number: **520**
3018 RATTLESNAKE DR **PO Box:** County: **MISSOULA**
MISSOULA MT 59802- **Total Beds:** 22 **NOT PROV**
Phone: 543-2273 **Fax:** 543-5606 License Number: **10437** Exp. Date: **09/25/2007**
Administrator: DAVID SANDE JR **RN:** Lynn Rittenhouse
Original License Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 22 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

FLOR-HAVEN HOME (PC) Facility ID Number: **516**
433 S 3RD ST W **PO Box:** 2340 County: **MISSOULA**
MISSOULA MT 59806- **Total Beds:** 20 **NOT PROV**
Phone: 542-2598 **Fax:** License Number: **9808** Exp. Date: **03/05/2007**
Administrator: JAN OVERBAUGH **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 20 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

FOOTSTEPS MEMORY CARE @ THE SPRINGS Facility ID Number: **5721**
3710 AMERICAN WAY **PO Box:** County: **MISSOULA**
MISSOULA MT 59808- **Total Beds:** 58 **NOT PROV**
Phone: 273-0101 **Fax:** 273-0202 License Number: **10369** Exp. Date: **06/20/2006**
Administrator: JODY EDINGER-MCEL **RN:** Sally L. Evans
Original License **04/06/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 58 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

GOLDEN AGE ASSISTED LIVING Facility ID Number: **576**
2351 CLOVERDALE DR **PO Box:** 2342 County: **MISSOULA**
MISSOULA MT 59801- **Total Beds:** 9 **NOT PROV**
Phone: 251-3074 **Fax:** License Number: **9924** Exp. Date: **06/26/2006**
Administrator: FLORENCE HAGEN **RN:** Betty Sal
Original License **01/26/9** Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 9 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GOLDEN AGE II Facility ID Number: **575**
2327 39TH ST **PO Box:** County: **MISSOULA**
MISSOULA MT 59806- **Total Beds:** 9 **NOT PROV**
Phone: 251-2259 **Fax:** License Number: **10295** Exp. Date: **05/01/2006**
Administrator: FLORENCE HAGEN **RN:**
Original License Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 9 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HAWTHORNE HOUSE Facility ID Number: **517**
1811 S 7TH W **PO Box:** County: **MISSOULA**
MISSOULA MT 59801- **Total Beds:** 37 **NOT PROV**
Phone: 543-4055 **Fax:** License Number: **10404** Exp. Date: **06/14/2008**
Administrator: DIANE HOPEWELL **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 37 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

HERITAGE RETIREMENT HOME - PCH Facility ID Number: **5649**
3815 S 7TH W **PO Box:** 4324 County: **MISSOULA**
MISSOULA MT 59806-432 **Total Beds:** 15 **NOT PROV**
Phone: 728-8181 **Fax:** 728-8118 License Number: **10478** Exp. Date: **09/12/2006**
Administrator: JOLYNN DENNIS **RN:** Partners & Home Care
Original License **09/12/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 15 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HILLSIDE PLACE Facility ID Number: **518**
4718 23RD AVE **PO Box:** County: **MISSOULA**
MISSOULA MT 59803- **Total Beds:** 19 **NOT PROV**
Phone: 251-5100 **Fax:** License Number: **10323** Exp. Date: **04/13/2006**
Administrator: ADAM MOLENDA **RN:** Adam W Molenda
Original License Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 19 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HUNTERS GLEN AT GRIZZLY PEAK Facility ID Number: **588**
3620 AMERICAN WAY **PO Box:** County: **MISSOULA**
MISSOULA MT 59808- **Total Beds:** 120 **PROVISIONAL**
Phone: 542-7009 **Fax:** 542-7094 License Number: **10476** Exp. Date: **03/02/2006**
Administrator: JANICE BARBER **RN:** Marsha Daulten
Original License **05/08/9** Current License Duration: **6 MONTH** Health Planning Region Number: **5**

Category A Beds: 120 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

MULLAN MEADOWS ASSISTED LIVING Facility ID Number: **5675**
3214 WASHBURN STREET **PO Box:** County: **MISSOULA**
MISSOULA MT 59801-837 **Total Beds:** 17 **NOT PROV**
Phone: 721-4663 **Fax:** License Number: **10526** Exp. Date: **05/05/2008**
Administrator: TERESA SHEA **RN:** Teresa Shea
Original License **05/31/0** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 17 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:** X

PLEASANT VIEW PERSONAL CARE HOME Facility ID Number: **5690**
4322 W CENTRAL AVE **PO Box:** County: **MISSOULA**
MISSOULA MT 59804- **Total Beds:** 6 **NOT PROV**
Phone: 728-8675 **Fax:** License Number: **10300** Exp. Date: **05/01/2006**
Administrator: BONNIE KOLDEN **RN:**
Original License **05/02/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 6 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

ROSETTA-GREAT NORTHERN Facility ID Number: **5729**
2810 GREAT NORTHERN **PO Box:** County: **MISSOULA**
MISSOULA MT 59808- **Total Beds:** 17 **PROVISIONAL**
Phone: 781-8675 **Fax:** License Number: **10486** Exp. Date: **03/20/2006**
Administrator: SUSAN KELSO **RN:**
Original License **09/20/0** Current License Duration: **6 MONTHS** Health Planning Region Number: **5**

Category A Beds: 17 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

THE SPRINGS AT MISSOULA Facility ID Number: **5720**
3710 AMERICAN WAY **PO Box:** County: **MISSOULA**
MISSOULA MT 59808- **Total Beds:** 58 **NOT PROV**
Phone: 273-0101 **Fax:** 273-0202 License Number: **10370** Exp. Date: **06/20/2006**
Administrator: JODY EDINGER-MCEL **RN:**
Original License **12/20/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 58 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE VILLAGE SENIOR RESIDENCE - PCH Facility ID Number: **521**
2815 OLD FORT RD **PO Box:** County: **MISSOULA**
MISSOULA MT 59804- **Total Beds:** 30 **NOT PROV**
Phone: 549-1300 **Fax:** License Number: **9944** Exp. Date: **07/22/2007**
Administrator: BEVERLY MIX **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 30 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WHISPERING MEADOWS LLC Facility ID Number: **5715**
10450 MULLAN ROAD **PO Box:** County: **MISSOULA**
MISSOULA MT 59808- **Total Beds:** 10 **NOT PROV**
Phone: 728-1569 **Fax:** 728-1280 License Number: **10257** Exp. Date: **03/16/2006**
Administrator: ANNIE NEELY **RN:**
Original License **03/16/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

LILY OF THE VALLEY AFH Facility ID Number: **5689**
5026 PINE TREE LN **PO Box:** 756 County: **LAKE**
PABLO MT 59855- **Total Beds:** 6 **NOT PROV**
Phone: 675-2287 **Fax:** License Number: **10399** Exp. Date: **07/21/2006**
Administrator: LILIAN MORENO **RN:**
Original License **05/06/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 6 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

NEW HORIZONS ASSISTED LIVING - PLAINS Facility ID Number: **5614**
519 Horizon Lane **PO Box:** 1064, LEWISTOWN County: **SANDERS**
PLAINS MT 59859- **Total Beds:** 12 **NOT PROV**
Phone: 826-5152 **Fax:** License Number: **9427** Exp. Date: **12/19/2005**
Administrator: JUDY LANGFORD **RN:**
Original License **10/19/9** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

LA CASA PERSONAL CARE Facility ID Number: **569**
408 E LASATER **PO Box:** County: **SHERIDAN**
PLENTYWOOD MT 59254- **Total Beds:** 21 **NOT PROV**
Phone: 765-1669 **Fax:** 765-2886 License Number: **10027** Exp. Date: **08/16/2007**
Administrator: BALALY RICHARDSON **RN:** Amber Skorpil
Original License Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 21 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

LA CASA TOO Facility ID Number: **5711**
410½ LASATER AVE **PO Box:** County: **SANDERS**
PLENTYWOOD MT 59254- **Total Beds:** 5 **NOT PROV**
Phone: 765-1669 **Fax:** License Number: **10268** Exp. Date: **05/24/2008**
Administrator: BALALY RICHARDSON **RN:**
Original License **04/30/0** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 5 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

HOME SWEET HOME Facility ID Number: **5603**
405 6TH AVE W **PO Box:** County: **LAKE**
POLSON MT 59860- **Total Beds:** 11 **NOT PROV**
Phone: 883-1021 **Fax:** 657-3021 License Number: **9769** Exp. Date: **12/30/2005**
Administrator: DELPHINA AILPORT **RN:**
Original License **06/30/9** Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 11 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

ST JOSEPH ASSISTED LIVING Facility ID Number: **590**
11 17TH AVE E **PO Box:** County: **LAKE**
POLSON MT 59860- **Total Beds:** 47 **NOT PROV**
Phone: 883-1011 **Fax:** 883-7795 License Number: **10213** Exp. Date: **01/30/2008**
Administrator: CAROL SMITH **RN:** Carol Smith
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 47 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

TENDERNEST LLC, 1R Facility ID Number: **5638**
215 N COOPER AVE **PO Box:** 352 County: **CARBON**
RED LODGE MT 59068- **Total Beds:** 12 **NOT PROV**
Phone: 446-2777 **Fax:** License Number: **10246** Exp. Date: **03/02/2006**
Administrator: RANDALL SWENSON **RN:** Sharon Logan
Original License **03/23/0** Current License Duration: **1** Health Planning Region Number: **3**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

EAGLES NEST MOUNTAIN VIEW Facility ID Number: **5704**
300 EAGLES NEST **PO Box:** County: **SILVER BOW**
ROCKER MT 59703- **Total Beds:** 4 **NOT PROV**
Phone: 494-2858 **Fax:** License Number: **10258** Exp. Date: **03/16/2006**
Administrator: DONNA TORNEY **RN:** Butte City County Home
Original License **02/12/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 4 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

NEW HOPE KARE Facility ID Number: **5631**
919 MAIN ST SW **PO Box:** County: **LAKE**
RONAN MT 59864- **Total Beds:** 7 **NOT PROV**
Phone: 676-5483 **Fax:** License Number: **10375** Exp. Date: **06/07/2007**
Administrator: JUDITH FRAME **RN:**
Original License **12/07/9** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 7 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

TLC PERSONAL CARE HOME Facility ID Number: **5605**
804 2ND ST W **PO Box:** County: **MUSSELSHELL**
ROUNDUP MT 59072- **Total Beds:** 8 **NOT PROV**
Phone: 323-3073 **Fax:** License Number: **10005** Exp. Date: **07/16/2007**
Administrator: TERESA WAGNER **RN:** Laurie Shanks
Original License **07/16/9** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

WHISPERING PINES PERSONAL CARE HOME Facility ID Number: **5651**
40 HORSETHIEF RD **PO Box:** County: **MUSSELSHELL**
ROUNDUP MT 59072- **Total Beds:** 8 **NOT PROV**
Phone: 323-3212 **Fax:** License Number: **9851** Exp. Date: **05/02/2007**
Administrator: ROSE SNIDER **RN:** Lola Ryan
Original License **11/02/0** Current License Duration: **3** Health Planning Region Number: **3**

Category A Beds: 8 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

SAVAGE SUNRISE MANOR Facility ID Number: **5703**
425 SOUTH MESA **PO Box:** 28 County: **RICHLAND**
SAVAGE MT 59262-002 **Total Beds:** 8 **NOT PROV**
Phone: 776-2040 **Fax:** 776-2040 License Number: **9909** Exp. Date: **04/29/2007**
Administrator: DEBRA ALBRIGHT **RN:**
Original License **02/12/0** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 8 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

MARIAS HERITAGE CENTER Facility ID Number: **5615**
111 2ND ST S **PO Box:** County: **TOOLE**
SHELBY MT 59474- **Total Beds:** 40 **NOT PROV**
Phone: 424-8393 **Fax:** License Number: **9388** Exp. Date: **12/22/2005**
Administrator: JUDY RICHMAN **RN:**
Original License **12/22/9** Current License Duration: **3** Health Planning Region Number: **2**

Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

THE LODGE AT LONE TREE CREEK Facility ID Number: **5642**
1015 7TH AVE SW **PO Box:** County: **RICHLAND**
SIDNEY MT 59270- **Total Beds:** 40 **NOT PROV**
Phone: 488-4682 **Fax:** 488-8069 License Number: **9922** Exp. Date: **05/12/2007**
Administrator: TAWNYA GURNEY **RN:** Alice M. Jones
Original License **05/12/0** Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 40 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

CLOSER TO HOME Facility ID Number: **5727**
14281 WATSON ROAD **PO Box:** County: **LAKE**
ST IGNATIUS MT 59865- **Total Beds:** 12 **NOT PROV**
Phone: 745-0272 **Fax:** 745-0272 License Number: **10509** Exp. Date: **09/23/2006**
Administrator: SHERYL HITCHCOCK **RN:**
Original License **08/15/0** Current License Duration: **1** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

MILL POND ELDERLY CARE Facility ID Number: **5617**
320 MISSION DR **PO Box:** County: **LAKE**
ST IGNATIUS MT 59865- **Total Beds:** 12 **NOT PROV**
Phone: 745-3222 **Fax:** License Number: **9439** Exp. Date: **01/20/2006**
Administrator: GREG ARLINT **RN:** Echo Delong
Original License **01/20/9** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

BITTERROOT VALLEY LIVING CENTER PCH Facility ID Number: **523**
57 MAIN **PO Box:** County: **RAVALLI**
STEVENSVILLE MT 59870- **Total Beds:** 52 **NOT PROV**
Phone: 777-2022 **Fax:** 777-5856 License Number: **10418** Exp. Date: **05/29/2008**
Administrator: BRAD SHEFLOE **RN:** Brenda Nichols
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 52 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

MEADOWLARK HAVEN Facility ID Number: **5697**
310 11TH ST **PO Box:** County: **RAVALLI**
STEVENSVILLE MT 59870- **Total Beds:** 3 **NOT PROV**
Phone: 777-0136 **Fax:** License Number: **10297** Exp. Date: **07/23/2008**
Administrator: LINDA MACY **RN:** Nancy Saller
Original License **07/23/0** Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 3 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

EAGLES NEST ASSISTED LIVING Facility ID Number: **5695**
416 DIAMOND RD **PO Box:** County: **MINERAL**
SUPERIOR MT 59872- **Total Beds:** 5 **NOT PROV**
Phone: 822-0203 **Fax:** 822-0203 License Number: **10040** Exp. Date: **06/18/2006**
Administrator: NORMA STEPAN **RN:**
Original License **06/18/0** Current License Duration: **2** Health Planning Region Number: **5**

Category A Beds: 5 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

MOUNTAIN VIEW VILLAGE Facility ID Number: **572**
1310 6TH AVE E **PO Box:** 66 County: **MINERAL**
SUPERIOR MT 59872- **Total Beds:** 14 **NOT PROV**
Phone: 822-3719 **Fax:** License Number: **9679** Exp. Date: **09/17/2006**
Administrator: CHARLOTTE LANG **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **5**

Category A Beds: 14 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

SAGE WOOD ASSISTED LIVING Facility ID Number: **5669**
1192 MOUNT SILCOX DR **PO Box:** 1175 County: **SANDERS**
THOMPSON FALLS MT 59873- **Total Beds:** 9 **PROVISIONAL**
Phone: 827-6111 **Fax:** License Number: **10303** Exp. Date: **10/30/2005**
Administrator: BARBARA LARSEN **RN:**
Original License **03/08/0** Current License Duration: **6 MO** Health Planning Region Number: **5**

Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

PATHWAYS ASSISTED LIVING INC.
622 MAIN **PO Box:**
THREE FORKS MT 59752- **Total Beds:** 6
Phone: 285-5227 **Fax:** License Number: **10163**
Administrator: GENEVA L. PRUETT
Original License **06/02/0** Current License Duration: **1**

Facility ID Number: **5607**
County: **GALLATIN**
NOT PROV
Exp. Date: **12/02/2005**
RN:
Health Planning Region Number: **4**

Category A Beds: 6 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

TLC - 4U (TIFFANY & LINDAS CARE)
114 S SPRUCE **PO Box:** 816
TOWNSEND MT 59644- **Total Beds:** 5
Phone: 266-4453 **Fax:** License Number: **10546**
Administrator: LINDA & THOMAS &
Original License **04/28/0** Current License Duration: **6 MONTH**

Facility ID Number: **5691**
County: **BROADWATER**
PROVISIONAL
Exp. Date: **04/28/2006**
RN:
Health Planning Region Number: **4**

Category A Beds: 5 **Category B Endorsement:** (May have no more than 5 "B" beds) **Category C Endorsement:**

TOWNSEND PERSONAL CARE INC
128 HWY 12 E **PO Box:**
TOWNSEND MT 59644- **Total Beds:** 18
Phone: 266-3711 **Fax:** License Number: **10462**
Administrator: JORGE MARCUZZI
Original License **03/24/9** Current License Duration: **3**

Facility ID Number: **524**
County: **BROADWATER**
NOT PROV
Exp. Date: **07/13/2008**
RN: Jacqueline Sorenson
Health Planning Region Number: **4**

Category A Beds: 18 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

RIVERSIDE SENIOR LIVING
1001 RIVER LAKES **PO Box:**
WHITEFISH MT 59937- **Total Beds:** 61
Phone: 862-6322 **Fax:** 892-8702 License Number: **10286**
Administrator: CHARLENE DALE
Original License **11/18/0** Current License Duration: **3**

Facility ID Number: **5683**
County: **FLATHEAD**
NOT PROV
Exp. Date: **05/18/2007**
RN: Colleen Sperry
Health Planning Region Number: **5**

Category A Beds: 61 **Category B Endorsement:** X (May have no more than 5 "B" beds) **Category C Endorsement:**

GOLDEN GARDEN Facility ID Number: **5656**
113 W 3RD **PO Box:** County: **JEFFERSON**
WHITEHALL MT 59759- **Total Beds:** 10 **NOT PROV**
Phone: 287-2223 **Fax:** License Number: **9714** Exp. Date: **10/18/2006**
Administrator: KARY ROBINSON **RN:** Terry Reiff
Original License **01/18/0** Current License Duration: **1** Health Planning Region Number: **4**

Category A Beds: 10 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

LIBERTY PLACE, INC Facility ID Number: **5710**
1173 HIGHWAY 55 **PO Box:** 446 County: **JEFFERSON**
WHITEHALL MT 59759- **Total Beds:** 12 **PROVISIONAL**
Phone: 287-9887 **Fax:** 287-9887 License Number: **10545** Exp. Date: **04/21/2006**
Administrator: JEANETTE RAISL **RN:** Teri Leys
Original License **04/21/0** Current License Duration: **6 MONTH** Health Planning Region Number: **4**

Category A Beds: 12 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

MEADOWLARK MANOR Facility ID Number: **5624**
35 SKYLINE DR **PO Box:** 66 County: **JEFFERSON**
WHITEHALL MT 59759- **Total Beds:** 14 **NOT PROV**
Phone: 287-3255 **Fax:** License Number: **9497** Exp. Date: **04/14/2006**
Administrator: KARY ROBINSON **RN:** Terry Reiff
Original License **04/14/9** Current License Duration: **3** Health Planning Region Number: **4**

Category A Beds: 14 **Category B Endorsement:** X **Category C Endorsement:**
(May have no more than 5 "B" beds)

HARADA HOUSE Facility ID Number: **557**
AIRPORT ADDITION **PO Box:** 3030 County: **ROOSEVELT**
WOLF POINT MT 59201- **Total Beds:** 9 **NOT PROV**
Phone: 653-3996 **Fax:** License Number: **10211** Exp. Date: **03/14/2008**
Administrator: MARY LOU MILLER **RN:**
Original License Current License Duration: **3** Health Planning Region Number: **1**

Category A Beds: 9 **Category B Endorsement:** **Category C Endorsement:**
(May have no more than 5 "B" beds)

184 Total Facilities = Total Beds = 4006 A Beds = 4006
B Beds = 135