LONG TERM CARE FACILITIES

COMMUNITY NURSING HOME OF ANACONDA

615 MAIN ST
27-5065
ANACONDA MT 59711-
Phone 563-8417 Fax: 563-5026
Administrator: ANDREW STETZNER
DON: Julie Francisco
License Number: 13261 Exp. Date: 11/24/2015
Current License Duration: 3
Total Beds: 62 Title 18/19 SNF/NF: 62 Licensed-Only Beds:
ICF/MR Beds: 3 Title 19 NF:

FALLON MEDICAL COMPLEX NURSING HOME

202 S 4TH ST W PO BOX 820
27-5095
BAKER MT 59313-
Phone 778-3331 Fax: 778-2488
Administrator: DAVID ESPELAND
DON: SUSAN LUNDE
License Number: 13262 Exp. Date: 11/24/2015
Current License Duration: 3
Total Beds: 15 Title 18/19 SNF/NF: 15 Licensed-Only Beds:
ICF/MR Beds: 3 Title 19 NF:

BIG SANDY MEDICAL CENTER-LONG TERM CARE

166 MONTANA AVE EAST PO BOX 530
27-5116
BIG SANDY MT 59520-
Phone 378-2188 Fax: 378-2180
Administrator: LEAH GRUBB
DON: AMBER BEAUPHETTE
License Number: 13107 Exp. Date: 6/30/2018
Current License Duration: 3
Total Beds: 22 Title 18/19 SNF/NF: 22 Licensed-Only Beds:
ICF/MR Beds: 3 Title 19 NF:

LAKE VIEW HEALTHCARE COMMUNITY

1050 GRAND AVE
27-5094
BIGFORK MT 59911-
Phone 837-5041 Fax: 837-1145
Administrator: BRET C. SMITH
DON: LOIS HAAG
License Number: 13364 Exp. Date: 7/9/2018
Current License Duration: 3
Total Beds: 83 Title 18/19 SNF/NF: 83 Licensed-Only Beds:
ICF/MR Beds: 3 Title 19 NF:

Wednesday, August 26, 2015
BILLINGS CLINIC ASPEN MEADOWS LTC
3155 AVE C
27-5140
BILLINGS MT 59102
Phone 656-8818 Fax: 656-9552
Administrator: CHERYL NELSON
DON: LYNN
License Number: 13550 Exp. Date: 7/22/2016
Current License Duration: 3
Total Beds: 90 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

BILLINGS CLINIC TCU
2800 10TH AVE N PO BOX 37000
27-5152
BILLINGS MT 59107-7000
Phone 657-4000 Fax: 657-3880
Administrator: CHERYL NELSON
DON: SUNDAY
License Number: 12914 Exp. Date: 12/24/2017
Current License Duration: 3
Total Beds: 15 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

BILLINGS HEALTH & REHABILITATION COMMUNITY
2115 CENTRAL AVE
27-5029
BILLINGS MT 59102
Phone 656-6500 Fax: 652-7870
Administrator: BENJAMIN TYRRELL
DON: JUDY
License Number: 13313 Exp. Date: 6/30/2018
Current License Duration: 3
Total Beds: 160 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

EAGLE CLIFF HEALTHCARE COMMUNITY
1415 YELLOWSTONE RIVER RD
27-5123
BILLINGS MT 59105
Phone 245-9330 Fax: 245-4219
Administrator: BRIAN HUSO
DON: LORI GILL
License Number: 13359 Exp. Date: 1/15/2016
Current License Duration: 3
Total Beds: 129 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

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

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

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

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

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

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

Facility ID Number: 1009
County: YELLOWSTONE
Cert Prov Number: JCAHO: State Facility:

Original License Date:
NOT PROV
Health Planning Region Number: 3
PARKVIEW HEALTHCARE COMMUNITY

600 S 27TH ST
27-5120
BILLINGS MT 59101-
Phone 259-8000 Fax: 259-8190
Administrator: GARY PLASSCHAERT
DON: DENISE MOLNAR RN
License Number: 13360 Exp. Date: 11/29/2015
Current License Duration: 6 MONTH
Total Beds: 100 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

PONDEROSA PINES HEALTH CARE

1341 ROSEBUD LANE
27-5096
BILLINGS MT 59101-
Phone 252-6135 Fax: 252-0926
Administrator: LAURIE JERGENSEN
DON: LAURIE
License Number: 13062 Exp. Date: 5/7/2018
Current License Duration: 3
Total Beds: 36 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

ST JOHNS LUTHERAN HOME

3940 RIMROCK RD
27-5024
BILLINGS MT 59102-0199
Phone 655-5600 Fax: 655-5639
Administrator: KARLA RHODES
DON: ELIZABETH MARKUS
License Number: 12420 Exp. Date: 8/19/2016
Current License Duration: 3
Total Beds: 186 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

VALLEY HEALTH CARE CENTER

1807 24TH ST W
27-5020
BILLINGS MT 59102-
Phone 656-5010 Fax: 616-8103
Administrator: TRA WILLIAMS
DON: LAURIE
License Number: 12897 Exp. Date: 1/15/2018
Current License Duration: 3
Total Beds: 150 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:
MONTANA DEVELOPMENTAL CENTER
1310 EAST 4TH AVE  PO BOX 87
27-G001
BOULDER  MT  59632-
Phone  225-4411  Fax:  225-4414
Administrator: TAMMY  ROSS
DON: JANISE  LEWIS RN
Cert Prov Number: 13172  Exp. Date: 8/28/2018
Current License Duration: 3
Total Beds: 56  Title 18/19 SNF/NF: 1
ICF/MR Beds: 56  Title 19 NF: 1

BRIDGER HEALTHCARE COMMUNITY
321 NORTH 5TH AVE
BOZEMAN  MT  59715-
Phone  587-4404  Fax:  587-2302
Administrator: THANE  BEDWELL
DON:
Cert Prov Number: 7048  Exp. Date: 10/31/2015
Current License Duration: 3
Total Beds: 103  Title 18/19 SNF/NF: 0
ICF/MR Beds: 0  Title 19 NF: 0

GALLATIN REST HOME
1221 W DURSTON RD
27-5066
BOZEMAN  MT  59715-
Phone  582-3300  Fax:  582-3333
Administrator: VICKI  WEST
DON: PAT  LARMER RN
Cert Prov Number: 1015  Exp. Date: 3/31/2018
Current License Duration: 3
Total Beds: 94  Title 18/19 SNF/NF: 0
ICF/MR Beds: 0  Title 19 NF: 0

MOUNTAIN VIEW HEALTHCARE COMMUNITY
205 N TRACY
27-5039
BOZEMAN  MT  59715-
Phone  587-2218  Fax:  586-3850
Administrator: MARK  TECKMEYER
DON: PEGGY  TRESSEL
Cert Prov Number: 1016  Exp. Date: 7/23/2018
Current License Duration: 3
Total Beds: 86  Title 18/19 SNF/NF: 0
ICF/MR Beds: 0  Title 19 NF: 0
POWDER RIVER MANOR

104 N TRAUTMAN PO BOX 719
27-5087
BROADUS MT 59317-0719
Phone 436-2646 Fax: 436-2923
Administrator: DAVID ESPELAND
DON: Cherie Stachey
License Number: 13260 Exp. Date: 11/20/2015
Current License Duration: 3
Total Beds: 41 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

BLACKFEET CARE CENTER

SOUTH GOVERNMENT SQUARE PO BOX 728
27-5133
BROWNING MT 59417-
Phone 338-2686 Fax: 338-7779
Administrator: MARTHA SPOTTED EAGLE
DON: License Number: 13171 Exp. Date: 8/15/2015
Current License Duration: 3
Total Beds: 47 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

BUTTE CENTER

2400 CONTINENTAL DR
27-5103
BUTTE MT 59701-
Phone 723-6556 Fax: 723-9456
Administrator: BILL POWELL
DON: GERI SHEA RN
License Number: 13066 Exp. Date: 5/28/2018
Current License Duration: 3
Total Beds: 100 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

COPPER RIDGE HEALTH & REHABILITATION CENTER

3251 NETTIE ST
27-5060
BUTTE MT 59701-
Phone 723-3225 Fax: 723-6470
Administrator: MAURA UGGETTI
DON: KAREN KIRKPATICK
License Number: 12619 Exp. Date: 1/31/2017
Current License Duration: 3
Total Beds: 186 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:
CREST NURSING HOME
3131 AMHERST AVE
27-5122
BUTTE  MT  59701- Phone  494-7035  Fax:  494-7065
Administrator:  NATHAN  PURDY
DON:  DEBI
Facility ID Number:  1021
Cert Prov Number:  JCAHO:  State Facility:
County:  SILVER BOW
Original License Date:
Health Planning Region Number:  3
NOT PROV
Exp. Date:  9/15/2016

SWEET MEMORIAL NURSING HOME
125 AIRPORT ROAD  PO BOX 1149
27-5127
CHINOOK  MT  59523- Phone  357-2549  Fax:  357-2093
Administrator:  JENNI  PULA
DON:  JONI  MYHRE
Facility ID Number:  1023
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
Health Planning Region Number:  4
NOT PROV
Exp. Date:  7/23/2018

BENEFIS TETON MEDICAL CENTER
915 4TH ST NW
27-5085
CHOTEAU  MT  59422- Phone  466-5763  Fax:  466-5852
Administrator:  SUSAN  MURPHY
DON:  PENNY SMOOT
Facility ID Number:  1024
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
Health Planning Region Number:  2
NOT PROV
Exp. Date:  4/30/2016

TETON NURSING HOME
24 MAIN AVE N  PO BOX 317
27-5075
CHOTEAU  MT  59422- Phone  466-5338  Fax:  466-5898
Administrator:  BRAD  CHEEK
DON:  ARLENE ZION
Facility ID Number:  1025
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
Health Planning Region Number:  2
NOT PROV
Exp. Date:  4/29/2018

Total Beds:  103  Title 18/19 SNF/NF:  103
Licensed-Only Beds:  Title 18 SNF:
ICF/MR Beds:  Title 19 NF:

Total Beds:  42  Title 18/19 SNF/NF:  42
Licensed-Only Beds:  Title 18 SNF:
ICF/MR Beds:  Title 19 NF:

Total Beds:  41  Title 18/19 SNF/NF:  36
Licensed-Only Beds:  Title 18 SNF:
ICF/MR Beds:  Title 19 NF:  41

Total Beds:  41  Title 18/19 SNF/NF:  29
Licensed-Only Beds:  Title 18 SNF:
ICF/MR Beds:  Title 19 NF:  12
ELKHORN HEALTHCARE & REHABILITATION
474 HWY 282
27-5056
CLANCY MT 59634-
Phone 933-8311 Fax: 933-8391
Administrator: KATHLEEN MCARDLE
DON: MICHELLE
License Number: 13063 Exp. Date: 5/7/2018
Current License Duration: 3
Total Beds: 70 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

MONTANA VETERANS HOME
400 VETERANS RD PO BOX 250
27-5100 X
COLUMBIA FALLS MT 59912-
Phone 892-3256 Fax: 892-0256
Administrator: JOREN UNDERDAHL
DON: KATHY RAY
License Number: 13517 Exp. Date: 6/10/2016
Current License Duration: 3
Total Beds: 105 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

BEARTOOTH HEALTHCARE COMMUNITY
350 W PIKE AVE PO BOX 789
27-5090
COLUMBUS MT 59019-
Phone 322-5342 Fax: 322-5737
Administrator: SHAWNA BOATMAN
DON: TRACY NITZ
License Number: 13390 Exp. Date: 9/16/2016
Current License Duration: 3
Total Beds: 82 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:

PONDERA MEDICAL CENTER LTC
805 SUNSET BLVD
27-5119
CONRAD MT 59425-
Phone 271-3211 Fax: 271-2899
Administrator: BRADLEY CHEEK
DON: TIFFANY NITZ
License Number: 13296 Exp. Date: 12/25/2015
Current License Duration: 3
Total Beds: 59 Title 18/19 SNF/NF: Licensed
ICF/MR Beds: Title 19 NF:
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<th>State Facility</th>
<th>Original License Date</th>
<th>Health Planning Region Number</th>
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<td>BIG HORN</td>
<td>JCAHO</td>
<td>05/11/98</td>
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<td>1034</td>
<td>POWELL</td>
<td>JCAHO</td>
<td>04/18/04</td>
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<td>KINDRED NURSING AND REHABIL</td>
<td>1037</td>
<td>BEAVERHEAD</td>
<td>JCAHO</td>
<td>04/18/04</td>
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DAHL MEMORIAL NURSING HOME
215 SANDY STREET PO BOX 46
EKALAKA MT 59324-
Phone 775-8730 Fax: 775-6706
Administrator: NADINE ELMORE
DON: PATRICIA ROGER
License Number: 12798 Exp. Date: 10/30/2017
Current License Duration: 3
Total Beds: 23 Title 18/19 SNF/NF: 23 Licensed-Only Beds:
ICF/MR Beds: Title 19 NF:

MADISON VALLEY MANOR
211 N MAIN ST
ENNIS MT 59729-
Phone 682-7271 Fax: 682-5486
Administrator: DARCEL COOK
DON: CHRISTINE CANTERBURY
License Number: 13352 Exp. Date: 1/21/2016
Current License Duration: 3
Total Beds: 40 Title 18/19 SNF/NF: 40 Licensed-Only Beds:
ICF/MR Beds: Title 19 NF:

GOOD SAMARITAN SOCIETY- MOUNTAIN VIEW MANOR
10 MOUNTAIN VIEW LN PO BOX 327
EUREKA MT 59917-
Phone 297-2541 Fax: 297-2543
Administrator: DAN DEMMERLY
DON: MAE DILTS
License Number: 13292 Exp. Date: 12/11/2015
Current License Duration: 3
Total Beds: 49 Title 18/19 SNF/NF: 49 Licensed-Only Beds:
ICF/MR Beds: Title 19 NF:

ROSEBUD HEALTH CARE CENTER NURSING HOME
383 N 17TH AVE PO BOX 268
FORSYTH MT 59327-
Phone 346-2161 Fax: 346-4240
Administrator: RYAN TOOKE
DON: ROSARIO KLAR
License Number: 12795 Exp. Date: 10/30/2017
Current License Duration: 3
Total Beds: 31 Title 18/19 SNF/NF: 31 Licensed-Only Beds:
ICF/MR Beds: Title 19 NF:
MISSOURI RIVER MEDICAL CENTER NURSING HOME 1501 ST CHARLES ST PO BOX 249
27-5062
FORT BENTON MT 59442
Phone 622-3331 Fax: 622-5670
Administrator: SUSAN MURPHY
DON: JANICE WOODHOUSE
License Number: 12936 Exp. Date: 2/19/2018
Current License Duration: 3
Total Beds: 45 Title 18/19 SNF/NF: Licensed-Only Beds: 
ICF/MR Beds: Title 19 NF:

VALLEY VIEW HOME
1225 PERRY LN
27-5091
GLASGOW MT 59230
Phone 228-2461 Fax: 228-4831
Administrator: LINDA TESCHLER
DON: ROSE
License Number: 13487 Exp. Date: 5/12/2016
Current License Duration: 3
Total Beds: 96 Title 18/19 SNF/NF: Licensed-Only Beds: 
ICF/MR Beds: Title 19 NF:

EASTERN MONTANA VETERAN'S HOME
2000 MONTANA AVE
27-5144
GLENDIVE MT 59330
Phone 345-8855 Fax: 345-8121
Administrator: JILL DOMEK
DON: CHRISTY KEMP
License Number: 13454 Exp. Date: 4/28/2016
Current License Duration: 3
Total Beds: 80 Title 18/19 SNF/NF: Licensed-Only Beds: 
ICF/MR Beds: Title 19 NF:

GLENDIVE MEDICAL CENTER NURSING HOME
202 PROSPECT DR
27-5067
GLENDIVE MT 59330-1999
Phone 345-3320 Fax: 345-3325
Administrator: SCOTT DUKE
DON: VICKY DAVIS
License Number: 12937 Exp. Date: 2/28/2018
Current License Duration: 3
Total Beds: 75 Title 18/19 SNF/NF: Licensed-Only Beds: 
ICF/MR Beds: Title 19 NF:
BENEFIS EXTENDED CARE CENTER

2621 15TH AVE S PO BOX 5013
GREAT FALLS MT 59405-
Phone 455-5903 Fax: 455-4147
Administrator: PETER GRAY
DON: SUE WARREN
License Number: 12976 Exp. Date: 3/31/2018
Current License Duration: 3
Total Beds: 146 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

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

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

KINDRED TRANSITIONAL CARE & REHAB-PARK PLACE

1500 32ND ST S
GREAT FALLS MT 59405-5001
Phone 761-4300 Fax: 761-8778
Administrator: DEE STRAUSS
DON: LAURETTA GIFFORD
License Number: 13153 Exp. Date: 1/31/2018
Current License Duration: 3
Total Beds: 189 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

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

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

MISSOURI RIVER CENTER

1130 17TH AVE S
GREAT FALLS MT 59405-
Phone 771-4500 Fax: 771-4590
Administrator: RANDY EDWARDS
DON: LISA TAYLOR
License Number: 12680 Exp. Date: 2/28/2017
Current License Duration: 3
Total Beds: 278 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

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

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

THE DISCOVERY CARE CENTRE

601 NORTH 10TH ST
HAMILTON MT 59840-
Phone 363-2273 Fax: 363-2709
Administrator: RICH BUCHEIT
DON: 
License Number: 12973 Exp. Date: 3/17/2018
Current License Duration: 3
Total Beds: 58 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

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

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

Licensed-Only Beds:
Title 18 SNF:

Licensed-Only Beds:
Title 18 SNF:
VALLEY VIEW ESTATES HEALTH CARE CENTER
225 N 8TH ST
27-5101
HAMILTON MT 59840-
Phone 363-1144 Fax: 363-7654
Administrator: ALAN BAUM
DON: NERISSA
License Number: 12898 Exp. Date: 1/22/2018
Current License Duration: 3
Total Beds: 98 Title 18/19 SNF/NF: 98
ICF/MR Beds: Title 19 NF:

HERITAGE ACRES NURSING HOME
200 N MITCHELL AVE
27-5130
HARDIN MT 59034-
Phone 665-2802 Fax: 665-3809
Administrator: PAULA SMALL
DON: JOE PURCELL
License Number: 12617 Exp. Date: 8/31/2016
Current License Duration: 3
Total Beds: 36 Title 18/19 SNF/NF: 36
ICF/MR Beds: Title 19 NF:

NORTHERN MONTANA CARE CENTER
24 - 13TH ST PO BOX 1231
27-5112
HAVRE MT 59501-
Phone 265-2238 Fax: 265-9046
Administrator: CHRISTINE OBRESLEY
DON: AMBER
License Number: 12975 Exp. Date: 3/31/2018
Current License Duration: 3
Total Beds: 135 Title 18/19 SNF/NF: 135
ICF/MR Beds: Title 19 NF:

APPLE REHAB COONEY
2555 BROADWAY
27-5080
HELENA MT 59601-
Phone 447-1651 Fax: 447-1653
Administrator: MCARDLE KATHLEEN
DON: COX KELLI
License Number: 13452 Exp. Date: 4/21/2016
Current License Duration: 3
Total Beds: 90 Title 18/19 SNF/NF: 90
ICF/MR Beds: Title 19 NF:
BIG SKY HEALTHCARE COMMUNITY
2475 WINNE AVE
HELENA  MT  59601-
Phone  442-1350  Fax:  449-4878
Administrator:  GUY  HAYTER
DON:  KIRK  FUZESY RN
License Number:  13358  Exp. Date:  6/11/2018
Current License Duration:  3
Total Beds:  108  Title 18/19 SNF/NF:  108
ICF/MR Beds:  Title 19 SNF:  108

ROCKY MOUNTAIN HEALTHCARE COMMUNITY
30 S RODNEY
HELENA  MT  59601-
Phone  443-5880  Fax:  443-6655
Administrator:  RON  GERCKACK
DON:  JENNIFER
License Number:  13389  Exp. Date:  10/29/2017
Current License Duration:  2
Total Beds:  101  Title 18/19 SNF/NF:  101
ICF/MR Beds:  Title 19 NF:  101

HOT SPRINGS HEALTH & REHABILITATION CENTER
600 1ST AVE N  PO BOX 689
HOT SPRINGS  MT  59845-
Phone  741-2992  Fax:  741-2994
Administrator:  EARNEST  PICKETT
DON:  SUSAN WOOD
License Number:  13488  Exp. Date:  5/27/2016
Current License Duration:  3
Total Beds:  40  Title 18/19 SNF/NF:  40
ICF/MR Beds:  Title 19 NF:  40

GARFIELD COUNTY HEALTH CENTER
332 LEAVITT AVENUE  PO BOX 389
JORDAN  MT  59337-
Phone  557-2500  Fax:  557-2950
Administrator:  HANS  ARNSTON
DON:  SARAH
License Number:  13521  Exp. Date:  6/30/2016
Current License Duration:  3
Total Beds:  24  Title 18/19 SNF/NF:  24
ICF/MR Beds:  Title 19 NF:  24
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### BRENDAN HOUSE

350 CONWAY DR  
**27-5109**  
KALISPELL MT 59901-  
**Phone** 752-5460  
**Fax** 751-6544  
**Administrator** KELLY BILAU  
**DON** SHILO FRITZ,  
**License Number** 13350  
**Exp. Date** 1/12/2016  
**Current License Duration** 3  
**Total Beds** 110  
**Title 18/19 SNF/NF:** Licensed-Only Beds: 110  
**ICF/MR Beds:** Title 19 NF:  

### HERITAGE PLACE HEALTHCARE COMMUNITY

171 HERITAGE WAY  
**27-5025**  
KALISPELL MT 59901-  
**Phone** 755-0800  
**Fax** 755-0801  
**Administrator** JERRY SMYLE  
**DON** BETTY HAAS RN  
**License Number** 13455  
**Exp. Date** 4/29/2016  
**Current License Duration** 3  
**Total Beds** 140  
**Title 18/19 SNF/NF:** Licensed-Only Beds: 140  
**ICF/MR Beds:** Title 19 NF:  

### IMMANUEL SKILLED CARE CENTER

185 CRESTLINE  
**27-5129**  
KALISPELL MT 59901-  
**Phone** 752-9622  
**Fax** 752-9602  
**Administrator** KIM SCHILDT  
**DON** LINDA CANFIELD RN  
**License Number** 13104  
**Exp. Date** 6/24/2018  
**Current License Duration** 3  
**Total Beds** 155  
**Title 18/19 SNF/NF:** Licensed-Only Beds: 155  
**ICF/MR Beds:** Title 19 NF:  

### LAUREL HEALTH & REHABILITATION CENTER

820 3RD AVE  
**27-5111**  
LAUREL MT 59044-  
**Phone** 628-8251  
**Fax** 628-8253  
**Administrator** LEE SHELDON JENSEN  
**DON** JACKIE MEYER RN  
**License Number** 12861  
**Exp. Date** 12/31/2017  
**Current License Duration** 3  
**Total Beds** 79  
**Title 18/19 SNF/NF:** Licensed-Only Beds: 79  
**ICF/MR Beds:** Title 19 NF:  

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<table>
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<tr>
<th>Facility Name</th>
<th>Facility ID Number</th>
<th>State Facility</th>
<th>County</th>
<th>Cert Prov Number</th>
<th>JCAHO:</th>
<th>Original License Date</th>
<th>NOT PROV</th>
<th>Health Planning Region Number</th>
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<td>CENTRAL MONTANA NURSING &amp; REHABILITATION CENTER</td>
<td>1067</td>
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<td>LINCOLN</td>
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<td>NOT PROV</td>
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Total Beds: | 85 | Licensed-Only Beds: | Title 18 SNF: |
ICF/MR Beds: | Title 19 NF: | 100

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LIVINGSTON HEALTH & REHABILITATION CENTER  
510 S 14TH ST  
27-5047  
LIVINGSTON  MT  59047-  
Phone  222-0672  Fax:  222-1406  
Administrator: DAVID WADMAN  
DON: BARBARA  
License Number: 12545  Exp. Date: 5/23/2017  
Current License Duration: 3  
Total Beds: 115  
Title 18/19 SNF/NF:  
ICF/MR Beds:  
Title 19 NF:  

HI-LINE RETIREMENT CENTER  
801 S 3RD E  
PO BOX 770  
27-5131  
MALTA  MT  59538-  
Phone  654-1190  Fax:  654-2233  
Administrator: DUANE MURRY  
DON: BECKY EWING  
License Number: 13561  Exp. Date: 4/16/2018  
Current License Duration: 3  
Total Beds: 52  
Title 18/19 SNF/NF:  
ICF/MR Beds:  
Title 19 NF:  

FRIENDSHIP VILLA HEALTHCARE COMMUNITY  
2300 WILSON  
27-5081  
MILES CITY  MT  59301-  
Phone  874-2687  Fax:  874-7470  
Administrator: DENISE CLARK  
DON: SONIA  
License Number: 13520  Exp. Date: 6/24/2016  
Current License Duration: 3  
Total Beds: 107  
Title 18/19 SNF/NF:  
ICF/MR Beds:  
Title 19 NF:  

HOLY ROSARY EXTENDED CARE UNIT  
2600 WILSON  
Facility:  
MILES CITY  MT  59301-  
Phone  233-2600  Fax:  233-3205  
Administrator: MARY WEIMER  
DON: TERESE ITZEN  
License Number: 12974  Exp. Date: 3/18/2018  
Current License Duration: 3  
Total Beds: 84  
Title 18/19 SNF/NF:  
ICF/MR Beds:  
Title 19 NF:  

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

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

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

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

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HILLSIDE HEALTH CARE CENTER

4720 23RD AVE
27-5027
MISSOULA MT 59803-1199
Phone 251-5100 Fax: 251-6357
Administrator: BERNICE ZIMMERMAN
DON: MICHELLE
License Number: 12728 Exp. Date: 7/9/2017
Current License Duration: 3
Total Beds: 95 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

MISSOULA HEALTH & REHABILITATION CENTER

3018 RATTLESNAKE DR
27-5035
MISSOULA MT 59802-
Phone 549-0988 Fax: 549-3064
Administrator: KARRIE HOLT
DON: MARKAY
License Number: 13453 Exp. Date: 4/28/2016
Current License Duration: 3
Total Beds: 53 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

RIVERSIDE HEALTH CARE CENTER

1301 E BROADWAY
27-5126
MISSOULA MT 59802-
Phone 721-0680 Fax: 721-1101
Administrator: VIRGINIA VILLEMEZ
DON: KAREN TUCKER
License Number: 13259 Exp. Date: 11/12/2015
Current License Duration: 3
Total Beds: 72 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

THE VILLAGE HEALTH CARE CENTER

2651 S AVE W
27-5043
MISSOULA MT 59804-
Phone 728-9162 Fax: 543-8128
Administrator: KATHY HAMMOND
DON: MELISSA BESTRAM
License Number: 13170 Exp. Date: 8/6/2015
Current License Duration: 3
Total Beds: 193 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

Facility ID Number: 1075
County: MISSOULA
Cert Prov Number: JCAHO: State Facility:
Original License Date:
NOT PROV
Health Planning Region Number: 5
Licensed-Only Beds:
Title 18 SNF:

Facility ID Number: 1077
County: MISSOULA
Cert Prov Number: JCAHO: State Facility:
Original License Date:
NOT PROV
Health Planning Region Number: 5
Licensed-Only Beds:
Title 18 SNF:

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

Facility ID Number: 1078
County: MISSOULA
Cert Prov Number: JCAHO: State Facility:
Original License Date:
NOT PROV
Health Planning Region Number: 5
Licensed-Only Beds:
Title 18 SNF:
CLARK FORK VALLEY NURSING HOME
10 KRUGER RD  PO BOX 768
27-5107
PLAINS  MT  59859-
Phone  826-4800  Fax:  826-4811
Administrator: GREGORY HANSON, MD
DON:  DAWN LYNCH
License Number:  12734  Exp. Date:  9/16/2016
Current License Duration:  3
Total Beds:  28  Title 18/19 SNF/NF:  28
ICF/MR Beds:  Title 19 NF:  
SHERIDAN MEMORIAL NURSING HOME
440 W LAUREL AVE
27-5070
PLENTYWOOD  MT  59254-1596
Phone  765-1420  Fax:  765-3800
Administrator: KATHY TANGEDAL
DON:  LINDA ATOR
License Number:  13387  Exp. Date:  2/28/2016
Current License Duration:  3
Total Beds:  78  Title 18/19 SNF/NF:  78
ICF/MR Beds:  Title 19 NF:  
POLSON HEALTH & REHABILITATION CENTER
9 14TH AVE W
27-5049
POLSON  MT  59860-
Phone  883-4378  Fax:  883-0039
Administrator: DEBBIE SIEGFRIED
DON:  LORRAINE FROST
License Number:  13551  Exp. Date:  7/31/2016
Current License Duration:  3
Total Beds:  70  Title 18/19 SNF/NF:  70
ICF/MR Beds:  Title 19 NF:  
CEDAR WOOD HEALTHCARE COMMUNITY
#1 S OAKS  PO BOX 430
27-5053
RED LODGE  MT  59068-
Phone  446-2525  Fax:  446-2526
Administrator: MARGARET SCHWEND
DON:  CARRIE OKKEN
License Number:  13519  Exp. Date:  6/24/2016
Current License Duration:  3
Total Beds:  76  Title 18/19 SNF/NF:  76
ICF/MR Beds:  Title 19 NF:  

Facility ID Number:  1080
County:  SANDERS
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
NOT PROV
Health Planning Region Number:  5

Facility ID Number:  1081
County:  SHERIDAN
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
NOT PROV
Health Planning Region Number:  1

Facility ID Number:  1083
County:  LAKE
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
NOT PROV
Health Planning Region Number:  5

Facility ID Number:  1085
County:  CARBON
Cert Prov Number:  JCAHO:  State Facility:
Original License Date:
NOT PROV
Health Planning Region Number:  3

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MOUNTAIN VIEW CARE CENTER INC.

829 MAIN ST SW
PO BOX 762
27-5148
RONAN MT 59864-
Phone 676-5510 Fax: 676-5512
Administrator: JOY HOUSE
DON: DANNA CLAIRMONT
Facility ID Number: 1088
County: LAKE
Cert Prov Number: JCAHO: State Facility:
Original License Date: 10/01/04
NOT PROV
Health Planning Region Number: 5

Total Beds: 20 Licensed-Only Beds:
Title 18/19 SNF/NF: Title 18 SNF:
ICF/MR Beds: Title 19 NF:

ST LUKE EXTENDED CARE

107 6TH AVE SW
27-5093
RONAN MT 59864-
Phone 676-2900 Fax: 676-0523
Administrator: SHANE ROBERTS
DON: DAWN RAYMOND RN
Facility ID Number: 1087
County: LAKE
Cert Prov Number: JCAHO: State Facility:
Original License Date: NOT PROV
Health Planning Region Number: 5

Total Beds: 75 Licensed-Only Beds:
Title 18/19 SNF/NF: Title 18 SNF:
ICF/MR Beds: Title 19 NF:

DANIELS MEMORIAL NURSING HOME

105 5TH AVENUE EAST
PO BOX 400
27-5071
SCOBEY MT 59263-
Phone 487-2296 Fax: 487-2471
Administrator: DAVID HUBBARD
DON: DEANNA FERESTAD
Facility ID Number: 1090
County: DANIELS
Cert Prov Number: JCAHO: State Facility:
Original License Date: NOT PROV
Health Planning Region Number: 1

Total Beds: 30 Licensed-Only Beds:
Title 18/19 SNF/NF: Title 18 SNF:
ICF/MR Beds: Title 19 NF:

MARIAS CARE CENTER

640 PARK AVE
PO BOX 915
27-5061
SHELBY MT 59474-
Phone 434-3261 Fax: 434-3213
Administrator: JUDY MELIN
DON: KATHY DANIELSON
Facility ID Number: 1091
County: TOOLE
Cert Prov Number: JCAHO: State Facility:
Original License Date: PROVISIONAL
Health Planning Region Number: 2

Total Beds: 63 Licensed-Only Beds:
Title 18/19 SNF/NF: Title 18 SNF:
ICF/MR Beds: Title 19 NF:
TOBACCO ROOT MOUNTAINS CARE CENTER

326 MADISON STREET  PO BOX 308
27-5147
SHERIDAN  MT  59749-
Phone  842-5600  Fax:  842-5419
Administrator: GARY BUCHANAN
DON: CONNIE COX-TOMAS
License Number: 12799  Exp. Date: 10/30/2017
Current License Duration: 3
Total Beds: 39  Title 18/19 SNF/NF: Licensed
ICF/MR Beds:  Title 19 NF: Licensed

SIDNEY HEALTH CENTER-EXTENDED CARE

104 14TH AVE NW
27-5121
SIDNEY  MT  59270-9201
Phone  488-2300  Fax:  488-2246
Administrator: RICK HARALDSON
DON: VICKI STRASHEIM
License Number: 13025  Exp. Date: 4/30/2018
Current License Duration: 3
Total Beds: 93  Title 18/19 SNF/NF: Licensed
ICF/MR Beds:  Title 19 NF: Licensed

THE LIVING CENTRE

63 MAIN ST
27-5125
STEVENSVILLE  MT  59870-
Phone  777-5411  Fax:  777-5856
Administrator: MICHAEL WEMPLE
DON: LISA SAXON
License Number: 13064  Exp. Date: 5/14/2018
Current License Duration: 3
Total Beds: 50  Title 18/19 SNF/NF: Licensed
ICF/MR Beds:  Title 19 NF: Licensed

BROADWATER HEALTH CENTER

110 NORTH OAK ST
TOWNSEND  MT  59644-
Phone  266-3186  Fax:  NOT PROV
Administrator: KYLE HOPSTAD
DON:
License Number: 13562  Exp. Date: 9/8/2017
Current License Duration: 3
Total Beds: 16  Title 18/19 SNF/NF: Licensed
ICF/MR Beds: 0  Title 19 NF: 0

Facility ID Number: 1092
County: MADISON
Cert Prov Number: JCAHO: State Facility:
Original License Date: NOT PROV
Health Planning Region Number: 4
Licensed-Only Beds: 39
Title 18 SNF:

Facility ID Number: 1093
County: RICHLAND
Cert Prov Number: JCAHO: State Facility:
Original License Date: NOT PROV
Health Planning Region Number: 1
Licensed-Only Beds: 93
Title 18 SNF:

Facility ID Number: 1094
County: RAVALLI
Cert Prov Number: JCAHO: State Facility:
Original License Date: NOT PROV
Health Planning Region Number: 5
Licensed-Only Beds: 50
Title 18 SNF:
WHITEFISH CENTER

1305 E 7TH ST

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

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

Phone 862-3557 Fax: 862-3742
Administrator: JOSHUA BROWN
DON: PATRICIA KINGSOLVER
License Number: 12679 Exp. Date: 11/10/2016
Current License Duration: 3
Total Beds: 100 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

WIBAUX COUNTY NURSING HOME

710 SOUTH WIBAUX ST

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

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

Phone 796-2429 Fax: 796-8109
Administrator: LILLIAN SILVERS
DON: LILLIAN SILVERS
License Number: 12972 Exp. Date: 3/17/2018
Current License Duration: 3
Total Beds: 40 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:

FAITH LUTHERAN HOME LTC

1000 6TH AVENUE NORTH

Facility ID Number: 1103
County: ROOSEVELT
Cert Prov Number: JCAHO: State Facility:

Original License Date: 08/26/04
Health Planning Region Number: 1

Phone 653-1400 Fax: 653-1433
Administrator: MARGARET NORGAARD
DON: JOANN HIBL
License Number: 13137 Exp. Date: 7/23/2018
Current License Duration: 3
Total Beds: 60 Title 18/19 SNF/NF:
ICF/MR Beds: Title 19 NF:
Licensed-Only Beds: 0
Title 18 SNF: 0
Title 19 NF: 0

Total Facilities 83 Total Licensed Beds: 6749