

Name : STERLING HOUSE OF ABILENE I State ID : N-021-007 *LICENSED BEDS*****LIMITED***
 Address : 1100 N VINE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ABILENE, KS 67410-4009 Telephone : (785) 263-7400 34 0 34 0 0 0 0
 Administrator : JANINE SCHAICH Fax : 7852633044 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF ABILENE GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITITES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DICKINSON
 0 0 0 0

Name : STERLING HOUSE OF ABILENE II State ID : N-021-008 *LICENSED BEDS*****LIMITED***
 Address : 1102 N VINE ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ABILENE, KS 67410 Telephone : (785) 263-7800 43 0 43 0 0 0 0
 Administrator : STEPHANIE SILMON Fax : 7852632455 *****CERTIFIED BEDS*****
 Bldg Owner : AHC PURCHASER INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DICKINSON
 0 0 0 0

Name : ANDOVER COURT ASSISTED LIVING State ID : N-008-010 *LICENSED BEDS*****LIMITED***
 Address : 721 WEST 21ST ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ANDOVER, KS 67002-8491 Telephone : (316) 733-2662 56 0 56 0 0 0 0
 Administrator : JANET GARRETSON Fax : 3167336754 *****CERTIFIED BEDS*****
 Bldg Owner : ANDOVER COURT REAL ESTATE INVESTORS LL GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ANDOVER COURT MEDICAL INVESTORS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : CENTURY PARK ASSOCIATES LLC JA04 Profit BUTLER
 0 0 0 0

Name : THE FOUNTAINS State ID : N-008-011 *LICENSED BEDS*****LIMITED***
 Address : 408 E CENTRAL PO BOX 906 Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ANDOVER, KS 67002 Telephone : (316) 733-0334 96 0 96 0 0 0 0
 Administrator : JANET M. WINTER Fax : 3167330995 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF ANDOVER GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ANDOVER SENIOR CARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER
 0 0 0 0

Name : COUNTRY LIVING INC State ID : N-039-004 *LICENSED BEDS*****LIMITED***
 Address : 420 N 5TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ANTHONY, KS 67003 Telephone : (620) 842-5858 25 0 25 0 0 0 0
 Administrator : CINDY ASH Fax : 6208425840 *****CERTIFIED BEDS*****
 Bldg Owner : COUNTRY LIVING INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HARPER
 0 0 0 0

Name : STERLING HOUSE OF ARKANSAS CITY State ID : N-018-010 *LICENSED BEDS*****LIMITED***
 Address : 402 E WINDSOR RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ARKANSAS CITY, KS 67005-3866 Telephone : (620) 442-4400 43 0 43 0 0 0 0
 Administrator : KATHLEEN B ZIEGLER Fax : 6204424035 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF ARKANSAS CITY GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES, INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : COWLEY
 0 0 0 0

Name : THE GRAN VILLAS OF ATCHISON State ID : N-003-004 *LICENSED BEDS*****LIMITED***
 Address : 1635 RILEY ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATCHISON, KS 66002-1514 Telephone : (913) 367-2077 25 0 25 0 0 0 0
 Administrator : BRENDA MEUDT Fax : 9133671755 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF ATCHISON GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MEDICALODGES INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATCHISON 0 0 0 0

Name : VINTAGE PARK AT ATCHISON State ID : N-003-005 *LICENSED BEDS*****LIMITED***
 Address : 1301 N 4TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATCHISON, KS 66002 Telephone : (913) 367-2655 48 0 48 0 0 0 0
 Administrator : CHERYL L. CONTRERAS Fax : 9133670642 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT ATCHISON HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATCHISON 0 0 0 0

Name : THE HOMESTEAD OF AUBURN State ID : N-089-042 *LICENSED BEDS*****LIMITED***
 Address : 280 E VALLEY SPRINGS DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : AUBURN, KS 66402 Telephone : (785) 256-7100 33 0 33 0 0 0 0
 Administrator : KATE CLEMMONS Fax : 7852567902 *****CERTIFIED BEDS*****
 Bldg Owner : TWIN OAKS HOLDING #3 LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VALLEY SPRINGS ASSISTED LIVING OPERATIONS HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE 0 0 0 0

Name : THE FAIRWAYS OF AUGUSTA State ID : N-008-008 *LICENSED BEDS*****LIMITED***
 Address : 1611 FAIRWAY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : AUGUSTA, KS 67010-2246 Telephone : (316) 775-1000 56 0 36 20 0 0 0
 Administrator : KAREN S DAO Fax : 3167756309 *****CERTIFIED BEDS*****
 Bldg Owner : EMERIKEYT FAIRWAYS OF AUGUSTA LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : EMERITUS PROPERTIES XVI, INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER 0 0 0 0

Name : VINTAGE PARK AT BALDWIN CITY State ID : N-023-018 *LICENSED BEDS*****LIMITED***
 Address : 321 CRIMSON AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : BALDWIN, KS 66006-4011 Telephone : (785) 594-4255 47 0 47 0 0 0 0
 Administrator : SUE BROWN Fax : 7855942280 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT BALDWIN CITY LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DOUGLAS 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF BELLEVILLE State ID : N-079-003 *LICENSED BEDS*****LIMITED***
 Address : 530 23RD STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : BELLEVILLE, KS 66935 Telephone : (785) 527-5300 22 0 22 0 0 0 0
 Administrator : JANET JONES Fax : 7855275303 *****CERTIFIED BEDS*****
 Bldg Owner : REPUBLIC COUNTY Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : REPUBLIC COUNTY ASSISTED LIVING County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC JA04 Profit REPUBLIC 0 0 0 0

Name : THE MEADOWS State ID : N-016-003 *LICENSED BEDS*****LIMITED***
 Address : 1201 MARTINDALE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : BURLINGTON, KS 66839-2400 Telephone : (620) 364-8861 34 0 34 0 0 0 0
 Administrator : ALBERTA ANDRICK Fax : 6203645504 *****CERTIFIED BEDS*****
 Bldg Owner : COFFEY HEALTH SYSTEM GA06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : COFFEY 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF CLAY CENT State ID : N-014-005 *LICENSED BEDS*****LIMITED***
 Address : 722 LIBERTY STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : CLAY CENTER, KS 67432 Telephone : (785) 632-5052 22 0 22 0 0 0 0
 Administrator : RAY FRIGON Fax : 7856325175 *****CERTIFIED BEDS*****
 Bldg Owner : CLAY COUNTY ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC GA04 Profit CLAY 0 0 0 0

Name : CRC - THE VILLAGE State ID : N-087-053 *LICENSED BEDS*****LIMITED***
 Address : 440 N FOURTH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : CLEARWATER, KS 67026 Telephone : (620) 584-4183 40 0 40 0 0 0 0
 Administrator : ERIN LIGHT Fax : 6205844575 *****CERTIFIED BEDS*****
 Bldg Owner : CLEARWATER RETIREMENT COMMUNITY INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK 0 0 0 0

Name : ASSISTED LIVING AT WINDSOR PLACE State ID : N-063-016 *LICENSED BEDS*****LIMITED***
 Address : 2904 W 8TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : COFFEYVILLE, KS 67337 Telephone : (620) 251-0214 36 0 36 0 0 0 0
 Administrator : SONIA LARIMORE Fax : 6202515345 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF COFFEYVILLE GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ASSISTED LIVING AT WINDSOR PLACE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MONTGOMERY 0 0 0 0

Name : ASSISTED LIVING AT WINDSOR PLACE LLC State ID : N-063-015 *LICENSED BEDS*****LIMITED***
 Address : 106 TYLER Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : COFFEYVILLE, KS 67337-2441 Telephone : (620) 251-0214 18 0 18 0 0 0 0
 Administrator : MONTE COFFMAN Fax : 6202515345 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HEALTH MANAGEMENT OF KANSAS INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MONTGOMERY 0 0 0 0

Name : FAIRVIEW ESTATES RETIREMENT COMMUNITY, State ID : N-097-003 *LICENSED BEDS*****LIMITED***
 Address : 1630 SEWELL AVENUE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : COLBY, KS 67701 Telephone : (785) 462-2154 17 0 17 0 0 0 0
 Administrator : GARY L STEWART Fax : 7854622154 *****CERTIFIED BEDS*****
 Bldg Owner : FAIRVIEW ESTATES RETIREMENT COMMUNITY, GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RURAL HEALTH DEVELOPMENT, INC JA04 Profit THOMAS 0 0 0 0

Name : MARQUIS PLACE State ID : N-015-008 *LICENSED BEDS*****LIMITED***
 Address : 205 WEST 21ST STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : CONCORDIA, KS 66901 Telephone : (785) 243-2255 42 0 42 0 0 0 0
 Administrator : SONIA DERUSSEAU Fax : 7852432409 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF CONCORDIA GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MARQUIS PLACE OF CONCORDIA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : CLOUD 0 0 0 0

Name : COUNCIL GROVE ASSISTED LIVING State ID : N-064-002 *LICENSED BEDS*****LIMITED***
 Address : 554 COUNTRY LANE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : COUNCIL GROVE, KS 66846 Telephone : (620) 767-5600 30 0 30 0 0 0 0
 Administrator : SANDRA L KLINE Fax : 6207676552 *****CERTIFIED BEDS*****
 Bldg Owner : COUNCIL GROVE ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CGAL MANAGEMENT LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MORRIS 0 0 0 0

Name : STERLING HOUSE OF DERBY State ID : N-087-038 *LICENSED BEDS*****LIMITED***
 Address : 1709 E WALNUT GROVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : DERBY, KS 67037-3528 Telephone : (316) 788-6100 34 0 34 0 0 0 0
 Administrator : CHRISTIE UNDERWOOD Fax : 3167881239 *****CERTIFIED BEDS*****
 Bldg Owner : JER/NHP SENIOR LIVING KANSAS INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BROOKDALE SENIOR LIVING COMMUNITIES, INC JA04 Profit SEDGWICK 0 0 0 0

Name : VINTAGE PLACE OF DERBY State ID : N-087-036 *LICENSED BEDS*****LIMITED***
 Address : 1701 E WALNUT GROVE RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : DERBY, KS 67037-3527 Telephone : (316) 788-9600 36 0 36 0 0 0 0
 Administrator : KRISTEN THOMAS Fax : 3167888963 *****CERTIFIED BEDS*****
 Bldg Owner : VINTAGE PLACE OF EL DORADO INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VINTAGE GROUP INC JA04 Profit SEDGWICK 0 0 0 0

Name : DIAMOND VIEW ESTATES State ID : N-051-001 *LICENSED BEDS*****LIMITED***
 Address : 775 DIAMOND VIEW DRIVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : DIGHTON, KS 67839 Telephone : (620) 397-5111 20 0 20 0 0 0 0
 Administrator : MELANIE BAALMAN Fax : 6203975112 *****CERTIFIED BEDS*****
 Bldg Owner : LANE COUNTY SENIOR LIVING FOUNDATION GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LANE 0 0 0 0

Name : STERLING HOUSE OF DODGE CITY State ID : N-029-007 *LICENSED BEDS*****LIMITED***
 Address : 2400 NORTH 14TH AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : DODGE CITY, KS 67801-2313 Telephone : (620) 225-7555 45 0 45 0 0 0 0
 Administrator : LARRY GABEL Fax : 6202256714 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF DODGE CITY GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS LTC CORPORATION HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. IA04 Profit County : ONLY SNF/NF ONLY
 Management Firm : FORD 0 0 0 0

Name : MORTON COUNTY HEALTH SYSTEM ASSISTED L State ID : N-065-002 *LICENSED BEDS*****LIMITED***
 Address : 500 4TH STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ELKHART, KS 67950-0937 Telephone : (620) 697-5649 23 0 23 0 0 0 0
 Administrator : LORI RODRIGUEZ Fax : 6206975646 *****CERTIFIED BEDS*****
 Bldg Owner : MORTON COUNTY GA06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MORTON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : STERLING HOUSE OF EMPORIA State ID : N-056-012 *LICENSED BEDS*****LIMITED***
 Address : 1200 WEST 12TH AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : EMPORIA, KS 66801-2557 Telephone : (620) 342-1000 34 0 34 0 0 0 0
 Administrator : DONNA MAYER Fax : 6203422762 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF EMPORIA GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : LYON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : VINTAGE PARK AT EUREKA LLC State ID : N-037-005 *LICENSED BEDS*****LIMITED***
 Address : 1820 E RIVER ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : EUREKA, KS 67045-2156 Telephone : (620) 583-7473 46 0 46 0 0 0 0
 Administrator : MIKALA SMITH Fax : 6205837574 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT EUREKA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GREENWOOD ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : FORT SCOTT PRESBYTERIAN VILLAGE State ID : N-006-005 *LICENSED BEDS*****LIMITED***
 Address : 2401 S HORTON ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : FORT SCOTT, KS 66701-3196 Telephone : (620) 223-5550 63 0 63 0 0 0 0
 Administrator : GINGER DIERKSEN Fax : 6202237800 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : BOURBON ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit 0 0 0 0

Name : VINTAGE PARK AT FREDONIA LLC State ID : N-103-004 *LICENSED BEDS*****LIMITED***
 Address : 2111 E WASHINGTON Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : FREDONIA, KS 66736-1759 Telephone : (620) 378-2329 30 0 30 0 0 0 0
 Administrator : LAURA FINDLEY Fax : 6203782792 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT FREDONIA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : WILSON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : THE HOMESTEAD OF GARDEN CITY State ID : N-028-003 *LICENSED BEDS*****LIMITED***
 Address : 2414 N HENDERSON DRIVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GARDEN CITY, KS 67846 Telephone : (620) 272-9800 45 0 45 0 0 0 0
 Administrator : THERESA QUAID Fax : 6202720555 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF GARDEN CITY LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MIDWEST HOMESTEAD OF GARDEN CITY OPERAT HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : FINNEY ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : VINTAGE PARK AT GARDNER State ID : N-046-055 *LICENSED BEDS*****LIMITED***
 Address : 869 JUNIPER TERRACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GARDNER, KS 66030 Telephone : (913) 856-7643 46 0 46 0 0 0 0
 Administrator : DEE KUDRNA Fax : 9138844582 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT GARDNER LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : WESTRIDGE State ID : N-019-011 *LICENSED BEDS*****LIMITED***
 Address : 950 WEST ST JOHN STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GIRARD, KS 66743 Telephone : (620) 724-6760 24 0 24 0 0 0 0
 Administrator : KATHRYN NELSON Fax : 6207246766 *****CERTIFIED BEDS*****
 Bldg Owner : THE CRAWFORD CO ASSISTED LIVING COMM IN GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : CRAWFORD
 0 0 0 0

Name : WHEAT RIDGE ACRES State ID : N-091-002 *LICENSED BEDS*****LIMITED***
 Address : 707 WHEATRIDGE CIRCLE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GOODLAND, KS 67735-2259 Telephone : (785) 899-0100 50 0 40 10 0 0 0
 Administrator : DONNA SWAGER Fax : 7858990277 *****CERTIFIED BEDS*****
 Bldg Owner : GOODLAND ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : HERITAGE HEALTHCARE MANAGEMENT INC JA04 Profit SHERMAN
 0 0 0 0

Name : RIVER BEND ASSISTED LIVING State ID : N-005-006 *LICENSED BEDS*****LIMITED***
 Address : 3820 BROADWAY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GREAT BEND, KS 67530 Telephone : (620) 792-7017 40 0 40 0 0 0 0
 Administrator : BRYAN STACEY Fax : 6207927117 *****CERTIFIED BEDS*****
 Bldg Owner : GREAT BEND HOMESTEAD ASSISTED LIVING LL GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit BARTON
 0 0 0 0

Name : STERLING HOUSE OF GT BEND State ID : N-005-005 *LICENSED BEDS*****LIMITED***
 Address : 1206 PATTON RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GREAT BEND, KS 67530-3118 Telephone : (620) 792-7000 43 0 43 0 0 0 0
 Administrator : DONNA FLAATA Fax : 6207927487 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF GREAT BEND GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS LTC CORPORATION HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC IA04 Profit County : ONLY SNF/NF ONLY
 Management Firm : BARTON
 0 0 0 0

Name : CARRIAGE HOUSE OF GREENSBURG State ID : N-049-003 *LICENSED BEDS*****LIMITED***
 Address : 723 S ELM Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : GREENSBURG, KS 67054 Telephone : (620) 723-3400 32 0 32 0 0 0 0
 Administrator : JUDY FEIL Fax : 6207233436 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF GREENSBURG GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS ASSISTED LIVING LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : KIOWA
 0 0 0 0

Name : HALSTEAD PLACE State ID : N-040-008 *LICENSED BEDS*****LIMITED***
 Address : 715 W 6TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HALSTEAD, KS 67056 Telephone : (316) 830-2424 35 0 35 0 0 0 0
 Administrator : JOHN J NEMETH Fax : 3168303030 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HALSTEAD GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HALSTEAD PLACE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : HARVEY
 0 0 0 0

Name : HERITAGE ESTATES ASSISTED LIVING State ID : N-039-005 *LICENSED BEDS*****LIMITED***
 Address : 1212 HICKORY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HARPER, KS 67058-1455 Telephone : (620) 896-2646 18 0 18 0 0 0 0
 Administrator : CAROL MCKEE Fax : 6208967127 *****CERTIFIED BEDS*****
 Bldg Owner : HARPER HOSPITAL DISTRICT #5 GC06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : HARPER
 0 0 0 0

Name : CEDARVIEW ASSISTED LIVING State ID : N-026-010 *LICENSED BEDS*****LIMITED***
 Address : 2929 STERNBERG DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HAYS, KS 67601 Telephone : (785) 628-3200 50 0 50 0 0 0 0
 Administrator : TREVA BENOIT Fax : 7856289992 *****CERTIFIED BEDS*****
 Bldg Owner : PLAINS ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : FF, LLC JA08 Profit ELLIS
 0 0 0 0

Name : ST JOHN'S NEW HORIZONS State ID : N-026-009 *LICENSED BEDS*****LIMITED***
 Address : 2225 CANTERBURY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HAYS, KS 67601 Telephone : (785) 628-8742 57 0 57 0 0 0 0
 Administrator : THERESA THOMAS Fax : 7856253793 *****CERTIFIED BEDS*****
 Bldg Owner : ST. JOHN'S INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC JA05 Not For Profit ELLIS
 0 0 0 0

Name : STERLING HOUSE OF HAYS State ID : N-026-008 *LICENSED BEDS*****LIMITED***
 Address : 1801 EAST 27TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HAYS, KS 67601 Telephone : (785) 628-1111 45 0 45 0 0 0 0
 Administrator : LISA LEIKER Fax : 7856256757 *****CERTIFIED BEDS*****
 Bldg Owner : AHC PURCHASER INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : ELLIS
 0 0 0 0

Name : VINTAGE PARK AT HIAWATHA LLC State ID : N-007-006 *LICENSED BEDS*****LIMITED***
 Address : 400 KANSAS AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HIAWATHA, KS 66434 Telephone : (913) 742-4566 39 0 39 0 0 0 0
 Administrator : SUSAN KORTHANKE Fax : 7857424573 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT HIAWATHA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : BROWN
 0 0 0 0

Name : SEALYE HOUSE State ID : N-033-002 *LICENSED BEDS*****LIMITED***
 Address : 619 N 4TH AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HILL CITY, KS 67642 Telephone : (785) 421-2662 9 0 9 0 0 0 0
 Administrator : JO MC DERMOTT Fax : 7854212198 *****CERTIFIED BEDS*****
 Bldg Owner : SEAYLE HOUSE INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : GRAHAM 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF HOISINGTC State ID : N-005-007 *LICENSED BEDS*****LIMITED***
 Address : 259 W 6TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HOISINGTON, KS 67544-2014 Telephone : (620) 653-4121 22 0 22 0 0 0 0
 Administrator : TERRI GREER Fax : 6206532360 *****CERTIFIED BEDS*****
 Bldg Owner : BARTON COUNTY ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC BARTON 0 0 0 0

Name : VINTAGE PARK AT HOLTON LLC State ID : N-043-004 *LICENSED BEDS*****LIMITED***
 Address : 410 JUNIPER DRIVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HOLTON, KS 66436 Telephone : (785) 364-5051 37 0 37 0 0 0 0
 Administrator : PHYLLIS TWOMBLY Fax : 7853645010 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT HOLTON LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JACKSON 0 0 0 0

Name : PLUM CREEK PLAZA State ID : N-027-006 *LICENSED BEDS*****LIMITED***
 Address : 100 N COUNTY RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HOLYROOD, KS 67450-0248 Telephone : (785) 252-3800 16 0 16 0 0 0 0
 Administrator : DELLA RENEE LUMPKINS Fax : 7852523899 *****CERTIFIED BEDS*****
 Bldg Owner : HEARTLAND ASSISTED LIVING CENTER OF HOL GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ELLSWORTH 0 0 0 0

Name : ELM GROVE ESTATES State ID : N-078-015 *LICENSED BEDS*****LIMITED***
 Address : 2416 BRENTWOOD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HUTCHINSON, KS 67502-5028 Telephone : (620) 663-9195 226 0 226 0 0 0 0
 Administrator : MICHAEL TRUMAN Fax : 6206636602 *****CERTIFIED BEDS*****
 Bldg Owner : 2406 BRENTWOOD STREET LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : EMERITUS CORPORATION HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RENO 0 0 0 0

Name : WALDRON PLACE State ID : N-078-016 *LICENSED BEDS*****LIMITED***
 Address : 1700 E 23RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : HUTCHINSON, KS 67502 Telephone : (620) 662-4114 44 0 44 0 0 0 0
 Administrator : LISA VALENTINE Fax : 6206629002 *****CERTIFIED BEDS*****
 Bldg Owner : HUTCHINSON HOMESTEAD ASSISTED LIVING LL GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit RENO 0 0 0 0

Name : MEMORIAL LIVING CENTER State ID : N-094-001 *LICENSED BEDS*****LIMITED***
 Address : 102 E LANE DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : JOHNSON CITY, KS 67855 Telephone : (620) 492-2356 15 0 15 0 0 0 0
 Administrator : GAYLE LAMB Fax : 6204924241 *****CERTIFIED BEDS*****
 Bldg Owner : STANTON COUNTY BOARD OF COUNTY COMMIS GA06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : STANTON 0 0 0 0

Name : STERLING HOUSE OF JUNCTION CITY State ID : N-031-004 *LICENSED BEDS*****LIMITED***
 Address : 1022 CAROLINE AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : JUNCTION CITY, KS 66441-5206 Telephone : (785) 762-3123 34 0 34 0 0 0 0
 Administrator : JOYE ACKER-GFELLER Fax : 7857626222 *****CERTIFIED BEDS*****
 Bldg Owner : BKD Sterling House of Junction City GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : GEARY 0 0 0 0

Name : DELAWARE HIGHLANDS ASSISTED LIVING State ID : N-105-014 *LICENSED BEDS*****LIMITED***
 Address : 12600 DELAWARE PARKWAY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : KANSAS CITY, KS 66106 Telephone : (913) 721-1400 133 0 133 0 0 0 0
 Administrator : Michael A. Warren Fax : 9134007405 *****CERTIFIED BEDS*****
 Bldg Owner : DELAWARE HIGHLANDS ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DELAWARE HIGHLANDS ASSISTED LIVING SERV JA07 Profit WYANDOTTE 0 0 0 0

Name : VICTORY HILLS SENIOR LIVING COMMUNITY State ID : N-105-015 *LICENSED BEDS*****LIMITED***
 Address : 1900 NORTH 70TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : KANSAS CITY, KS 66102 Telephone : (913) 299-1166 60 0 60 0 0 0 0
 Administrator : MARK O'HARA Fax : 9132999474 *****CERTIFIED BEDS*****
 Bldg Owner : TI - VICTORY HILLS LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VICTORY HILLS SENIOR LIVING COMMUNITY LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WALNUT CREEK MANAGEMENT COMPANY LLC JA08 Profit WYANDOTTE 0 0 0 0

Name : TWIN OAKS ASSISTED LIVING State ID : N-052-007 *LICENSED BEDS*****LIMITED***
 Address : 657 EISENHOWER Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LANSING, KS 66043-1913 Telephone : (913) 727-6100 32 0 32 0 0 0 0
 Administrator : DEBRA EYERLY Fax : 9137271722 *****CERTIFIED BEDS*****
 Bldg Owner : TWIN OAKS ASSISTED LIVING REAL ESTATES LL GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : TWIN OAKS ASSISTED LIVING OPERATIONS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LEAVENWORTH 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF LARNED State ID : N-073-002 *LICENSED BEDS*****LIMITED***
 Address : 714 W 9TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LARNED, KS 67550-2452 Telephone : (620) 285-6900 22 0 22 0 0 0 0
 Administrator : LAURA SMITH Fax : 6202856907 *****CERTIFIED BEDS*****
 Bldg Owner : LARNED SENIOR LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC JA04 Profit PAWNEE 0 0 0 0

DIRECTORY OF KANSAS ASSISTED LIVING FACILITIES

03/01/2010

Name : THE WINDSOR OF LAWRENCE State ID : N-023-017 *LICENSED BEDS*****LIMITED***
 Address : 3220 PETERSON RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66049-1942 Telephone : (785) 832-9900 44 0 44 0 0 0 0
 Administrator : JEANNETTE DODGE Fax : 7858329167 *****CERTIFIED BEDS*****
 Bldg Owner : LAWRENCE ALF LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : DOUGLAS ONLY SNF/NF ONLY
 Management Firm : LEGEND SENIOR LIVING LLC JA08 Profit 0 0 0 0

Name : THE HOMESTEAD OF LEAVENWORTH State ID : N-052-006 *LICENSED BEDS*****LIMITED***
 Address : 5150 HUGHES ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LEAVENWORTH, KS 66048-5022 Telephone : (913) 727-9600 46 0 46 0 0 0 0
 Administrator : VICKY WALKER Fax : 9137279604 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF LEAVENWORTH LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MIDWEST HOMESTEAD OF LEAVENWORTH OPER/ HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : LEAVENWORTH ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : GRACE GARDENS OF LEAWOOD ASSISTED LIVIN State ID : N-046-065 *LICENSED BEDS*****LIMITED***
 Address : 5201 W 143RD ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LEAWOOD, KS 66224 Telephone : (913) 685-4800 87 0 60 27 0 0 0
 Administrator : KATHY WILCOX Fax : 9136851153 *****CERTIFIED BEDS*****
 Bldg Owner : GRACE GARDENS ALF OF LEAWOOD INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : SUPERIOR SENIOR LIVING INC JA04 Profit 0 0 0 0

Name : SUNRISE ASSISTED LIVING OF LEAWOOD State ID : N-046-072 *LICENSED BEDS*****LIMITED***
 Address : 11661 GRANADA AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LEAWOOD, KS 66211 Telephone : (913) 906-0200 99 0 61 38 0 0 0
 Administrator : LAURIE A KRENKE Fax : 9139060201 *****CERTIFIED BEDS*****
 Bldg Owner : METSUN LEAWOOD KS SENIOR LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC JA04 Profit 0 0 0 0

Name : THE HOMESTEAD OF LEAWOOD State ID : N-046-039 *LICENSED BEDS*****LIMITED***
 Address : 12720 STATELINE ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LEAWOOD, KS 66209-1619 Telephone : (913) 663-3351 44 0 44 0 0 0 0
 Administrator : KIMBERLY CRAIG Fax : 9136632357 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF LEAWOOD LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : GARDEN VILLAS OF LENEXA State ID : N-046-078 *LICENSED BEDS*****LIMITED***
 Address : 9705 MONROVIA ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LENEXA, KS 66215-1564 Telephone : (913) 492-1133 32 0 32 0 0 0 0
 Administrator : JENNIFER DROZDA Fax : 9134921427 *****CERTIFIED BEDS*****
 Bldg Owner : DELMAR GARDENS OF LENEXA INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : DELMAR GARDENS MANAGEMENT SERVICES IN JA04 Profit 0 0 0 0

Name : SUNRISE ASSISTED LIVING OF LENEXA State ID : N-046-071 *LICENSED BEDS*****LIMITED***
 Address : 15055 W 87TH ST PARKWAY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LENEXA, KS 66215 Telephone : (913) 307-0665 101 0 63 38 0 0 0
 Administrator : SAMANTHA MONTGOMERY Fax : 9133070673 *****CERTIFIED BEDS*****
 Bldg Owner : MORSUN LENEXA SENIOR LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MORSUN TENANT LP HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC JA04 Profit JOHNSON
 0 0 0 0

Name : THE HOMESTEAD OF LENEXA State ID : N-046-043 *LICENSED BEDS*****LIMITED***
 Address : 8740 CAENEN LAKE ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LENEXA, KS 66215 Telephone : (913) 894-0014 44 0 44 0 0 0 0
 Administrator : JEREMI SCHULER Fax : 9133458858 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF LENEXA LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : VINTAGE PARK AT LENEXA State ID : N-046-037 *LICENSED BEDS*****LIMITED***
 Address : 8710 CAENEN LAKE ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LENEXA, KS 66215-2069 Telephone : (913) 894-6979 44 0 44 0 0 0 0
 Administrator : JAYNE HEILMAN Fax : 9138940901 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT LENEXA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : LIBERAL SPRINGS State ID : N-088-003 *LICENSED BEDS*****LIMITED***
 Address : 1500 N TERRACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LIBERAL, KS 67901 Telephone : (620) 624-8000 56 0 56 0 0 0 0
 Administrator : KARRIE LITRELL Fax : 6206249513 *****CERTIFIED BEDS*****
 Bldg Owner : EMERIKEYT LIBERAL SPRINGS LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : EMERITUS PROPERTIES XVI, INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : SEWARD
 0 0 0 0

Name : VINTAGE PARK AT LOUISBURG State ID : N-061-008 *LICENSED BEDS*****LIMITED***
 Address : 202 S ROGERS Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : LOUISBURG, KS 66053 Telephone : (913) 837-5133 43 0 43 0 0 0 0
 Administrator : AVA PURVIS Fax : 9138375169 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT LOUISBURG LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MIAMI
 0 0 0 0

Name : STONEYBROOK ASSISTED LIVING State ID : N-081-007 *LICENSED BEDS*****LIMITED***
 Address : 2029 LITTLE KITTEN AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MANHATTAN, KS 66503-7545 Telephone : (785) 537-1065 32 0 32 0 0 0 0
 Administrator : MARY JO BERG Fax : 7855370835 *****CERTIFIED BEDS*****
 Bldg Owner : STONEYBROOK ASSISTED LIVING REAL ESTATE GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : STONEYBROOK ASSISTED LIVING OPERATIONS LI HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : RILEY
 0 0 0 0

Name : THE HOMESTEAD OF MANHATTAN State ID : N-081-006 *LICENSED BEDS*****LIMITED***
 Address : 1923 LITTLE KITTEN AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MANHATTAN, KS 66502-7545 Telephone : (785) 776-1772 40 0 40 0 0 0 0
 Administrator : ERICA SMITH Fax : 7855659707 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF MANHATTAN LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MIDWEST HOMESTEAD OF MANHATTAN OPERATI HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RILEY 0 0 0 0

Name : MARION ASSISTED LIVING LLC State ID : N-057-007 *LICENSED BEDS*****LIMITED***
 Address : 200 N EISENHOWER RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MARION, KS 66861 Telephone : (620) 382-3000 22 0 22 0 0 0 0
 Administrator : JENNIFER GAINES Fax : 6203822353 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF MARION GA06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MARION ASSISTED LIVING LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BROOKS DEVELOPMENT COMPANY LLC JA08 Profit MARION 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF MARYSVILL State ID : N-058-007 *LICENSED BEDS*****LIMITED***
 Address : 1149 COUNTRY PLACE DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MARYSVILLE, KS 66508 Telephone : (785) 562-4001 22 0 22 0 0 0 0
 Administrator : MELVA SANNER Fax : 7855624002 *****CERTIFIED BEDS*****
 Bldg Owner : MARSHALL COUNTY GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MARSHALL COUNTY ASSISTED LIVING, LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC JA04 Profit MARSHALL 0 0 0 0

Name : STERLING HOUSE OF MCPHERSON State ID : N-059-016 *LICENSED BEDS*****LIMITED***
 Address : 1460 N MAIN ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MCPHERSON, KS 67460-1902 Telephone : (620) 241-6600 43 0 43 0 0 0 0
 Administrator : MELISSA HOLCOM Fax : 6202417406 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF MCPHERSON GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS LTC CORPORATION HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. IA04 Profit County : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON 0 0 0 0

Name : BICKFORD AT MISSION SPRINGS I State ID : N-046-042 *LICENSED BEDS*****LIMITED***
 Address : 5300 W 61ST PLACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MISSION, KS 66205 Telephone : (913) 831-7700 55 0 55 0 0 0 0
 Administrator : DIANE WINING Fax : 9138317733 *****CERTIFIED BEDS*****
 Bldg Owner : HCP, INC. GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BICKFORD AT MISSION SPRINGS I, LLC IA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : IA08 Profit County : ONLY SNF/NF ONLY
 Management Firm : BICKFORD SENIOR LIVING GROUP, LLC JA08 Profit JOHNSON 0 0 0 0

Name : BICKFORD AT MISSION SPRINGS II State ID : N-046-044 *LICENSED BEDS*****LIMITED***
 Address : 5350 WEST 61ST PLACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MISSION, KS 66205 Telephone : (913) 831-7700 60 0 60 0 0 0 0
 Administrator : LINDA ENLOW Fax : 9138317733 *****CERTIFIED BEDS*****
 Bldg Owner : HCP, INC. GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BICKFORD AT MISSION SPRINGS II LLC IA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BICKFORD SENIOR LIVING GROUP, LLC JA08 Profit JOHNSON 0 0 0 0

DIRECTORY OF KANSAS ASSISTED LIVING FACILITIES

03/01/2010

Name : MARIA COURT State ID : N-096-011 *LICENSED BEDS*****LIMITED***
 Address : 633 E MAIN ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : MULVANE, KS 67110-1799 Telephone : (316) 777-9917 44 0 44 0 0 0 0
 Administrator : CHAD BOS Fax : 3167774090 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF MULVANE GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VILLA MARIA INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SUMNER
 0 0 0 0

Name : VINTAGE PARK AT NEODESHA LLC State ID : N-103-005 *LICENSED BEDS*****LIMITED***
 Address : 400 FIR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : NEODESHA, KS 66757-1298 Telephone : (620) 325-2244 29 0 29 0 0 0 0
 Administrator : TERRI M GREAVES Fax : 6203252762 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT NEODESHA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WILSON
 0 0 0 0

Name : WHISPERING PINES ALF State ID : N-069-010 *LICENSED BEDS*****LIMITED***
 Address : 200 WHISPERING PINES Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : NORTON, KS 67654 Telephone : (785) 874-5500 20 0 20 0 0 0 0
 Administrator : CYNTHIA COLLINS Fax : 7858745501 *****CERTIFIED BEDS*****
 Bldg Owner : NORTON RETIREMENT & ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NORTON
 0 0 0 0

Name : VILLAGE ESTATES State ID : N-044-004 *LICENSED BEDS*****LIMITED***
 Address : PO BOX 346 Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : NORTONVILLE, KS 66060-0346 Telephone : (913) 886-6400 8 0 8 0 0 0 0
 Administrator : GARY FOWLER Fax : 9138868695 *****CERTIFIED BEDS*****
 Bldg Owner : VILLAGE ESTATES INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SENIOR ADULT MANAGEMENT INC JA04 Profit JEFFERSON
 0 0 0 0

Name : ASSISTED LIFESTYLES State ID : N-046-035 *LICENSED BEDS*****LIMITED***
 Address : 625 LINCOLN AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OLATHE, KS 66061-2594 Telephone : (913) 829-6920 47 0 47 0 0 0 0
 Administrator : DIANE KLEMM Fax : 9138296993 *****CERTIFIED BEDS*****
 Bldg Owner : ASSISTED LIFESTYLES OF KANSAS INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ASSISTED LIFESTYLES OF KS, INC JOHNSON
 0 0 0 0

Name : CEDAR LAKE VILLAGE State ID : N-046-059 *LICENSED BEDS*****LIMITED***
 Address : 15325 S LONE ELM RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OLATHE, KS 66061-5331 Telephone : (913) 780-9916 48 0 48 0 0 0 0
 Administrator : RACHEL STORM Fax : 9137688903 *****CERTIFIED BEDS*****
 Bldg Owner : CEDAR LAKE VILLAGE INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : THE EV LUTHERAN GOOD SAMARITAN SOCIETY JA05 Not For Profit JOHNSON
 0 0 0 0

Name : THE HOMESTEAD OF OLATHE NORTH State ID : N-046-040 *LICENSED BEDS*****LIMITED***
 Address : 791 N SOMERSET TERRACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OLATHE, KS 66062 Telephone : (913) 829-1403 44 0 44 0 0 0 0
 Administrator : TERESA HOOK Fax : 9138294064 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF OLATHE LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : THE HOMESTEAD OF OLATHE SOUTH State ID : N-046-038 *LICENSED BEDS*****LIMITED***
 Address : 751 N. SOMERSET TERRACE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OLATHE, KS 66062-5450 Telephone : (913) 829-4663 44 0 44 0 0 0 0
 Administrator : TERESA HOOK Fax : 9138296495 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF OLATHE, LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : REDBUD PLAZA State ID : N-075-007 *LICENSED BEDS*****LIMITED***
 Address : 205 WEST 9TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : ONAGA, KS 67107 Telephone : (785) 889-4142 56 0 56 0 0 0 0
 Administrator : LINDA WERREN Fax : 7858894172 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY HOSPITAL DISTRICT NO. 1 GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : COMMUNITY HEALTHCARE SYSTEM INC. HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : POTTAWATOMIE
 0 0 0 0

Name : PETERSON ASSISTED LIVING State ID : N-070-007 *LICENSED BEDS*****LIMITED***
 Address : 629 HOLLIDAY Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OSAGE CITY, KS 66523-1138 Telephone : (785) 528-3301 28 0 28 0 0 0 0
 Administrator : BETTY WRIGHT Fax : 7855283501 *****CERTIFIED BEDS*****
 Bldg Owner : PETERSON'S ASSISTED LIVING INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CRYSTAL CARE CENTERS INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : OSAGE
 0 0 0 0

Name : VINTAGE PARK AT OSAGE CITY LLC State ID : N-070-006 *LICENSED BEDS*****LIMITED***
 Address : 1403 LAING Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OSAGE CITY, KS 66523 Telephone : (913) 528-5095 39 0 39 0 0 0 0
 Administrator : JODI A. SMITH Fax : 7855284267 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT OSAGE CITY LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : OSAGE
 0 0 0 0

Name : VINTAGE PARK AT OSAWATOMIE State ID : N-061-009 *LICENSED BEDS*****LIMITED***
 Address : 1520 PARKER AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OSAWATOMIE, KS 66064 Telephone : (913) 755-2167 40 0 40 0 0 0 0
 Administrator : SHONNA LOONEY Fax : 9137554855 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE AT OSAWATOMIE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MIAMI
 0 0 0 0

Name : OTTAWA RETIREMENT PLAZA State ID : N-030-006 *LICENSED BEDS*****LIMITED***
 Address : 1042 W 15TH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OTTAWA, KS 66067-3998 Telephone : (785) 242-1127 44 0 44 0 0 0 0
 Administrator : JIM SMITH Fax : 7852421536 *****CERTIFIED BEDS*****
 Bldg Owner : OTTAWA RETIREMENT PLAZA INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DEACONESS LONG TERM CARE INC JA04 Profit FRANKLIN 0 0 0 0

Name : VINTAGE PARK AT OTTAWA State ID : N-030-008 *LICENSED BEDS*****LIMITED***
 Address : 2250 S ELM ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OTTAWA, KS 66067 Telephone : (785) 242-3715 47 0 47 0 0 0 0
 Administrator : BETSY ANN ELKINTON Fax : 7852420188 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT OTTAWA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FRANKLIN 0 0 0 0

Name : BROOKSIDE RETIREMENT COMMUNITY ASSISTE State ID : N-070-008 *LICENSED BEDS*****LIMITED***
 Address : 702 W 7TH PO BOX 308 Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERBROOK, KS 66524-0308 Telephone : (785) 665-3246 24 0 24 0 0 0 0
 Administrator : DENISE HOBACK Fax : 7856653247 *****CERTIFIED BEDS*****
 Bldg Owner : VAREKAI HOLDINGS LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ALEGRIA LIVING AND HEALTHCARE INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : OSAGE 0 0 0 0

Name : FREEDOM POINTE OF OVERLAND PARK State ID : N-046-048 *LICENSED BEDS*****LIMITED***
 Address : 9201 FOSTER Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66212 Telephone : (913) 385-2052 124 0 124 0 0 0 0
 Administrator : PEGGY HACKETT Fax : 9133851354 *****CERTIFIED BEDS*****
 Bldg Owner : ARC OVERLAND PARK LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ARC MANAGEMENT LLC JA08 Profit JOHNSON 0 0 0 0

Name : LAMAR COURT ASSISTED LIVING COMMUNITY State ID : N-046-051 *LICENSED BEDS*****LIMITED***
 Address : 11909 LAMAR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66209 Telephone : (913) 906-9696 100 0 100 0 0 0 0
 Administrator : A MILES NEASE Fax : 9139069955 *****CERTIFIED BEDS*****
 Bldg Owner : LAMAR COURT LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON 0 0 0 0

Name : PARK MEADOWS SENIOR LIVING State ID : N-046-077 *LICENSED BEDS*****LIMITED***
 Address : 5901 WEST 107TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66207-3851 Telephone : (913) 901-8200 96 0 96 0 0 0 0
 Administrator : REBECCA BURNS Fax : 9139018243 *****CERTIFIED BEDS*****
 Bldg Owner : SF OVERLAND PARK LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PARK MEADOWS SENIOR LIVING LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SRC OF KANSAS LLC JA08 Profit JOHNSON 0 0 0 0

Name : ROSE ESTATES ASSISTED LIVING COMMUNITY State ID : N-046-060 *LICENSED BEDS*****LIMITED***
 Address : 12700 ANTIOCH ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66213-2723 Telephone : (913) 825-9600 100 0 100 0 0 0 0
 Administrator : CHRISTI BROOKS Fax : 9138259601 *****CERTIFIED BEDS*****
 Bldg Owner : TI-12700 ANTIOCH LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : SILVERCREST AT DEER CREEK State ID : N-046-070 *LICENSED BEDS*****LIMITED***
 Address : 13060 S METCALF AVENUE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66213-2618 Telephone : (913) 681-1101 32 0 32 0 0 0 0
 Administrator : PHYLLIS PRUSIA Fax : 9136854943 *****CERTIFIED BEDS*****
 Bldg Owner : VILLAS LTD HA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DIAL SENIOR MANAGEMENT INC JA04 Profit JOHNSON
 0 0 0 0

Name : STRATFORD COMMONS State ID : N-046-045 *LICENSED BEDS*****LIMITED***
 Address : 12340 QUIVIRA RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66213-2408 Telephone : (913) 851-0215 57 0 57 0 0 0 0
 Administrator : JAMIE WALLACE Fax : 9138518675 *****CERTIFIED BEDS*****
 Bldg Owner : COLUMBIA HEALTH FACILITIES CAMBRIDGE LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : SUNRISE ASSISTED LIVING OF OVERLAND PARK State ID : N-046-074 *LICENSED BEDS*****LIMITED***
 Address : 12500 WEST 135TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66221 Telephone : (913) 685-3340 72 0 46 26 0 0 0
 Administrator : ANA M MAYYAH Faxes : 9136853341 *****CERTIFIED BEDS*****
 Bldg Owner : METSUN OVERLAND PARK KS SENIOR LIVING LL GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SUNRISE SENIOR LIVING MANAGEMENT INC JA04 Profit JOHNSON
 0 0 0 0

Name : THE GABLES AT OVERLAND PARK State ID : N-046-068 *LICENSED BEDS*****LIMITED***
 Address : 11701 NIEMAN ROAD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66210-4310 Telephone : (913) 345-2200 33 0 33 0 0 0 0
 Administrator : KATHY WILCOX Fax : 9134511104 *****CERTIFIED BEDS*****
 Bldg Owner : MID AMERICA ASSOCIATES & BJH FAMILY LLC A GA07 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ADVANTAGE HEALTH GROUP INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : VINTAGE PARK AT STANLEY State ID : N-046-069 *LICENSED BEDS*****LIMITED***
 Address : 14430 METCALF AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66223-2989 Telephone : (913) 897-1414 50 0 50 0 0 0 0
 Administrator : CONSTANCE J LaHUE Fax : 9138971441 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT STANLEY LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : VINTAGE PARK AT PAOLA State ID : N-061-010 *LICENSED BEDS*****LIMITED***
 Address : 601 N EAST ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : PAOLA, KS 66071-1183 Telephone : (913) 557-0202 47 0 47 0 0 0 0
 Administrator : CHRISTINA DICK Fax : 9132949787 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT PAOLA LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MIAMI 0 0 0 0

Name : WOODRIDGE ESTATES State ID : N-050-011 *LICENSED BEDS*****LIMITED***
 Address : 329 N KAY LANE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : PARSONS, KS 67357-0329 Telephone : (620) 421-4700 39 0 39 0 0 0 0
 Administrator : MADALINE SHOCKEY Fax : 6204212666 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF PARSONS GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : WOODRIDGE ESTATES LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LABETTE 0 0 0 0

Name : VINTAGE PLACE OF PITTSBURG State ID : N-019-009 *LICENSED BEDS*****LIMITED***
 Address : 1004 E CENTENNIAL Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : PITTSBURG, KS 66762-6603 Telephone : (620) 231-4554 34 0 34 0 0 0 0
 Administrator : LYNN SPRAGG Fax : 6202311156 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PLACE OF PITTSBURG INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VINTAGE GROUP INC JA04 Profit CRAWFORD 0 0 0 0

Name : PARKWOOD VILLAGE State ID : N-076-003 *LICENSED BEDS*****LIMITED***
 Address : 401 ROCHESTER Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : PRATT, KS 67124-2900 Telephone : (620) 672-5541 60 0 60 0 0 0 0
 Administrator : KELLY THOMAS Fax : 6206722123 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF PRATT GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : COVENANT HOUSING CORPORATION HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LEGEND SENIOR LIVING LLC JA08 Profit PRATT 0 0 0 0

Name : VINTAGE PLACE OF RUSSELL INC State ID : N-084-007 *LICENSED BEDS*****LIMITED***
 Address : 1070 E WICHITA AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : RUSSELL, KS 67665-2452 Telephone : (785) 483-5882 35 0 35 0 0 0 0
 Administrator : ERICA KEENER Fax : 7854832797 *****CERTIFIED BEDS*****
 Bldg Owner : VINTAGE PLACE OF RUSSELL INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RUSSELL 0 0 0 0

Name : EAGLECREST RETIREMENT COMMUNITY State ID : N-085-012 *LICENSED BEDS*****LIMITED***
 Address : 1501 EAST MAGNOLIA RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SALINA, KS 67401 Telephone : (785) 309-1501 48 0 48 0 0 0 0
 Administrator : KAREN VIDRICKSEN Fax : 7853091502 *****CERTIFIED BEDS*****
 Bldg Owner : EAGLECREST LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : EXCEL HEALTH SERVICES INC JA04 Profit SALINE 0 0 0 0

Name : STERLING HOUSE OF FAIRDALE State ID : N-085-010 *LICENSED BEDS*****LIMITED***
 Address : 2251 E CRAWFORD ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SALINA, KS 67401 Telephone : (785) 823-8600 55 0 55 0 0 0 0
 Administrator : AMBER EKLUND Fax : 7858237047 *****CERTIFIED BEDS*****
 Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SALINE
 0 0 0 0

Name : STERLING HOUSE OF SALINA State ID : N-085-009 *LICENSED BEDS*****LIMITED***
 Address : 1200 E KIRWIN AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SALINA, KS 67401-6300 Telephone : (785) 825-8200 43 0 43 0 0 0 0
 Administrator : JANICE THOMAS BALDRIDGE Fax : 7858258284 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF SALINA GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS LTC CORPORATION HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : BROOKDALE SENIOR LIVING COMMUNITIES INC IA04 Profit ONLY SNF/NF ONLY
 Management Firm : SALINE
 0 0 0 0

Name : COUNTRY PLACE SENIOR LIVING OF SENECA State ID : N-066-008 *LICENSED BEDS*****LIMITED***
 Address : 1700 COMMUNITY DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SENECA, KS 67538 Telephone : (785) 336-6868 22 0 22 0 0 0 0
 Administrator : DEBRA RETHMAN Fax : *****CERTIFIED BEDS*****
 Bldg Owner : NEMAHA COUNTY ASSISTED LIVING LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEIGHBORHOOD SENIOR LIVING INC JA04 Profit NEMAHA
 0 0 0 0

Name : SHAWNEE HEARTLAND State ID : N-046-056 *LICENSED BEDS*****LIMITED***
 Address : 16207 MIDLAND DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SHAWNEE, KS 66219 Telephone : (913) 248-6600 55 0 55 0 0 0 0
 Administrator : PHYLLIS HORNBAKER Fax : 9132486666 *****CERTIFIED BEDS*****
 Bldg Owner : HEARTLAND ASSISTED LIVING INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HEARTLAND GROUP MANAGEMENT LLC JA08 Profit JOHNSON
 0 0 0 0

Name : BLACKHAWK ASSISTED LIVING State ID : N-046-066 *LICENSED BEDS*****LIMITED***
 Address : 22550 SOUTH FRANKLIN ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : SPRING HILL, KS 66083-8763 Telephone : (913) 592-5101 40 0 40 0 0 0 0
 Administrator : REBECCA MADISON Fax : 9135925118 *****CERTIFIED BEDS*****
 Bldg Owner : SPRING HILL HEALTH GROUP LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : AHG - BLACKHAWK LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 0 0 0

Name : VINTAGE PARK AT TONGANOXIE State ID : N-052-008 *LICENSED BEDS*****LIMITED***
 Address : 120 W 8TH ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TONGANOXIE, KS 66086 Telephone : (913) 845-2204 50 0 50 0 0 0 0
 Administrator : GINNY CROSS Fax : 8667889563 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT TONGANOXIE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LEAVENWORTH
 0 0 0 0

Name : ATRIA HEARTHSTONE EAST State ID : N-089-063 *LICENSED BEDS*****LIMITED***
 Address : 3415 SW 6TH AVENUE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66606-1900 Telephone : (785) 234-6806 102 0 102 0 0 0 0
 Administrator : SUE FERGUSON Fax : 7852355709 *****CERTIFIED BEDS*****
 Bldg Owner : A2002 SENIOR LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATRIA MANAGEMENT COMPANY LLC JA08 Profit SHAWNEE
 0 0 0 0

Name : ATRIA HEARTHSTONE WEST State ID : N-089-030 *LICENSED BEDS*****LIMITED***
 Address : 3515 SW 6TH AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66606-1900 Telephone : (785) 234-6225 60 0 60 0 0 0 0
 Administrator : JARED HOLROYD Fax : 7852344002 *****CERTIFIED BEDS*****
 Bldg Owner : A98 SENIOR LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATRIA MANAGEMENT COMPANY LLC JA08 Profit SHAWNEE
 0 0 0 0

Name : LEXINGTON PARK ASSISTED LIVING State ID : N-089-041 *LICENSED BEDS*****LIMITED***
 Address : 1021 SW FLEMING COURT Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66604-1851 Telephone : (785) 440-0399 60 0 60 0 0 0 0
 Administrator : BEVERLY BLASSINGAME Fax : 7854400498 *****CERTIFIED BEDS*****
 Bldg Owner : LEXINGTON PARK LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LEXINGTON PARK ASSISTED LIVING OPERATIONS HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 0 0 0

Name : ROLLING HILLS ASSISTED LIVING APTS State ID : N-089-036 *LICENSED BEDS*****LIMITED***
 Address : 2410 SW URISH RD Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66614-4347 Telephone : (785) 273-2202 38 0 38 0 0 0 0
 Administrator : TAMMY BLAKE Fax : 7852712496 *****CERTIFIED BEDS*****
 Bldg Owner : ROLLING HILLS HEALTH CENTER INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ROLLING HILLS ASSISTED LIVING OPERATIONS LL HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 0 0 0

Name : THE HOMESTEAD OF TOPEKA State ID : N-089-035 *LICENSED BEDS*****LIMITED***
 Address : 5820 SW DRURY LANE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66604-2262 Telephone : (785) 272-2200 44 0 44 0 0 0 0
 Administrator : SUSAN BULLOCK Fax : 7852723862 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF TOPEKA LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 0 0 0

Name : LINNWOOD PLACE State ID : N-044-005 *LICENSED BEDS*****LIMITED***
 Address : 1509 LINN STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : VALLEY FALLS, KS 66088-1185 Telephone : (785) 945-3634 15 0 15 0 0 0 0
 Administrator : KEITH J HAYNIE Fax : 7859453684 *****CERTIFIED BEDS*****
 Bldg Owner : CASTLE GROVE PROPERTIES LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JEFFERSON
 0 0 0 0

DIRECTORY OF KANSAS ASSISTED LIVING FACILITIES

03/01/2010

Name : VINTAGE PARK AT WAMEGO LLC State ID : N-075-006 *LICENSED BEDS*****LIMITED***
 Address : 1607 4TH STREET Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WAMEGO, KS 66547 Telephone : (785) 456-8997 36 0 36 0 0 0 0
 Administrator : JENNIFER PAYTON Fax : 7854568796 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT WAMEGO LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : POTTAWATOMIE
 0 0 0 0

Name : STERLING HOUSE OF WELLINGTON State ID : N-096-009 *LICENSED BEDS*****LIMITED***
 Address : 500 N PLUM Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WELLINGTON, KS 67152-3556 Telephone : (620) 326-3031 34 0 34 0 0 0 0
 Administrator : STEPHEN MITCHELL Fax : 6203267765 *****CERTIFIED BEDS*****
 Bldg Owner : JER/NHP SENIOR LIVING KANSAS INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ASSISTED LIVING PROPERTIES INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : BROOKDALE SENIOR LIVING COMMUNITIES INC JA04 Profit SUMNER
 0 0 0 0

Name : CARRINGTON AT CHERRY CREEK State ID : N-087-043 *LICENSED BEDS*****LIMITED***
 Address : 8200 E PAWNEE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67207-3448 Telephone : (316) 684-0905 110 0 110 0 0 0 0
 Administrator : JEANNE SCHINSTOCK Fax : 3167330995 *****CERTIFIED BEDS*****
 Bldg Owner : CHERRY CREEK SENIOR CARE LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : CHAUCER ESTATES LLC State ID : N-087-048 *LICENSED BEDS*****LIMITED***
 Address : 10550 E 21ST ST NORTH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67206-3509 Telephone : (316) 630-8111 90 0 90 0 0 0 0
 Administrator : ANGELA SWIFT Fax : 3166306198 *****CERTIFIED BEDS*****
 Bldg Owner : WC-CHAUCER LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CRESTWOOD HEALTHCARE MANAGEMENT LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JA08 Profit SEDGWICK
 0 0 0 0

Name : CORNERSTONE ASSISTED LIVING INC State ID : N-087-041 *LICENSED BEDS*****LIMITED***
 Address : 1240 N BROADMOOR AVE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67206-3869 Telephone : (316) 636-5101 40 0 40 0 0 0 0
 Administrator : JOANNE ROGERS Fax : 3166362576 *****CERTIFIED BEDS*****
 Bldg Owner : VIA CHRISTI SENIOR SERVICES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CORNERSTONE ASSISTED LIVING INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC SEDGWICK
 0 0 0 0

Name : CORNERSTONE RIDGE PLAZA State ID : N-087-057 *LICENSED BEDS*****LIMITED***
 Address : 3636 NORTH RIDGE RD BLDG #400 Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67205 Telephone : (316) 462-3636 72 0 72 0 0 0 0
 Administrator : MONTY WARREN Fax : 3164623676 *****CERTIFIED BEDS*****
 Bldg Owner : CORNERSTONE ASSISTED LIVING INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC JA05 Not For Profit SEDGWICK
 0 0 0 0

DIRECTORY OF KANSAS ASSISTED LIVING FACILITIES

03/01/2010

Name : GEORGETOWN VILLAGE INC State ID : N-087-051 *LICENSED BEDS*****LIMITED***
 Address : 1655 GEORGETOWN ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67218-4120 Telephone : (316) 685-0400 80 0 80 0 0 0 0
 Administrator : ERIK HATTEN Fax : 3166850174 *****CERTIFIED BEDS*****
 Bldg Owner : GEORGETOWN VILLAGE INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC JA05 Not For Profit SEDGWICK
 0 0 0 0

Name : KENNETH L CALDWELL ASSISTED LIVING MANOI State ID : N-087-055 *LICENSED BEDS*****LIMITED***
 Address : 400 S MARTINSON Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67213-5514 Telephone : (316) 269-7500 60 0 60 0 0 0 0
 Administrator : STACEY E TRUNECEK Fax : 3162672199 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GA06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KANSAS MASONIC HOME HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : LAKEPOINT ASSISTED LIVING AT CRESTVIEW State ID : N-087-059 *LICENSED BEDS*****LIMITED***
 Address : 600 NORTH 127TH ST EAST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67206-2830 Telephone : (316) 733-8100 48 0 48 0 0 0 0
 Administrator : CAROL SUE WILKERSON Fax : 3167338033 *****CERTIFIED BEDS*****
 Bldg Owner : LAKEPOINT AT CRESTVIEW LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : PRAIRIE HOMESTEAD ASSISTED LIVING State ID : N-087-062 *LICENSED BEDS*****LIMITED***
 Address : 1601 MAY ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67213-3511 Telephone : (316) 263-8264 36 0 36 0 0 0 0
 Administrator : DIANE HULL Fax : 3162659904 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : AMERICAN BAPTIST ESTATES INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : HA05 Not For Profit ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : SEDGWICK PLAZA State ID : N-087-033 *LICENSED BEDS*****LIMITED***
 Address : 2455 N WOODLAWN ST Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67220-3950 Telephone : (316) 687-3741 35 0 35 0 0 0 0
 Administrator : SUSAN B MOELLINGER Fax : 3166873067 *****CERTIFIED BEDS*****
 Bldg Owner : CAPITAL SENIOR LIVING A INC GA04 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : STERLING HOUSE OF TALLGRASS State ID : N-087-037 *LICENSED BEDS*****LIMITED***
 Address : 8600 E 21ST NORTH Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67206-2931 Telephone : (316) 684-3100 34 0 34 0 0 0 0
 Administrator : STEPHANIE DUNLAP Fax : 3166846612 *****CERTIFIED BEDS*****
 Bldg Owner : BKD STERLING HOUSE OF WICHITA - TALLGRASS GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BROOKDALE SENIOR LIVING COMMUNITIES INC. HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : THE HOMESTEAD OF WICHITA State ID : N-087-042 *LICENSED BEDS*****LIMITED***
 Address : 12221 W MAPLE Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67235 Telephone : (316) 729-2400 50 0 50 0 0 0 0
 Administrator : ANDREA WISE Fax : 3167292403 *****CERTIFIED BEDS*****
 Bldg Owner : MIDWEST HOMESTEAD OF WICHITA REAL ESTA GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MIDWEST HOMESTEAD OF WICHITA OPERATIONS HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0

Name : VINTAGE PARK AT WATERFRONT State ID : N-087-039 *LICENSED BEDS*****LIMITED***
 Address : 900 N BAYSHORE DR Federal Provider : LICENSED NF ALF RHC F NFMH ADC BCH
 City : WICHITA, KS 67212 Telephone : (316) 945-3344 40 0 40 0 0 0 0
 Administrator : LINDA STEIN Fax : 3169453344 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VINTAGE PARK AT WATERFRONT LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 0 0