

Name : HOUSATONIC PLACE State ID : N-016-004 *LICENSED BEDS*****LIMITED***
 Address : 1310 HOUSATONIC ST Federal Provider : 17G075 LICENSED NF ALF RHC F NFMH ADC BCH
 City : BURLINGTON, KS 66839-2153 Telephone : (620) 364-2320 5 0 0 0 0 0 0
 Administrator : LORETTA TORRES Fax : (620) 392-5823 *****CERTIFIED BEDS*****
 Bldg Owner : QUEST SERVICES INC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : QUEST SERVICES INC HA01 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : COFFEY
 0 0 0 5

Name : FIFTH AVENUE PLACE State ID : N-056-013 *LICENSED BEDS*****LIMITED***
 Address : 1335 EAST 5TH AVE Federal Provider : 17G076 LICENSED NF ALF RHC F NFMH ADC BCH
 City : EMPORIA, KS 66801-3626 Telephone : (620) 341-9900 5 0 0 0 0 0 0
 Administrator : LORETTA TORRES Fax : (620) 341-9100 *****CERTIFIED BEDS*****
 Bldg Owner : QUEST SERVICES 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 : LYON
 0 0 0 5

Name : LINN PLACE State ID : N-056-014 *LICENSED BEDS*****LIMITED***
 Address : 1427 LINN AVE Federal Provider : 17G078 LICENSED NF ALF RHC F NFMH ADC BCH
 City : EMPORIA, KS 66801-3562 Telephone : (620) 341-9500 5 0 0 0 0 0 0
 Administrator : LORETTA TORRES Fax : *****CERTIFIED BEDS*****
 Bldg Owner : QUEST SERVICES 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 : LYON
 0 0 0 5

Name : MIAMI PLACE State ID : N-007-008 *LICENSED BEDS*****LIMITED***
 Address : 402 MIAMI ST Federal Provider : 17G079 LICENSED NF ALF RHC F NFMH ADC BCH
 City : HIAWATHA, KS 66434-2023 Telephone : (785) 742-3556 5 0 0 0 0 0 0
 Administrator : COLETTE CRIST Fax : (785) 742-2339 *****CERTIFIED BEDS*****
 Bldg Owner : DBM PROPERTIES LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : QUEST SERVICES INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : BROWN
 0 0 0 5

Name : KANSAS PLACE State ID : N-043-005 *LICENSED BEDS*****LIMITED***
 Address : 602 KANSAS Federal Provider : 17G077 LICENSED NF ALF RHC F NFMH ADC BCH
 City : HOLTON, KS 66436-1547 Telephone : (785) 362-6024 5 0 0 0 0 0 0
 Administrator : COLETTE CRIST Fax : (785) 362-6025 *****CERTIFIED BEDS*****
 Bldg Owner : DBM PROPERTIES LLC GA08 Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : QUEST SERVICES, INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JACKSON
 0 0 0 5

Name : PENNSYLVANIA PLACE State ID : N-043-003 *LICENSED BEDS*****LIMITED***
 Address : 925 PENNSYLVANIA AVE Federal Provider : 17G052 LICENSED NF ALF RHC F NFMH ADC BCH
 City : HOLTON, KS 66436-1855 Telephone : (785) 364-4643 8 0 0 0 0 0 0
 Administrator : COLETTE CRIST Fax : (785) 364-4711 *****CERTIFIED BEDS*****
 Bldg Owner : QUEST SERVICES 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 : JACKSON
 0 0 0 8

Name : ATCHISON HOUSE State ID : N-023-013 *LICENSED BEDS*****LIMITED***
 Address : 3016 ATCHISON WAY Federal Provider : 17G063 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-3269 Telephone : (785) 865-5520 8 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : DOUGLAS
 0 0 0 8

Name : FTM 1 State ID : N-023-010 *LICENSED BEDS*****LIMITED***
 Address : 1205 E 26TH ST Federal Provider : 17G062 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-3269 Telephone : (785) 865-5520 4 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : DOUGLAS
 0 0 0 4

Name : FTM 10 State ID : N-023-014 *LICENSED BEDS*****LIMITED***
 Address : 1424 ELMWOOD ST Federal Provider : 17G064 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-3269 Telephone : (785) 865-5520 8 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : DOUGLAS
 0 0 0 8

Name : FTM 18 State ID : N-023-011 *LICENSED BEDS*****LIMITED***
 Address : 2769 HARPER ST Federal Provider : 17G061 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-5086 Telephone : (785) 865-5520 4 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES INC GAO5 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DOUGLAS
 0 0 0 4

Name : FTM 19 State ID : N-023-012 *LICENSED BEDS*****LIMITED***
 Address : 3912 OVERLAND DR Federal Provider : 17G067 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-3269 Telephone : (785) 865-5520 4 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : DOUGLAS
 0 0 0 4

Name : FTM 20 State ID : N-023-016 *LICENSED BEDS*****LIMITED***
 Address : 1311 E 21ST ST TERR Federal Provider : 17G065 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66049-3269 Telephone : (785) 865-5520 4 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : DOUGLAS
 0 0 0 4

Name : MONTEREY WAY HOUSE State ID : N-023-015 *LICENSED BEDS*****LIMITED***
 Address : 1121 MONTEREY WAY Federal Provider : 17G066 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LAWRENCE, KS 66044-3269 Telephone : (785) 865-5520 4 0 0 0 0 0 0
 Administrator : JAMIE PRICE Fax : (785) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : DOUGLAS ONLY SNF/NF ONLY
 Management Firm : 0 0 0 4

Name : LINDSBORG HOUSE II State ID : N-059-014 *LICENSED BEDS*****LIMITED***
 Address : 127 W MCPHERSON ST Federal Provider : 17G041 LICENSED NF ALF RHC F NFMH ADC BCH
 City : LINDSBORG, KS 67456-2717 Telephone : (785) 227-3652 6 0 0 0 0 0 0
 Administrator : JAMIE C SKELL Fax : (620) 241-6699 *****CERTIFIED BEDS*****
 Bldg Owner : MULTI-COMMUNITY DIVERSIFIED SERVICES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MCPHERSON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 6

Name : MAC HOUSE State ID : N-059-010 *LICENSED BEDS*****LIMITED***
 Address : 225 S HICKORY ST Federal Provider : 17G016 LICENSED NF ALF RHC F NFMH ADC BCH
 City : MCPHERSON, KS 67460-4611 Telephone : (620) 241-6780 7 0 0 0 0 0 0
 Administrator : JAIME SHELL Fax : *****CERTIFIED BEDS*****
 Bldg Owner : MULTI-COMMUNITY DIVERSIFIED SERVICES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MCPHERSON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 7

Name : SOUTH MAPLE HOUSE State ID : N-059-012 *LICENSED BEDS*****LIMITED***
 Address : 500 S MAPLE ST Federal Provider : 17G036 LICENSED NF ALF RHC F NFMH ADC BCH
 City : MCPHERSON, KS 67460-5317 Telephone : (620) 241-4473 6 0 0 0 0 0 0
 Administrator : RACHEL BONHAM Fax : *****CERTIFIED BEDS*****
 Bldg Owner : MULTI-COMMUNITY DIVERSIFIED SERVICES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MCPHERSON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 6

Name : SOUTH PARK HOUSE State ID : N-046-027 *LICENSED BEDS*****LIMITED***
 Address : 9322 W 50TH TER Federal Provider : 17G033 LICENSED NF ALF RHC F NFMH ADC BCH
 City : MERRIAM, KS 66203-1758 Telephone : (913) 722-5163 4 0 0 0 0 0 0
 Administrator : MICHAELA ROSS-WARD Fax : (913) 341-7077 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES III INC GA05 Not For 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 4

Name : NORTH MULBERRY PLACE State ID : N-056-015 *LICENSED BEDS*****LIMITED***
 Address : 702 MULBERRY Federal Provider : 17G080 LICENSED NF ALF RHC F NFMH ADC BCH
 City : NEOSHO RAPIDS, KS 66864-8752 Telephone : (620) 343-9341 5 0 0 0 0 0 0
 Administrator : LORETTA TORRES Fax : (620) 342-9767 *****CERTIFIED BEDS*****
 Bldg Owner : QUEST SERVICES INC GA05 Not For Profit Area : MH/RF MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : LYON ONLY SNF/NF ONLY
 Management Firm : 0 0 0 5

Name : DSNWK EISENHOWER HOME State ID : N-069-003 *LICENSED BEDS*****LIMITED***
 Address : 1115 EISENHOWER DR Federal Provider : 17G038 LICENSED NF ALF RHC F NFMH ADC BCH
 City : NORTON, KS 67654-1127 Telephone : (785) 877-5154 6 0 0 0 0 0 0
 Administrator : SUSAN M NEBEL Fax : (785) 877-5408 *****CERTIFIED BEDS*****
 Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS INI GA05 Not For 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 6

Name : DSNWK GRANT HOME State ID : N-069-004 *LICENSED BEDS*****LIMITED***
 Address : 602 N GRANT AVE Federal Provider : 17G039 LICENSED NF ALF RHC F NFMH ADC BCH
 City : NORTON, KS 67654-1204 Telephone : (785) 877-5154 6 0 0 0 0 0 0
 Administrator : SUSAN NEBEL Fax : (785) 877-5408 *****CERTIFIED BEDS*****
 Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS INI GA05 Not For 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 6

Name : BENSON HOUSE State ID : N-046-024 *LICENSED BEDS*****LIMITED***
 Address : 8518 BENSON ST Federal Provider : 17G029 LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66212-3504 Telephone : (913) 341-6844 4 0 0 0 0 0 0
 Administrator : MICAELA ROSS-WARD Fax : (913) 341-7077 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES II 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 : JOHNSON
 0 0 0 4

Name : CONSER HOUSE State ID : N-046-018 *LICENSED BEDS*****LIMITED***
 Address : 7829 CONSER Federal Provider : 17G024 LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66204-2828 Telephone : (913) 341-9316 8 0 0 0 0 0 0
 Administrator : MICAELA ROSS-WARD Fax : (913) 865-5695 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES 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 : JOHNSON
 0 0 0 8

Name : GRANDVIEW LANE State ID : N-046-025 *LICENSED BEDS*****LIMITED***
 Address : 8501 GRANDVIEW Federal Provider : 17G030 LICENSED NF ALF RHC F NFMH ADC BCH
 City : OVERLAND PARK, KS 66212-3526 Telephone : (913) 341-6515 4 0 0 0 0 0 0
 Administrator : MICAELA ROSS-WARD Fax : (913) 341-7707 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY LIVING OPPORTUNITIES II 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 : JOHNSON
 0 0 0 4

Name : DSNWK 16TH STREET HOME State ID : N-084-005 *LICENSED BEDS*****LIMITED***
 Address : 129 E 16TH ST Federal Provider : 17G047 LICENSED NF ALF RHC F NFMH ADC BCH
 City : RUSSELL, KS 67665-1318 Telephone : (785) 483-6686 6 0 0 0 0 0 0
 Administrator : SUSAN M NEBEL Fax : (785) 483-6537 *****CERTIFIED BEDS*****
 Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS INI GA05 Not For 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 6

Name : DSNWK EVES HOME State ID : N-084-004 *LICENSED BEDS*****LIMITED***
 Address : 133 EVES DR Federal Provider : 17G048 LICENSED NF ALF RHC F NFMH ADC BCH
 City : RUSSELL, KS 67665-2809 Telephone : (785) 483-6686 6 0 0 0 0 0 0
 Administrator : SUSAN M NEBEL Fax : (785) 483-6537 *****CERTIFIED BEDS*****
 Bldg Owner : DEVELOPMENTAL SERVICES OF NW KANSAS 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 : RUSSELL
 0 0 0 6

Name : LAKESIDE TERRACE State ID : N-066-007 *LICENSED BEDS*****LIMITED***
 Address : 1100 HARRISON ST Federal Provider : 17G068 LICENSED NF ALF RHC F NFMH ADC BCH
 City : SABETHA, KS 66534-1633 Telephone : (785) 284-3471 12 0 0 0 0 0 0
 Administrator : VALERIE EDELMAN Fax : (785) 284-3697 *****CERTIFIED BEDS*****
 Bldg Owner : APOSTOLIC CHRISTIAN HOME 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 : NEMAHA
 0 0 0 12

Name : BETHESDA LUTHERAN HOMES/FAITH VLG #1 State ID : N-046-015 *LICENSED BEDS*****LIMITED***
 Address : 14155 W 113TH ST Federal Provider : 17G070 LICENSED NF ALF RHC F NFMH ADC BCH
 City : SHAWNEE MISSION, KS 66215-4820 Telephone : (913) 469-5566 15 0 0 0 0 0 0
 Administrator : STEPHEN TAYLOR Fax : (913) 469-4028 *****CERTIFIED BEDS*****
 Bldg Owner : BETHESDA LUTHERAN HOMES & SERVICES 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 : JOHNSON
 0 0 0 15

Name : BETHESDA LUTHERAN HOMES/FAITH VLG #2 State ID : N-046-016 *LICENSED BEDS*****LIMITED***
 Address : 14175 W 113TH Federal Provider : 17G071 LICENSED NF ALF RHC F NFMH ADC BCH
 City : SHAWNEE MISSION, KS 66215-4820 Telephone : (913) 469-5566 15 0 0 0 0 0 0
 Administrator : KATIE SHAMET Fax : (913) 469-4028 *****CERTIFIED BEDS*****
 Bldg Owner : BETHESDA LUTHERAN HOMES & SERVICES 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 : JOHNSON
 0 0 0 15

Name : BETHESDA LUTHERAN HOMES/FAITH VLG #3 State ID : N-046-017 *LICENSED BEDS*****LIMITED***
 Address : 14235 W 113TH Federal Provider : 17G072 LICENSED NF ALF RHC F NFMH ADC BCH
 City : SHAWNEE MISSION, KS 66215-4822 Telephone : (913) 469-5566 15 0 0 0 0 0 0
 Administrator : DEBORAH REAR Fax : (913) 469-4028 *****CERTIFIED BEDS*****
 Bldg Owner : BETHESDA LUTHERAN HOMES & SERVICES 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 : JOHNSON
 0 0 0 15