

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : ALMA MANOR State ID : N-099-001 *LICENSED BEDS*****LIMITED***
 Address : 234 MANOR CIRCLE Federal Provider : 175346 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ALMA, KS 66401-0127 Telephone : (785) 765-3318 68 37 0 31 0 0 0
 Administrator : ADAM ENTRESS Fax : (785) 765-3589 *****CERTIFIED BEDS*****
 Bldg Owner : ALMA MANOR INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ALMA MANOR OPERATIONS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : WABAUNSEE
 0 37 0 0

Name : LIFE CARE CENTER OF ANDOVER State ID : N-008-007 *LICENSED BEDS*****LIMITED***
 Address : 621 W 21ST PO BOX 100 Federal Provider : 175157 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ANDOVER, KS 67002 Telephone : (316) 733-1349 154 154 0 0 0 0 0
 Administrator : THOMAS M BRODERICK Fax : (316) 733-0919 *****CERTIFIED BEDS*****
 Bldg Owner : ANDOVER REAL ESTATE INVESTORS LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ANDOVER MEDICAL INVESTORS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit BUTLER
 0 154 0 0

Name : ANTHONY COMMUNITY CARE CENTER State ID : N-039-001 *LICENSED BEDS*****LIMITED***
 Address : 212 N 5TH AVE Federal Provider : 17E630 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ANTHONY, KS 67003-2106 Telephone : (620) 842-5187 45 45 0 0 0 0 0
 Administrator : DIANNE L POWELL Fax : (620) 842-5908 *****CERTIFIED BEDS*****
 Bldg Owner : ANTHONY COMMUNITY CARE CENTER INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : HARPER
 0 0 45 0

Name : ARKANSAS CITY PRESBYTERIAN MANOR State ID : N-018-008 *LICENSED BEDS*****LIMITED***
 Address : 1711 N 4TH ST Federal Provider : 175309 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ARKANSAS CITY, KS 67005-1607 Telephone : (620) 442-8700 110 60 50 0 0 0 0
 Administrator : SARAH GRIGGS Fax : (620) 442-8224 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit COWLEY
 0 60 0 0

Name : MEDICALODGES ARKANSAS CITY State ID : N-018-003 *LICENSED BEDS*****LIMITED***
 Address : 203 E OSAGE AVE Federal Provider : 175313 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ARKANSAS CITY, KS 67005-1255 Telephone : (620) 442-9300 58 58 0 0 0 0 0
 Administrator : MATTHEW J STEPHENSON Fax : (620) 442-0126 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : COWLEY
 0 58 0 0

Name : DESERET NURSING & REHABILITATION AT ARMA State ID : N-019-001 *LICENSED BEDS*****LIMITED***
 Address : THIRD AND MELVIN PO BOX 789 Federal Provider : 175353 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ARMA, KS 66712-0789 Telephone : (620) 347-4103 60 60 0 0 0 0 0
 Administrator : DANA DUGGER Fax : (620) 347-4018 *****CERTIFIED BEDS*****
 Bldg Owner : GROSS FOUNDATION INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT ARMA INHA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit CRAWFORD
 0 60 0 0

Name : ATCHISON SENIOR VILLAGE State ID : N-003-001 *LICENSED BEDS*****LIMITED***
 Address : 1419 N 6TH ST Federal Provider : 17E254 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATCHISON, KS 66002-1298 Telephone : (913) 367-1905 56 56 0 0 0 0 0
 Administrator : PEGGY HOUSE Fax : (913) 367-7679 *****CERTIFIED BEDS*****
 Bldg Owner : ATCHISON COUNTY GC06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATCHISON
 0 0 56 0

Name : DOOLEY CENTER State ID : N-003-003 *LICENSED BEDS*****LIMITED***
 Address : 801 S 8TH Federal Provider : 17E585 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATCHISON, KS 66002-2778 Telephone : (913) 360-6200 46 46 0 0 0 0 0
 Administrator : BARBARA STEC Fax : (913) 360-6275 *****CERTIFIED BEDS*****
 Bldg Owner : MOUNT ST SCHOLASTICA GA05 Not For Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DOOLEY CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE SERVICES LLC JA08 Profit ATCHISON
 0 0 46 0

Name : MEDICALODGES ATCHISON State ID : N-003-002 *LICENSED BEDS*****LIMITED***
 Address : 1637 RILEY ST Federal Provider : 175141 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATCHISON, KS 66002-1514 Telephone : (913) 367-6066 70 70 0 0 0 0 0
 Administrator : RICHARD MARCOTTE Fax : (913) 367-4327 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ATCHISON
 0 70 0 0

Name : ATTICA LONG TERM CARE FACILITY State ID : N-039-003 *LICENSED BEDS*****LIMITED***
 Address : 302 N BOTKIN Federal Provider : 17E534 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATTICA, KS 67009 Telephone : (620) 254-7253 60 60 0 0 0 0 0
 Administrator : HOLLY. SCHWEIN Fax : (620) 254-7629 *****CERTIFIED BEDS*****
 Bldg Owner : ATTICA DISTRICT HOSPITAL #1 GC06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HARPER
 0 0 60 0

Name : GOOD SAMARITAN SOCIETY - ATWOOD State ID : N-077-001 *LICENSED BEDS*****LIMITED***
 Address : 650 LAKE RD #216 Federal Provider : 175366 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ATWOOD, KS 67730-1535 Telephone : (785) 626-9015 46 46 0 0 0 0 0
 Administrator : JANICE SHOBE Fax : (785) 626-9415 *****CERTIFIED BEDS*****
 Bldg Owner : RAWLINS COUNTY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RAWLINS
 0 46 0 0

Name : LAKEPOINT NURSING CENTER State ID : N-008-005 *LICENSED BEDS*****LIMITED***
 Address : 901 LAKEPOINT DR Federal Provider : 175424 LICENSED NF ALF RHC F NFMH ADC BCH
 City : AUGUSTA, KS 67010 Telephone : (316) 775-6333 154 114 40 0 0 0 0
 Administrator : KEVIN UNREIN Fax : (316) 775-6330 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF AUGUSTA GD06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : AUGUSTA HEALTH CARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER
 0 114 0 0

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07/01/2009

Name : BALDWIN HEALTHCARE & REHAB CTR State ID : N-023-001 *LICENSED BEDS*****LIMITED***
 Address : 1223 ORCHARD LN Federal Provider : 175338 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BALDWIN, KS 66006-9804 Telephone : (785) 594-6492 60 60 0 0 0 0 0
 Administrator : KEVIN BELLINGER Fax : (785) 594-2854 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BALDWIN HEALTHCARE & REHABILATION CTR LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DOUGLAS 0 60 0 0

Name : QUAKER HILL MANOR State ID : N-011-006 *LICENSED BEDS*****LIMITED***
 Address : 8675 SE 72ND TERRACE Federal Provider : 175470 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BAXTER SPRINGS, KS 66713-9780 Telephone : (620) 848-3797 82 76 0 6 0 0 0
 Administrator : ROBERT HAMMOND Fax : (620) 848-3017 *****CERTIFIED BEDS*****
 Bldg Owner : QUAKER HILL NURSING LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit CHEROKEE 0 76 0 0

Name : CATHOLIC CARE CENTER State ID : N-087-001 *LICENSED BEDS*****LIMITED***
 Address : 6700 E 45TH ST N Federal Provider : 175410 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BELAIRE, KS 67226-9970 Telephone : (316) 744-2020 298 178 80 40 0 0 0
 Administrator : VICKY L MENDEZ Fax : (316) 744-2182 *****CERTIFIED BEDS*****
 Bldg Owner : SEDGWICK COUNTY GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CATHOLIC CARE CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC JA05 Not For Profit SEDGWICK 0 178 0 0

Name : BELLEVILLE HEALTH CARE CENTER State ID : N-079-001 *LICENSED BEDS*****LIMITED***
 Address : 2626 WESLEYAN DR Federal Provider : 175246 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BELLEVILLE, KS 66935-2440 Telephone : (785) 527-5636 72 72 0 0 0 0 0
 Administrator : GAYLE A. HUDSON Fax : (785) 527-5419 *****CERTIFIED BEDS*****
 Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LSL OF KANSAS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SOVRAN MANAGEMENT COMPANY LLC JA08 Profit REPUBLIC 0 72 0 0

Name : HILLTOP LODGE NURSING HOME State ID : N-062-001 *LICENSED BEDS*****LIMITED***
 Address : 815 N INDEPENDENCE AVE Federal Provider : 175348 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BELOIT, KS 67420-1639 Telephone : (785) 738-3516 138 108 30 0 0 0 0
 Administrator : HAROLD HEIDRICK Fax : (785) 738-2332 *****CERTIFIED BEDS*****
 Bldg Owner : HILLTOP LODGE INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MITCHELL 0 108 0 0

Name : BONNER SPRINGS NURSING & REHAB CENTER State ID : N-105-001 *LICENSED BEDS*****LIMITED***
 Address : 5520 E MORSE AVE Federal Provider : 175401 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : BONNER SPRINGS, KS 66012-1911 Telephone : (913) 441-2515 50 50 0 0 0 0 0
 Administrator : DONALD DAVID HANZEL Fax : (913) 441-2118 *****CERTIFIED BEDS*****
 Bldg Owner : UNIVERSITY ASSOCIATES GA02 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PINNACLE HEALTH FACILITIES XVIII LP HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PREFERRED CARE PARTNERS MANAGEMENT G JA02 Profit WYANDOTTE 0 50 0 0

Name : HILL TOP HOUSE State ID : N-029-004 *LICENSED BEDS*****LIMITED***
 Address : 505 W ELM PO BOX 248 Federal Provider : 175500 LICENSED NF ALF RHCN NFMH ADC BCH
 City : BUCKLIN, KS 67834-0248 Telephone : (620) 826-3202 42 29 7 6 0 0 0
 Administrator : JUDITH K. KREGAR Fax : (620) 826-3591 *****CERTIFIED BEDS*****
 Bldg Owner : BUCKLIN HOSPITAL DISTRICT GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : FORD ONLY SNF/NF ONLY
 Management Firm : 0 29 0 0

Name : BUHLER SUNSHINE HOME State ID : N-078-009 *LICENSED BEDS*****LIMITED***
 Address : 400 S BUHLER RD Federal Provider : 175404 LICENSED NF ALF RHCN NFMH ADC BCH
 City : BUHLER, KS 67522 Telephone : (620) 543-2251 87 55 32 0 0 0 0
 Administrator : KEITH R. PANKRATZ Fax : (620) 543-2328 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF BUHLER GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BUHLER SUNSHINE HOME INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : RENO ONLY SNF/NF ONLY
 Management Firm : 0 55 0 0

Name : LIFE CARE CENTER OF BURLINGTON State ID : N-016-001 *LICENSED BEDS*****LIMITED***
 Address : 601 CROSS ST Federal Provider : 175373 LICENSED NF ALF RHCN NFMH ADC BCH
 City : BURLINGTON, KS 66839-1105 Telephone : (620) 364-2117 77 77 0 0 0 0 0
 Administrator : PETER MUNGAI Fax : (620) 364-2013 *****CERTIFIED BEDS*****
 Bldg Owner : BURLINGTON REAL ESTATE INVESTORS LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BURLINGTON MEDICAL INVESTORS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : COFFEY ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit 0 77 0 0

Name : CANEY NURSING CENTER State ID : N-063-001 *LICENSED BEDS*****LIMITED***
 Address : 615 S HIGH ST Federal Provider : 17E611 LICENSED NF ALF RHCN NFMH ADC BCH
 City : CANEY, KS 67333-2154 Telephone : (620) 879-2929 58 58 0 0 0 0 0
 Administrator : ALICE DIANA CLOSE Fax : (620) 879-2665 *****CERTIFIED BEDS*****
 Bldg Owner : CANEY GUEST HOME INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MONTGOMERY ONLY SNF/NF ONLY
 Management Firm : 0 0 58 0

Name : EASTRIDGE State ID : N-066-006 *LICENSED BEDS*****LIMITED***
 Address : 604 1ST STREET Federal Provider : 175374 LICENSED NF ALF RHCN NFMH ADC BCH
 City : CENTRALIA, KS 66415-0127 Telephone : (785) 857-3388 41 41 0 0 0 0 0
 Administrator : PAMELA BACHMAN Fax : (785) 857-3349 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF CENTRALIA GD06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : COMMUNITY HEALTHCARE SYSTEM, INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : NEMAHA ONLY SNF/NF ONLY
 Management Firm : 0 41 0 0

Name : CHANUTE HEALTHCARE CENTER State ID : N-067-004 *LICENSED BEDS*****LIMITED***
 Address : 530 W 14TH ST Federal Provider : 175214 LICENSED NF ALF RHCN NFMH ADC BCH
 City : CHANUTE, KS 66720-2877 Telephone : (620) 431-4940 77 77 0 0 0 0 0
 Administrator : ELIZABETH A. SHEPHARD Fax : (620) 431-4147 *****CERTIFIED BEDS*****
 Bldg Owner : SENIORTRUST OF CHANUTE LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : NEOSHO ONLY SNF/NF ONLY
 Management Firm : KANSAS HEALTHCARE ADVISORS LLC JA08 Profit 0 77 0 0

Name : HERITAGE HEALTH CARE CENTER State ID : N-067-005 *LICENSED BEDS*****LIMITED***
 Address : 1630 W 2ND ST Federal Provider : 175249 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CHANUTE, KS 66720-1930 Telephone : (620) 431-4151 53 53 0 0 0 0 0
 Administrator : KRISTIN FEEBACK Fax : (620) 431-6928 *****CERTIFIED BEDS*****
 Bldg Owner : HERITAGE HEALTH CARE LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit NEOSHO
 0 53 0 0

Name : CHAPMAN VALLEY MANOR State ID : N-021-001 *LICENSED BEDS*****LIMITED***
 Address : 1009 N MARSHALL Federal Provider : 175474 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CHAPMAN, KS 67431-0219 Telephone : (785) 922-6525 60 60 0 0 0 0 0
 Administrator : PAMELA K. SHEETS Fax : (785) 922-6902 *****CERTIFIED BEDS*****
 Bldg Owner : CHAPMAN ADULT CARE HOMES INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DICKINSON
 0 60 0 0

Name : CHENEY GOLDEN AGE HOME State ID : N-087-002 *LICENSED BEDS*****LIMITED***
 Address : 724 N JEFFERSON PO BOX 370 Federal Provider : 175399 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CHENEY, KS 67025 Telephone : (316) 540-3691 60 60 0 0 0 0 0
 Administrator : TERESA K. ACHILLES Fax : (316) 542-0165 *****CERTIFIED BEDS*****
 Bldg Owner : CHENEY GOLDEN AGE HOME INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 60 0 0

Name : CHERRYVALE NURSING AND REHABILITATION CEI State ID : N-063-002 *LICENSED BEDS*****LIMITED***
 Address : 1001 W MAIN ST PO BOX 366 Federal Provider : 175335 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CHERRYVALE, KS 67335-0366 Telephone : (620) 336-2102 59 59 0 0 0 0 0
 Administrator : TAMMIE J HAWKINS Fax : (620) 336-2236 *****CERTIFIED BEDS*****
 Bldg Owner : CHERRYVALE LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CHERRYVALE MANAGEMENT LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MONTGOMERY
 0 36 23 0

Name : CHETOPA MANOR State ID : N-050-001 *LICENSED BEDS*****LIMITED***
 Address : 814 WALNUT PO BOX 167 Federal Provider : 175396 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CHETOPA, KS 67336-0167 Telephone : (620) 236-7248 38 38 0 0 0 0 0
 Administrator : DANETTA HARPER Fax : (620) 236-7919 *****CERTIFIED BEDS*****
 Bldg Owner : WOODWORTH ENTERPRISES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LABETTE
 0 38 0 0

Name : THE SHEPHERD'S CENTER State ID : N-035-002 *LICENSED BEDS*****LIMITED***
 Address : 706 N MAIN PO BOX 249 Federal Provider : 17E488 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CIMARRON, KS 67835-0249 Telephone : (620) 855-3498 32 32 0 0 0 0 0
 Administrator : JEAN BRYANT Fax : (620) 855-2381 *****CERTIFIED BEDS*****
 Bldg Owner : SHEPHERD OF THE PLAINS FOUNDATION GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : GRAY
 0 0 32 0

Name : CLAY CENTER PRESBYTERIAN MANOR State ID : N-014-001 *LICENSED BEDS*****LIMITED***
 Address : 924 EIGHTH ST Federal Provider : 175310 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CLAY CENTER, KS 67432-2620 Telephone : (785) 632-5646 51 25 0 26 0 0 0
 Administrator : MICHAEL DEROUSSEAU Fax : (785) 632-5874 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC GA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit CLAY
 0 25 0 0

Name : MEDICALODGES CLAY CENTER State ID : N-014-004 *LICENSED BEDS*****LIMITED***
 Address : 715 LIBERTY PO BOX 517 Federal Provider : 175351 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CLAY CENTER, KS 67432-0517 Telephone : (785) 632-5696 70 51 0 19 0 0 0
 Administrator : FAE A. MANN Fax : (785) 632-2855 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : CLAY
 0 51 0 0

Name : CLEARWATER RETIREMENT COMMUNITY INC State ID : N-087-016 *LICENSED BEDS*****LIMITED***
 Address : 620 E WOOD ST Federal Provider : 175454 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CLEARWATER, KS 67026-9757 Telephone : (620) 584-2271 64 64 0 0 0 0 0
 Administrator : DANIELLE REICKS Fax : (620) 584-4583 *****CERTIFIED BEDS*****
 Bldg Owner : CLEARWATER RETIREMENT COMMUNITY INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 64 0 0

Name : COMMUNITY CARE INC State ID : N-014-002 *LICENSED BEDS*****LIMITED***
 Address : 310 STRAND ST Federal Provider : 17E465 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CLIFTON, KS 66937-9601 Telephone : (785) 455-3522 29 29 0 0 0 0 0
 Administrator : EVA SCHWAB Fax : (785) 455-3692 *****CERTIFIED BEDS*****
 Bldg Owner : COMMUNITY CARE INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : CLAY
 0 0 29 0

Name : PARK VILLA State ID : N-015-005 *LICENSED BEDS*****LIMITED***
 Address : 114 S HIGH ST Federal Provider : 175492 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CLYDE, KS 66938-9472 Telephone : (785) 446-2818 36 36 0 0 0 0 0
 Administrator : JOSEPH CASSIDY Fax : (785) 446-2288 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF CLYDE GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : CLOUD
 0 36 0 0

Name : MEDICALODGES COFFEYVILLE State ID : N-063-006 *LICENSED BEDS*****LIMITED***
 Address : 720 W 1ST ST Federal Provider : 175237 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COFFEYVILLE, KS 67337-3854 Telephone : (620) 251-3705 40 40 0 0 0 0 0
 Administrator : ALLEN D. EDIGER Fax : (620) 251-2410 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MONTGOMERY
 0 40 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : WINDSOR PLACE LLC State ID : N-063-010 *LICENSED BEDS*****LIMITED***
 Address : 2921 W 1ST ST Federal Provider : 175290 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COFFEYVILLE, KS 67337-2441 Telephone : (620) 251-5190 163 163 0 0 0 0 0
 Administrator : MONTE COFFMAN Fax : (620) 251-5029 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HEALTH MANAGEMENT OF KANSAS INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : MONTGOMERY ONLY SNF/NF ONLY
 Management Firm : 0 163 0 0

Name : DESERET NURSING & REHABILITATION AT COLBY State ID : N-097-002 *LICENSED BEDS*****LIMITED***
 Address : 105 E COLLEGE DR Federal Provider : 175202 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COLBY, KS 67701-3701 Telephone : (785) 462-6721 60 60 0 0 0 0 0
 Administrator : CINDY TAPPHORN Fax : (785) 460-2136 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWEST AT COLBY GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT COLBY INHA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : THOMAS ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA08 Profit 0 60 0 0

Name : PIONEER LODGE State ID : N-017-001 *LICENSED BEDS*****LIMITED***
 Address : 300 W 3RD PO BOX 487 Federal Provider : 17E580 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COLDWATER, KS 67029-0487 Telephone : (620) 582-2123 35 25 0 10 0 0 0
 Administrator : DIANA THOMPSON Fax : (620) 582-2461 *****CERTIFIED BEDS*****
 Bldg Owner : PIONEER COMMUNITY CARE INC GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : COMANCHE ONLY SNF/NF ONLY
 Management Firm : 0 0 25 0

Name : MEDICALODGES COLUMBUS State ID : N-011-003 *LICENSED BEDS*****LIMITED***
 Address : 101 LEE AVE PO BOX 351 Federal Provider : 175264 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COLUMBUS, KS 66725-0351 Telephone : (620) 429-2134 70 48 0 22 0 0 0
 Administrator : TRAVIS MCBRIDE Fax : (620) 429-8956 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CHEROKEE ONLY SNF/NF ONLY
 Management Firm : 0 48 0 0

Name : MOUNT JOSEPH SENIOR VILLAGE LLC State ID : N-015-003 *LICENSED BEDS*****LIMITED***
 Address : 1110 W 11TH Federal Provider : 175420 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CONCORDIA, KS 66901-9203 Telephone : (785) 243-1347 99 75 0 24 0 0 0
 Administrator : JANET CHAPMAN Fax : (785) 243-1907 *****CERTIFIED BEDS*****
 Bldg Owner : MT JOSEPH SENIOR VILLAGE LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CLOUD ONLY SNF/NF ONLY
 Management Firm : FOUNDATION PROPERTIES CORPORATION JA04 Profit 0 75 0 0

Name : SUNSET HOME, INC. State ID : N-015-006 *LICENSED BEDS*****LIMITED***
 Address : 620 SECOND AVE Federal Provider : 175422 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CONCORDIA, KS 66901-2727 Telephone : (785) 243-2720 98 50 15 33 0 0 0
 Administrator : LAURENCE BLOCHLINGER Fax : (785) 243-1576 *****CERTIFIED BEDS*****
 Bldg Owner : SUNSET HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CLOUD ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : SPRING VIEW MANOR State ID : N-096-006 *LICENSED BEDS*****LIMITED***
 Address : 412 S 8TH Federal Provider : 175504 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CONWAY SPRINGS, KS 67031-0098 Telephone : (620) 456-2285 58 58 0 0 0 0 0
 Administrator : VIRGINIA C. WINTER Fax : (620) 456-2323 *****CERTIFIED BEDS*****
 Bldg Owner : SPRING VIEW MANOR INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SUMNER
 0 58 0 0

Name : GOLDEN LIVINGCENTER - CHASE COUNTY State ID : N-009-001 *LICENSED BEDS*****LIMITED***
 Address : 612 WALNUT Federal Provider : 175223 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COTTONWOOD FALLS, KS 66845-9798 Telephone : (620) 273-6360 51 51 0 0 0 0 0
 Administrator : JUDY BOYCE Fax : (620) 273-8536 *****CERTIFIED BEDS*****
 Bldg Owner : GPH COTTONWOOD LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC COTTONWOOD LLC IA08 Profit CHASE ONLY SNF/NF ONLY
 Management Firm :
 0 51 0 0

Name : COUNCIL GROVE HEALTHCARE CENTER State ID : N-064-001 *LICENSED BEDS*****LIMITED***
 Address : 400 SUNSET DR PO BOX 319 Federal Provider : 175239 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : COUNCIL GROVE, KS 66846 Telephone : (620) 767-5172 80 80 0 0 0 0 0
 Administrator : PAULA K. GANT Fax : (620) 767-6622 *****CERTIFIED BEDS*****
 Bldg Owner : SENIORTRUST OF COUNCIL GROVE LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KANSAS HEALTHCARE ADVISORS LLC JA08 Profit MORRIS
 0 80 0 0

Name : HILLTOP MANOR State ID : N-048-001 *LICENSED BEDS*****LIMITED***
 Address : 403 S VALLEY PO BOX 8 Federal Provider : 17E454 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : CUNNINGHAM, KS 67035-0008 Telephone : (620) 298-2781 71 71 0 0 0 0 0
 Administrator : KATHY HAMILTON Fax : (620) 298-3437 *****CERTIFIED BEDS*****
 Bldg Owner : HILLTOP MANOR INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KINGMAN
 0 0 71 0

Name : HILLSIDE VILLAGE OF DESOTO State ID : N-046-064 *LICENSED BEDS*****LIMITED***
 Address : 33600 WEST 85TH ST Federal Provider : 175472 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DE SOTO, KS 66018-8118 Telephone : (913) 583-1266 95 49 46 0 0 0 0
 Administrator : MARSHA F STEWART Fax : (913) 585-1225 *****CERTIFIED BEDS*****
 Bldg Owner : HILLSIDE VILLAGE LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RESPONSIVE HEALTHCARE LC JA08 Profit JOHNSON
 0 49 0 0

Name : WESTVIEW OF DERBY State ID : N-087-025 *LICENSED BEDS*****LIMITED***
 Address : 445 N WESTVIEW ST Federal Provider : 175218 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DERBY, KS 67037-2228 Telephone : (316) 788-3739 120 120 0 0 0 0 0
 Administrator : JAMES FRAMSTAD Fax : (316) 788-8859 *****CERTIFIED BEDS*****
 Bldg Owner : LSL OF DERBY KS LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SOVRAN MANAGEMENT CO LLC JA04 Profit SEDGWICK
 0 120 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

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Name : DEXTER CARE CENTER State ID : N-018-002 *LICENSED BEDS*****LIMITED***
 Address : 315 S MAIN PO BOX 98 Federal Provider : 17E507 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DEXTER, KS 67038-0098 Telephone : (620) 876-5421 48 40 0 8 0 0 0
 Administrator : KAREN WILKERSON Fax : (620) 876-5550 *****CERTIFIED BEDS*****
 Bldg Owner : GROUSE VALLEY MANOR LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FOUNDATION PROPERTIES CORP JA04 Profit COWLEY 0 0 40 0

Name : GOOD SAMARITAN SOCIETY - DODGE CITY State ID : N-029-002 *LICENSED BEDS*****LIMITED***
 Address : 501 W BEESON RD Federal Provider : 175207 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DODGE CITY, KS 67801-5996 Telephone : (620) 227-7512 60 60 0 0 0 0 0
 Administrator : EVELYN N MONTANDON Fax : (620) 227-6303 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FORD 0 60 0 0

Name : MANOR OF THE PLAINS State ID : N-029-005 *LICENSED BEDS*****LIMITED***
 Address : 200 CAMPUS DR Federal Provider : 175306 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DODGE CITY, KS 67801-2706 Telephone : (620) 225-1928 70 50 20 0 0 0 0
 Administrator : RANDY L JOST Fax : (620) 225-3982 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit FORD 0 50 0 0

Name : TRINITY MANOR State ID : N-029-001 *LICENSED BEDS*****LIMITED***
 Address : 510 W FRONTVIEW ST Federal Provider : 175377 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DODGE CITY, KS 67801-2213 Telephone : (620) 227-8133 72 59 0 13 0 0 0
 Administrator : BRUCE C IRWIN Fax : (620) 225-8630 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF DODGE CITY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : METHODIST HOSPITAL ASSOCIATION INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FORD 0 59 0 0

Name : MEDICALODGES DOUGLASS State ID : N-008-001 *LICENSED BEDS*****LIMITED***
 Address : 619 S HIGHWAY 77 Federal Provider : 175292 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DOUGLASS, KS 67039-0479 Telephone : (316) 747-2157 42 42 0 0 0 0 0
 Administrator : TAMI. REYNOLDS Fax : (316) 747-2084 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER 0 42 0 0

Name : GOLDEN LIVINGCENTER - DOWNS State ID : N-071-001 *LICENSED BEDS*****LIMITED***
 Address : 1218 KANSAS ST Federal Provider : 175201 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : DOWNS, KS 67437-1404 Telephone : (785) 454-3321 51 51 0 0 0 0 0
 Administrator : MATTHEW D JOHNSON Fax : (785) 454-3980 *****CERTIFIED BEDS*****
 Bldg Owner : GPH DOWNS LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : IA08 Profit OSBORNE ONLY SNF/NF ONLY
 Management Firm : 0 51 0 0

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07/01/2009

Name : COUNTRY CARE INC State ID : N-052-002 *LICENSED BEDS*****LIMITED***
 Address : 515 DAWSON Federal Provider : 175411 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EASTON, KS 66020 Telephone : (913) 773-5517 50 50 0 0 0 0 0
 Administrator : RENEE N PORTER Fax : (913) 773-5562 *****CERTIFIED BEDS*****
 Bldg Owner : COUNTRY CARE INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : LEAVENWORTH ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : GOLDEN LIVINGCENTER - KAW RIVER State ID : N-105-003 *LICENSED BEDS*****LIMITED***
 Address : 750 BLAKE ST Federal Provider : 175219 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EDWARDSVILLE, KS 66111-1339 Telephone : (913) 422-5832 50 50 0 0 0 0 0
 Administrator : PATTI YOUNG Fax : (913) 441-6223 *****CERTIFIED BEDS*****
 Bldg Owner : GPH EDWARDSVILLE II LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC EDWARDSVILLE II LLC IA08 Profit WYANDOTTE ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : GOLDEN LIVINGCENTER - PARKWAY State ID : N-105-010 *LICENSED BEDS*****LIMITED***
 Address : 749 BLAKE ST Federal Provider : 175229 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EDWARDSVILLE, KS 66111-1338 Telephone : (913) 422-5952 50 50 0 0 0 0 0
 Administrator : LOUISE MATHIA Fax : (913) 442-2044 *****CERTIFIED BEDS*****
 Bldg Owner : GPH EDWARDSVILLE PARKWAY LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC EDWARDSVILLE PARKWAY LLC IA08 Profit WYANDOTTE ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : GOLDEN LIVINGCENTER - EL DORADO State ID : N-008-003 *LICENSED BEDS*****LIMITED***
 Address : 900 COUNTRY CLUB LN Federal Provider : 175324 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EL DORADO, KS 67042-4206 Telephone : (316) 321-4444 55 55 0 0 0 0 0
 Administrator : SHELDON KLAUSSEN Fax : (316) 321-4513 *****CERTIFIED BEDS*****
 Bldg Owner : GPH EL DORADO II LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC EL DORADO II LLC IA08 Profit BUTLER ONLY SNF/NF ONLY
 Management Firm : 0 55 0 0

Name : LAKEPOINT NURSING & REHAB CTR OF EL DORAD State ID : N-008-002 *LICENSED BEDS*****LIMITED***
 Address : 1313 S HIGH ST Federal Provider : 175124 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EL DORADO, KS 67042-3751 Telephone : (316) 321-4140 107 107 0 0 0 0 0
 Administrator : VANESSA M UNDERWOOD Fax : (316) 321-7690 *****CERTIFIED BEDS*****
 Bldg Owner : BUTLER COUNTY GD06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : BUTLER COUNTY HEALTH SERVICES LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : 0 50 57 0

Name : WOODHAVEN CARE CENTER State ID : N-005-004 *LICENSED BEDS*****LIMITED***
 Address : 510 W 7TH ST Federal Provider : 175354 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ELLINWOOD, KS 67526-1101 Telephone : (620) 564-2337 56 56 0 0 0 0 0
 Administrator : MARY DRAKE Fax : (620) 564-3527 *****CERTIFIED BEDS*****
 Bldg Owner : SPTIHS PROPERTIES TRUST GA07 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : FIVE STAR QUALITY CARE TRUST HA07 Profit County : SNF MEDICAID NF IMR
 Sublessee : FIV E STAR QUALITY CARE - KS LLC IA08 Profit BARTON ONLY SNF/NF ONLY
 Management Firm : 0 56 0 0

Name : GOOD SAMARITAN SOCIETY - ELLIS State ID : N-026-002 *LICENSED BEDS*****LIMITED***
 Address : 1101 SPRUCE ST Federal Provider : 175328 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ELLIS, KS 67637-1799 Telephone : (785) 726-3101 64 52 0 12 0 0 0
 Administrator : MARK SCHULTE Fax : (785) 726-4029 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ELLIS ONLY SNF/NF ONLY
 Management Firm : 0 52 0 0

Name : GOOD SAMARITAN SOCIETY - ELLSWORTH VILLAC State ID : N-027-001 *LICENSED BEDS*****LIMITED***
 Address : 1156 HIGHWAY 14 Federal Provider : 175231 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ELLSWORTH, KS 67439-9700 Telephone : (785) 472-3167 76 60 16 0 0 0 0
 Administrator : JAMES R MORFORD Fax : (785) 472-5440 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ELLSWORTH ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : EMPORIA PRESBYTERIAN MANOR State ID : N-056-006 *LICENSED BEDS*****LIMITED***
 Address : 2300 INDUSTRIAL RD Federal Provider : 175304 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EMPORIA, KS 66801-6636 Telephone : (620) 343-2613 90 60 30 0 0 0 0
 Administrator : ROGER CLOSSON Fax : (620) 343-9195 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : LYON ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit 0 60 0 0

Name : FLINT HILLS CARE CENTER State ID : N-056-003 *LICENSED BEDS*****LIMITED***
 Address : 1620 WHEELER ST Federal Provider : 175280 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EMPORIA, KS 66801-1620 Telephone : (620) 342-3280 72 72 0 0 0 0 0
 Administrator : MARY FORSYTHE Fax : (620) 343-6045 *****CERTIFIED BEDS*****
 Bldg Owner : FLINT HILLS CARE CENTER GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : LYON ONLY SNF/NF ONLY
 Management Firm : SENIOR ADULT MANAGEMENT INC JA04 Profit 0 72 0 0

Name : HOLIDAY RESORT State ID : N-056-007 *LICENSED BEDS*****LIMITED***
 Address : 2700 W 30TH ST Federal Provider : 175173 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : EMPORIA, KS 66801-9100 Telephone : (620) 343-9285 120 120 0 0 0 0 0
 Administrator : MIKE KERBS Fax : (620) 343-1867 *****CERTIFIED BEDS*****
 Bldg Owner : HOLIDAY HEALTHCARE LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : LYON ONLY SNF/NF ONLY
 Management Firm : 0 120 0 0

Name : ENTERPRISE ESTATES NURSING CENTER State ID : N-021-002 *LICENSED BEDS*****LIMITED***
 Address : 502 CRESTVIEW DR Federal Provider : 175475 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ENTERPRISE, KS 67441-0395 Telephone : (785) 263-8278 49 49 0 0 0 0 0
 Administrator : MEREDITH A BECHARD Fax : (785) 263-8954 *****CERTIFIED BEDS*****
 Bldg Owner : ENTERPRISE COMMUNITY NURSING INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : DICKINSON ONLY SNF/NF ONLY
 Management Firm : 0 49 0 0

Name : MEDICALODGES EUDORA State ID : N-023-003 *LICENSED BEDS*****LIMITED***
 Address : 1415 MAPLE Federal Provider : 175502 LICENSED NF ALF RHCN NFMH ADC BCH
 City : EUDORA, KS 66025-0400 Telephone : (785) 542-2176 74 74 0 0 0 0 0
 Administrator : DONNA K. FOX Fax : (785) 542-2177 *****CERTIFIED BEDS*****
 Bldg Owner : EUDORA DEVELOPMENT COMPANY INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MEDICALODGES INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DOUGLAS 0 74 0 0

Name : EUREKA NURSING CENTER State ID : N-037-004 *LICENSED BEDS*****LIMITED***
 Address : 1020 N SCHOOL ST Federal Provider : 175287 LICENSED NF ALF RHCN NFMH ADC BCH
 City : EUREKA, KS 67045-1106 Telephone : (620) 583-7418 76 76 0 0 0 0 0
 Administrator : BRENDA BRADSHAW Fax : (620) 583-6621 *****CERTIFIED BEDS*****
 Bldg Owner : EUREKA NURSING LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC IA04 Profit GREENWOOD 0 76 0 0

Name : KANSAS SOLDIERS HOME State ID : N-029-008 *LICENSED BEDS*****LIMITED***
 Address : 201 CUSTER UNIT 98 Federal Provider : LICENSED NF ALF RHCN NFMH ADC BCH
 City : FORT DODGE, KS 67843 Telephone : (620) 227-2121 86 86 0 0 0 0 0
 Administrator : JEANNE URBAN-WURTZ Fax : (620) 227-0107 *****CERTIFIED BEDS*****
 Bldg Owner : STATE OF KANSAS GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KANSAS COMMISSION ON VETERANS AFFAIRS JA06 Govt. FORD 0 0 0 0

Name : FORT SCOTT MANOR State ID : N-006-004 *LICENSED BEDS*****LIMITED***
 Address : 736 HEYLMAN ST Federal Provider : 175384 LICENSED NF ALF RHCN NFMH ADC BCH
 City : FORT SCOTT, KS 66701-2460 Telephone : (620) 223-3120 52 52 0 0 0 0 0
 Administrator : LYNETTE EMMERSON Fax : (620) 223-3884 *****CERTIFIED BEDS*****
 Bldg Owner : DJKIERL INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BOURBON 0 52 0 0

Name : MEDICALODGES FORT SCOTT State ID : N-006-002 *LICENSED BEDS*****LIMITED***
 Address : 915 S HORTON PO BOX 510 Federal Provider : 175258 LICENSED NF ALF RHCN NFMH ADC BCH
 City : FORT SCOTT, KS 66701-0510 Telephone : (620) 223-0210 61 61 0 0 0 0 0
 Administrator : KAREN BROWN Fax : (620) 223-0244 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BOURBON 0 61 0 0

Name : FOWLER NURSING HOME State ID : N-060-002 *LICENSED BEDS*****LIMITED***
 Address : 401 E 6TH PO BOX 20 Federal Provider : 17E344 LICENSED NF ALF RHCN NFMH ADC BCH
 City : FOWLER, KS 67844-0020 Telephone : (620) 646-5215 32 32 0 0 0 0 0
 Administrator : SUSAN E PHIPPS Fax : (620) 646-5657 *****CERTIFIED BEDS*****
 Bldg Owner : FOWLER DISTRICT HOSPITAL GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MEADE 0 0 32 0

Name : FRANKFORT COMMUNITY CARE HOME State ID : N-058-002 *LICENSED BEDS*****LIMITED***
 Address : 510 N WALNUT ST Federal Provider : 175417 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : FRANKFORT, KS 66427-1446 Telephone : (785) 292-4442 46 46 0 0 0 0 0
 Administrator : MARY SHUBKAGEL Fax : (785) 292-4400 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF FRANKFORT GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : FRANKFORT COMMUNITY CARE HOME INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MARSHALL
 0 46 0 0

Name : GOLDEN LIVINGCENTER - FREDONIA State ID : N-103-002 *LICENSED BEDS*****LIMITED***
 Address : 240 N 19TH ST Federal Provider : 175227 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : FREDONIA, KS 66736-1718 Telephone : (620) 378-4163 47 47 0 0 0 0 0
 Administrator : LILLIAN L. GHRAMM Fax : (620) 378-3513 *****CERTIFIED BEDS*****
 Bldg Owner : GPH FREEDONIA LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC FREEDONIA LLC IA08 Profit WILSON ONLY SNF/NF ONLY
 Management Firm :
 0 47 0 0

Name : SUNSET MANOR State ID : N-019-007 *LICENSED BEDS*****LIMITED***
 Address : 206 S DITTMAN ST Federal Provider : 175363 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : FRONTENAC, KS 66763-2299 Telephone : (620) 231-7340 120 120 0 0 0 0 0
 Administrator : KEVIN D. KNAUP Fax : (620) 231-3955 *****CERTIFIED BEDS*****
 Bldg Owner : SUNSET MANOR INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CRAWFORD ONLY SNF/NF ONLY
 Management Firm :
 0 120 0 0

Name : EMERALD POINTE HEALTH & REHAB CENTER State ID : N-011-010 *LICENSED BEDS*****LIMITED***
 Address : 109 WEST EMPIRE Federal Provider : 175461 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GALENA, KS 66739 Telephone : (620) 783-2755 48 48 0 0 0 0 0
 Administrator : PAUL KEENER Fax : (620) 783-5506 *****CERTIFIED BEDS*****
 Bldg Owner : 252 HEALTH CARE CONSULTANTS INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CHEROKEE ONLY SNF/NF ONLY
 Management Firm :
 0 48 0 0

Name : GALENA NURSING & REHAB CENTER State ID : N-011-005 *LICENSED BEDS*****LIMITED***
 Address : 1220 E 8TH ST PO BOX 186 Federal Provider : 175233 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GALENA, KS 66739-0186 Telephone : (620) 783-1383 58 58 0 0 0 0 0
 Administrator : JEFF CARTER Fax : (620) 783-5354 *****CERTIFIED BEDS*****
 Bldg Owner : GALENA NURSING & REHAB LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CHEROKEE ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit
 0 58 0 0

Name : GARDEN VALLEY RETIREMENT VILLAGE State ID : N-028-002 *LICENSED BEDS*****LIMITED***
 Address : 1505 E SPRUCE ST Federal Provider : 175175 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GARDEN CITY, KS 67846-6296 Telephone : (620) 275-9651 115 115 0 0 0 0 0
 Administrator : DEANNE SMITH Fax : (620) 275-6582 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF GARDEN CITY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GARDEN VALLEY RETIREMENT VILLAGE INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : FINNEY ONLY SNF/NF ONLY
 Management Firm : MICHAEL F. FLANAGAN JA08 Profit
 0 115 0 0

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Name : THE HOMESTEAD HEALTH & REHAB CENTER State ID : N-028-001 *LICENSED BEDS*****LIMITED***
 Address : 2308 N 3RD PO BOX 955 Federal Provider : 175429 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GARDEN CITY, KS 67846-0955 Telephone : (620) 276-7643 60 60 0 0 0 0 0
 Administrator : LONNIE BAKER Fax : (620) 276-8171 *****CERTIFIED BEDS*****
 Bldg Owner : HOMESTEAD OF GARDEN CITY NURSING CENTE GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HOMESTEAD OF GARDEN CITY NURSING CENTER CHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : FINNEY ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : MEDICALODGES GARDNER State ID : N-046-008 *LICENSED BEDS*****LIMITED***
 Address : 223 BEDFORD ST Federal Provider : 175243 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GARDNER, KS 66030-1167 Telephone : (913) 856-6520 82 82 0 0 0 0 0
 Administrator : TERRY BROWN Fax : (913) 856-7570 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : 0 82 0 0

Name : GOLDEN HEIGHTS LIVING CENTER State ID : N-002-002 *LICENSED BEDS*****LIMITED***
 Address : 101 N PINE ST Federal Provider : 175433 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GARNETT, KS 66032-1199 Telephone : (785) 448-2434 51 51 0 0 0 0 0
 Administrator : JON M. COVAULT Fax : (785) 448-6524 *****CERTIFIED BEDS*****
 Bldg Owner : MANOR OF GARNETT INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ANDERSON ONLY SNF/NF ONLY
 Management Firm : VETTER HEALTH SERVICES INC JA04 Profit 0 51 0 0

Name : THE HERITAGE State ID : N-019-008 *LICENSED BEDS*****LIMITED***
 Address : 511 N WESTERN PO BOX 66 Federal Provider : 175440 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GIRARD, KS 66743-0066 Telephone : (620) 724-8288 59 59 0 0 0 0 0
 Administrator : JOHN TWAROG SR. Fax : (620) 724-4713 *****CERTIFIED BEDS*****
 Bldg Owner : TWG NURSING HOME INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CRAWFORD ONLY SNF/NF ONLY
 Management Firm : 0 59 0 0

Name : THE NICOL HOME State ID : N-015-004 *LICENSED BEDS*****LIMITED***
 Address : 303 E BUFFALO ST Federal Provider : 175473 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GLASCO, KS 67445-0068 Telephone : (785) 568-2251 28 28 0 0 0 0 0
 Administrator : FRANCIS TATRO Fax : (785) 568-2113 *****CERTIFIED BEDS*****
 Bldg Owner : THE NICOL HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CLOUD ONLY SNF/NF ONLY
 Management Firm : 0 28 0 0

Name : MEDICALODGES GODDARD State ID : N-087-012 *LICENSED BEDS*****LIMITED***
 Address : 501 EASY ST Federal Provider : 175294 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GODDARD, KS 67052-9235 Telephone : (316) 794-8635 85 60 0 25 0 0 0
 Administrator : CLARK M WEBSTER Fax : (316) 794-3476 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : SEDGWICK ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : BETHESDA HOME State ID : N-057-006 *LICENSED BEDS*****LIMITED***
 Address : 408 E MAIN PO BOX 37 Federal Provider : 175403 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GOESSEL, KS 67053-0037 Telephone : (620) 367-2291 67 57 10 0 0 0 0
 Administrator : LINDA PETERS Fax : (620) 367-2294 *****CERTIFIED BEDS*****
 Bldg Owner : MENNONITE BETHESDA SOCIETY INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MARION ONLY SNF/NF ONLY
 Management Firm : 0 57 0 0

Name : GOOD SAMARITAN SOCIETY - SHERMAN COUNTY State ID : N-091-001 *LICENSED BEDS*****LIMITED***
 Address : 208 W 2ND ST Federal Provider : 175361 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GOODLAND, KS 67735-1602 Telephone : (785) 890-7517 60 60 0 0 0 0 0
 Administrator : DORINDA KRUEGER Fax : (785) 890-2757 *****CERTIFIED BEDS*****
 Bldg Owner : COUNTY OF SHERMAN GA06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIE County : SNF MEDICAID NF IMR
 Sublessee : SHERMAN ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : CHERRY VILLAGE State ID : N-005-001 *LICENSED BEDS*****LIMITED***
 Address : 1401 CHERRY LN Federal Provider : 17E499 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GREAT BEND, KS 67530-3198 Telephone : (620) 792-2165 72 46 0 26 0 0 0
 Administrator : PAMLA S. LEWIS Fax : (620) 793-6341 *****CERTIFIED BEDS*****
 Bldg Owner : CHERRY VILLAGE BENEVOLENCE INC GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : BARTON ONLY SNF/NF ONLY
 Management Firm : 0 0 46 0

Name : GREAT BEND HEALTH & REHAB CENTER State ID : N-005-002 *LICENSED BEDS*****LIMITED***
 Address : 1560 K 96 HWY Federal Provider : 175291 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : GREAT BEND, KS 67530-3012 Telephone : (620) 792-2448 136 136 0 0 0 0 0
 Administrator : SHERRY A JOHNSON Fax : (620) 792-3458 *****CERTIFIED BEDS*****
 Bldg Owner : BARTON HEALTHCARE INVESTORS LP GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HP/GREAT BEND INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : BARTON ONLY SNF/NF ONLY
 Management Firm : ALTACARE CORPORATION JA04 Profit 0 136 0 0

Name : HALSTEAD HEALTH & REHABILITATION CENTER State ID : N-040-009 *LICENSED BEDS*****LIMITED***
 Address : 915 MCNAIR Federal Provider : 175446 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HALSTEAD, KS 67056 Telephone : (316) 835-3535 60 60 0 0 0 0 0
 Administrator : CHESTER WEST Fax : (316) 835-4848 *****CERTIFIED BEDS*****
 Bldg Owner : HALSTEAD HEALTH AND REHABILITATION CENTI GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HALSTEAD HEALTH AND REHABILITATION CENTER HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : HARVEY ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : GOOD SAMARITAN SOCIETY - HAYS State ID : N-026-003 *LICENSED BEDS*****LIMITED***
 Address : 2700 CANAL BLVD Federal Provider : 175322 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HAYS, KS 67601-1798 Telephone : (785) 625-7331 75 75 0 0 0 0 0
 Administrator : SUSAN BROWN-JONES Fax : (785) 625-6043 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ELLIS ONLY SNF/NF ONLY
 Management Firm : 0 75 0 0

Name : ST JOHN'S OF HAYS State ID : N-026-001 *LICENSED BEDS*****LIMITED***
 Address : 2401 CANTERBURY Federal Provider : 175498 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HAYS, KS 67601-2243 Telephone : (785) 628-3241 60 60 0 0 0 0 0
 Administrator : RENEE DAVISON Fax : (785) 628-3310 *****CERTIFIED BEDS*****
 Bldg Owner : ST. JOHN'S INC GA05 Not For Profit Area : W 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 ELLIS
 0 60 0 0

Name : HAYSVILLE HEALTHCARE CENTER State ID : N-087-005 *LICENSED BEDS*****LIMITED***
 Address : 215 N LAMAR AVE Federal Provider : 175133 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HAYSVILLE, KS 67060-1266 Telephone : (316) 524-3211 119 119 0 0 0 0 0
 Administrator : WADE JACKSON TAYLOR Fax : (316) 524-7470 *****CERTIFIED BEDS*****
 Bldg Owner : SENIORTRUST OF HAYSVILLE LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KANSAS HEALTHCARE ADVISORS LLC JA08 Profit SEDGWICK
 0 119 0 0

Name : MEDICALODGES HERINGTON State ID : N-021-004 *LICENSED BEDS*****LIMITED***
 Address : 2 E ASH ST Federal Provider : 175490 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HERINGTON, KS 67449-1662 Telephone : (785) 258-2283 83 58 25 0 0 0 0
 Administrator : MICHELLE CLORE Fax : (785) 258-3769 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HERINGTON GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DICKINSON
 0 58 0 0

Name : SCHOWALTER VILLA State ID : N-040-006 *LICENSED BEDS*****LIMITED***
 Address : 200 W CEDAR PO BOX 5000 Federal Provider : 175386 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HESSTON, KS 67062-2095 Telephone : (620) 327-0400 145 105 40 0 0 0 0
 Administrator : JAMES KREHBIEL Fax : (620) 327-4262 *****CERTIFIED BEDS*****
 Bldg Owner : MENNONITE BOARD MISSIONS CHAR OF KS INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HARVEY
 0 105 0 0

Name : MAPLE HEIGHTS NURSING & REHABILITATION CEI State ID : N-007-005 *LICENSED BEDS*****LIMITED***
 Address : 302 E IOWA ST Federal Provider : 175508 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HIAWATHA, KS 66434-9802 Telephone : (785) 742-7465 76 61 0 15 0 0 0
 Administrator : DENISE WOLNEY Fax : (785) 742-3979 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HIAWATHA GD06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LAFAYETTE LIFEPLANS OF HIAWATHA INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ALTACARE CORPORATION JA04 Profit BROWN
 0 61 0 0

Name : HIGHLAND HEALTHCARE & REHAB CTR State ID : N-022-002 *LICENSED BEDS*****LIMITED***
 Address : 402 SOUTH AVE PO BOX 117 Federal Provider : 175412 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HIGHLAND, KS 66035-0117 Telephone : (785) 442-3217 44 44 0 0 0 0 0
 Administrator : JEANETTE OBERZAN Fax : (785) 442-3733 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HIGHLAND HEALTHCARE & REHABILITATION CTR LLCHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DONIPHAN
 0 44 0 0

Name : DAWSON PLACE State ID : N-033-001 *LICENSED BEDS*****LIMITED***
 Address : 208 W PROUT ST Federal Provider : 17E451 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HILL CITY, KS 67642-1434 Telephone : (785) 421-3414 37 37 0 0 0 0 0
 Administrator : ELIZABETH STRIGGOW Fax : (785) 421-3413 *****CERTIFIED BEDS*****
 Bldg Owner : GRAHAM COUNTY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DAWSON PLACE INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : GRAHAM ONLY SNF/NF ONLY
 Management Firm : 0 0 37 0

Name : PARKSIDE HOMES State ID : N-057-004 *LICENSED BEDS*****LIMITED***
 Address : 200 WILLOW RD Federal Provider : 175387 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HILLSBORO, KS 67063-1904 Telephone : (620) 947-2301 129 79 50 0 0 0 0
 Administrator : LUELLA JANZEN Fax : (620) 947-5608 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HILLSBORO GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PARKSIDE HOMES INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : MARION ONLY SNF/NF ONLY
 Management Firm : 0 79 0 0

Name : SALEM HOME State ID : H-057-102 *LICENSED BEDS*****LIMITED***
 Address : 704 S ASH ST Federal Provider : 175484 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HILLSBORO, KS 67063-1595 Telephone : (620) 947-2272 56 56 0 0 0 0 0
 Administrator : KELLY SCHLEHUBER Fax : (620) 947-1490 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HILLSBORO GA06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SALEM HOSPITAL INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : MARION ONLY SNF/NF ONLY
 Management Firm : 0 56 0 0

Name : MEDICALODGES JACKSON COUNTY State ID : N-043-001 *LICENSED BEDS*****LIMITED***
 Address : 1121 W 7TH ST Federal Provider : 175435 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HOLTON, KS 66436-1123 Telephone : (785) 364-3164 70 70 0 0 0 0 0
 Administrator : BLAIR WAGNER Fax : (785) 364-3778 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES, INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JACKSON ONLY SNF/NF ONLY
 Management Firm : 0 70 0 0

Name : TRI-COUNTY MANOR LIVING CENTER INC State ID : N-007-003 *LICENSED BEDS*****LIMITED***
 Address : 1890 EUCLID AVE Federal Provider : 17E358 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HORTON, KS 66439-1248 Telephone : (785) 486-2697 66 50 0 16 0 0 0
 Administrator : MARY BROWN Fax : (785) 486-2359 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HORTON GD06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : TRI-COUNTY MANOR LIVING CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : BROWN ONLY SNF/NF ONLY
 Management Firm : NEK CENTER FOR HEALTH & WELLNESS INC JA05 Not For Profit 0 0 50 0

Name : HOWARD TWILIGHT MANOR State ID : N-025-002 *LICENSED BEDS*****LIMITED***
 Address : HWY 99 PO BOX 237 Federal Provider : 175436 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HOWARD, KS 67349 Telephone : (620) 374-2495 44 44 0 0 0 0 0
 Administrator : BETTY BARNES Fax : (620) 374-2098 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF HOWARD GC06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ELK ONLY SNF/NF ONLY
 Management Firm : 0 44 0 0

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Name : PINECREST NURSING HOME State ID : N-001-004 *LICENSED BEDS*****LIMITED***
 Address : 1020 PINE ST Federal Provider : 175345 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUMBOLDT, KS 66748-0257 Telephone : 620732393 48 48 0 0 0 0 0
 Administrator : DAVID LOOS Fax : (620) 473-2359 *****CERTIFIED BEDS*****
 Bldg Owner : FLORIDA SENIOR HOUSING COUNCIL INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ALLEN ONLY SNF/NF ONLY
 Management Firm : ALTACARE CORPORATION JA04 Profit 0 48 0 0

Name : GOLDEN PLAINS HEALTH CARE CENTER State ID : N-078-003 *LICENSED BEDS*****LIMITED***
 Address : 1202 E 23RD AVE Federal Provider : 175114 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUTCHINSON, KS 67502-5699 Telephone : (620) 669-9393 107 107 0 0 0 0 0
 Administrator : SHARON L KUEPKER Fax : (620) 669-0817 *****CERTIFIED BEDS*****
 Bldg Owner : GOLDEN PLAINS REALTY LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : IHS ACQUISITION NO 146 INC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : THI OF KANSAS AT GOLDEN PLAINS LLC RENO ONLY SNF/NF ONLY
 Management Firm : 0 107 0 0

Name : GOOD SAMARITAN SOCIETY - HUTCHINSON VILLA State ID : N-078-004 *LICENSED BEDS*****LIMITED***
 Address : 810 E 30TH AVE Federal Provider : 175260 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUTCHINSON, KS 67502-4398 Telephone : (620) 663-1189 106 90 16 0 0 0 0
 Administrator : BRENDA JANDA Fax : (620) 663-4549 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : RENO ONLY SNF/NF ONLY
 Management Firm : 0 90 0 0

Name : HUTCHINSON CARE CENTER LLC State ID : N-078-006 *LICENSED BEDS*****LIMITED***
 Address : 2301 N SEVERANCE ST Federal Provider : 175236 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUTCHINSON, KS 67502-4301 Telephone : (620) 662-0597 60 60 0 0 0 0 0
 Administrator : DOUG WYCKOFF Fax : (620) 662-6157 *****CERTIFIED BEDS*****
 Bldg Owner : HUTCHINSON KANSAS LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HUTCHINSON CARE CENTER LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : RENO ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit 0 60 0 0

Name : RAY E DILLON LIVING CENTER State ID : N-078-013 *LICENSED BEDS*****LIMITED***
 Address : 1901 E 23RD AVE Federal Provider : 175405 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUTCHINSON, KS 67502-1107 Telephone : (620) 665-2170 96 60 36 0 0 0 0
 Administrator : BRYAN ROBY Fax : (620) 663-1140 *****CERTIFIED BEDS*****
 Bldg Owner : PROMISE REGIONAL MEDICAL CENTER - HUTCH GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : RENO ONLY SNF/NF ONLY
 Management Firm : LIVING CENTER INC JA05 Not For Profit 0 60 0 0

Name : WESLEY TOWERS State ID : N-078-010 *LICENSED BEDS*****LIMITED***
 Address : 700 MONTEREY PL Federal Provider : 175383 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : HUTCHINSON, KS 67502-2248 Telephone : (620) 663-9175 160 130 30 0 0 0 0
 Administrator : DAWN E. VEH Fax : (620) 663-2961 *****CERTIFIED BEDS*****
 Bldg Owner : WESLEY TOWERS INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : RENO ONLY SNF/NF ONLY
 Management Firm : 0 130 0 0

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Name : THE REGAL ESTATE OF GLENWOOD State ID : N-063-017 *LICENSED BEDS*****LIMITED***
 Address : 1000 MULBERRY, PO BOX 627 Federal Provider : 175464 LICENSED NF ALF RHC F NFMH ADC BCH
 City : INDEPENDENCE, KS 67301-2026 Telephone : (620) 331-8789 55 55 0 0 0 0 0
 Administrator : STEPHANIE J BEAN Fax : (620) 331-6895 *****CERTIFIED BEDS*****
 Bldg Owner : GLENWOOD ESTATE INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MONTGOMERY ONLY SNF/NF ONLY
 Management Firm : 0 55 0 0

Name : WINDSOR PLACE OF INDEPENDENCE LLC State ID : N-063-008 *LICENSED BEDS*****LIMITED***
 Address : 614 S 8TH ST Federal Provider : 175511 LICENSED NF ALF RHC F NFMH ADC BCH
 City : INDEPENDENCE, KS 67301-4299 Telephone : (620) 331-2577 43 43 0 0 0 0 0
 Administrator : PEGGI PEARSON Fax : (620) 331-2544 *****CERTIFIED BEDS*****
 Bldg Owner : FAITHCARE, INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HEALTH MANAGEMENT OF KANSAS INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : MONTGOMERY ONLY SNF/NF ONLY
 Management Firm : 0 43 0 0

Name : PLEASANT VIEW HOME State ID : N-059-006 *LICENSED BEDS*****LIMITED***
 Address : 108 N WALNUT PO BOX 249 Federal Provider : 175406 LICENSED NF ALF RHC F NFMH ADC BCH
 City : INMAN, KS 67546-0249 Telephone : (620) 585-6411 124 124 0 0 0 0 0
 Administrator : JALANE WHITE Fax : (620) 585-6504 *****CERTIFIED BEDS*****
 Bldg Owner : PLEASANT VIEW HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : MCPHERSON ONLY SNF/NF ONLY
 Management Firm : 0 124 0 0

Name : IOLA NURSING CENTER State ID : N-001-001 *LICENSED BEDS*****LIMITED***
 Address : 1336 N WALNUT RD E Federal Provider : 175510 LICENSED NF ALF RHC F NFMH ADC BCH
 City : IOLA, KS 66749-1651 Telephone : (620) 365-6989 101 52 0 49 0 0 0
 Administrator : KAREN BRIGGS Fax : (620) 365-5780 *****CERTIFIED BEDS*****
 Bldg Owner : GUEST HOME ESTATES OF IOLA LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ALLEN ONLY SNF/NF ONLY
 Management Firm : 0 52 0 0

Name : WINDSOR PLACE AT IOLA LLC State ID : N-001-002 *LICENSED BEDS*****LIMITED***
 Address : 600 E GARFIELD ST Federal Provider : 175226 LICENSED NF ALF RHC F NFMH ADC BCH
 City : IOLA, KS 66749-2034 Telephone : (620) 365-3183 65 65 0 0 0 0 0
 Administrator : LINDA HARRISON Fax : (620) 365-6267 *****CERTIFIED BEDS*****
 Bldg Owner : HEALTH MANAGEMENT OF KANSAS INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ALLEN ONLY SNF/NF ONLY
 Management Firm : 0 65 0 0

Name : GOOD SAMARITAN SOCIETY - JUNCTION CITY State ID : N-031-001 *LICENSED BEDS*****LIMITED***
 Address : 416 W SPRUCE ST Federal Provider : 175358 LICENSED NF ALF RHC F NFMH ADC BCH
 City : JUNCTION CITY, KS 66441-3627 Telephone : (785) 238-1187 50 50 0 0 0 0 0
 Administrator : PAMELA BLACK Fax : (785) 238-7006 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : GEARY ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : VALLEY VIEW SENIOR LIFE State ID : N-031-003 *LICENSED BEDS*****LIMITED***
 Address : 1417 W ASH ST Federal Provider : 175126 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : JUNCTION CITY, KS 66441-3332 Telephone : (785) 762-2162 129 103 0 26 0 0 0
 Administrator : CHRISTOPHER REA Fax : (785) 762-5036 *****CERTIFIED BEDS*****
 Bldg Owner : VALLEY VIEW MEDICAL INVESTORS LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VALLEY VIEW SENIOR LIFE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : FOUNDATION PROPERTIES CORP JA04 Profit GEARY 0 103 0 0

Name : KANSAS CITY PRESBYTERIAN MANOR State ID : N-105-006 *LICENSED BEDS*****LIMITED***
 Address : 7850 FREEMAN AVE Federal Provider : 175298 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KANSAS CITY, KS 66112-2133 Telephone : (913) 334-3666 174 161 13 0 0 0 0
 Administrator : ROBERT RICHARD Fax : (913) 334-2904 *****CERTIFIED BEDS*****
 Bldg Owner : PRESBYTERIAN MANOR INC GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit WYANDOTTE 0 161 0 0

Name : LIFE CARE CENTER OF KANSAS CITY State ID : N-105-012 *LICENSED BEDS*****LIMITED***
 Address : 3231 N 61ST ST Federal Provider : 175281 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KANSAS CITY, KS 66104-1415 Telephone : (913) 299-1770 82 82 0 0 0 0 0
 Administrator : LISA KOLMAN Fax : (913) 299-1539 *****CERTIFIED BEDS*****
 Bldg Owner : KANSAS CITY MEDICAL INVESTORS LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CONSOLIDATED RESOURCES HEALTH CARE FUND HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit WYANDOTTE 0 82 0 0

Name : MEDICALODGES KANSAS CITY State ID : N-105-005 *LICENSED BEDS*****LIMITED***
 Address : 6261 LEAVENWORTH RD Federal Provider : 175307 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KANSAS CITY, KS 66104-1445 Telephone : (913) 299-9722 45 45 0 0 0 0 0
 Administrator : KATHLEEN LANTZ Fax : (913) 299-4652 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : WYANDOTTE 0 45 0 0

Name : MEDICALODGES POST ACUTE CARE CENTER State ID : N-105-008 *LICENSED BEDS*****LIMITED***
 Address : 6500 GREELEY AVE Federal Provider : 175135 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KANSAS CITY, KS 66104-2647 Telephone : (913) 334-0200 122 122 0 0 0 0 0
 Administrator : MARILYN PEAK Fax : (913) 334-4050 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : WYANDOTTE 0 122 0 0

Name : PROVIDENCE PLACE State ID : N-105-013 *LICENSED BEDS*****LIMITED***
 Address : 8909 PARALLEL PKY Federal Provider : 175159 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KANSAS CITY, KS 66112-1685 Telephone : (913) 596-4200 90 90 0 0 0 0 0
 Administrator : RYAN GRACE Fax : (913) 596-4901 *****CERTIFIED BEDS*****
 Bldg Owner : SISTERS OF CHARITY OF LEAVENWORTH HEAL1 GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PROVIDENCE PLACE INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : WYANDOTTE 60 0 0 0

Name : DESERET NURSING & REHABILITATION AT KENSIN State ID : N-092-002 *LICENSED BEDS*****LIMITED***
 Address : 613 N MAIN Federal Provider : 175248 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KENSINGTON, KS 66951 Telephone : (785) 476-2623 50 50 0 0 0 0 0
 Administrator : JAMES STRUCKHOFF Fax : (785) 476-2620 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWESTAT KENSIN GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT KENSIN HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit SMITH 0 50 0 0

Name : THE WHEATLANDS HEALTH CARE CENTER State ID : N-048-003 *LICENSED BEDS*****LIMITED***
 Address : 750 W WASHINGTON ST Federal Provider : 17E555 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KINGMAN, KS 67068-2000 Telephone : (620) 532-5801 78 54 0 24 0 0 0
 Administrator : SHARON RINKE Fax : (620) 532-5587 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF KINGMAN GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KINGMAN COUNTY RETIREMENT HOME ASSOCIATI HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KINGMAN 0 0 54 0

Name : MEDICALODGES KINSLEY State ID : N-024-001 *LICENSED BEDS*****LIMITED***
 Address : 620 WINCHESTER AVE Federal Provider : 175275 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KINSLEY, KS 67547-9500 Telephone : (620) 659-2156 50 50 0 0 0 0 0
 Administrator : JANEL BURR Fax : (620) 659-2043 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : EDWARDS 0 50 0 0

Name : KIOWA HOSPITAL DISTRICT MANOR State ID : N-004-002 *LICENSED BEDS*****LIMITED***
 Address : 1020 MAIN ST PO BOX 103 Federal Provider : 17E597 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : KIOWA, KS 67070-0103 Telephone : (620) 825-4117 37 37 0 0 0 0 0
 Administrator : BRYAN STACEY Fax : (620) 825-4915 *****CERTIFIED BEDS*****
 Bldg Owner : BNY TRUST CO OF MISSOURI GA07 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KIOWA HOSPITAL DISTRICT HA06 Govt. County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BARBER 0 0 37 0

Name : RUSH COUNTY NURSING HOME State ID : N-083-001 *LICENSED BEDS*****LIMITED***
 Address : 701 W 6TH ST Federal Provider : 175369 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LA CROSSE, KS 67548-9738 Telephone : (785) 222-2574 56 56 0 0 0 0 0
 Administrator : CHARLOTTE RATHKE Fax : (785) 222-9034 *****CERTIFIED BEDS*****
 Bldg Owner : RUSH COUNTY NURSING HOME SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ARBOR SPRINGS MANAGMENT SERVICES JA04 Profit RUSH 0 56 0 0

Name : GOLDEN LIVINGCENTER - LANSING State ID : N-052-001 *LICENSED BEDS*****LIMITED***
 Address : 210 PLAZA LANE PO BOX 250 Federal Provider : 175228 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LANSING, KS 66043 Telephone : (913) 727-1284 60 60 0 0 0 0 0
 Administrator : DEBRA HARTMAN Fax : (913) 727-1859 *****CERTIFIED BEDS*****
 Bldg Owner : GPH LANSING LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC LANSING LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : LEAVENWORTH 0 60 0 0

Name : LARNED HEALTHCARE CENTER State ID : N-073-001 *LICENSED BEDS*****LIMITED***
 Address : 1114 W 11TH ST Federal Provider : 175235 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LARNED, KS 67550-1941 Telephone : (620) 285-6914 99 80 0 19 0 0 0
 Administrator : MICHAEL VELDER Fax : (620) 285-6173 *****CERTIFIED BEDS*****
 Bldg Owner : SENIORTRUST OF LARNED LLC GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : PAWNEE ONLY SNF/NF ONLY
 Management Firm : KANSAS HEALTHCARE ADVISORS LLC JA08 Profit 0 80 0 0

Name : BRANDON WOODS AT ALVAMAR State ID : N-023-009 *LICENSED BEDS*****LIMITED***
 Address : 1501 INVERNESS DR Federal Provider : 175277 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LAWRENCE, KS 66047-1825 Telephone : (785) 838-8000 184 140 24 20 0 0 0
 Administrator : TERESA MOORE Fax : (785) 312-7233 *****CERTIFIED BEDS*****
 Bldg Owner : BRANDON WOODS INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : DOUGLAS ONLY SNF/NF ONLY
 Management Firm : LIFE CARE SERVICES LLC JA08 Profit 0 140 0 0

Name : LAWRENCE PRESBYTERIAN MANOR State ID : N-023-005 *LICENSED BEDS*****LIMITED***
 Address : 1429 KASOLD DR Federal Provider : 175305 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LAWRENCE, KS 66049-3425 Telephone : (785) 841-4262 92 50 0 42 0 0 0
 Administrator : RHONDA PARKS Fax : (785) 841-0923 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : DOUGLAS ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit 0 50 0 0

Name : PIONEER RIDGE RETIREMENT COMMUNITY State ID : N-023-019 *LICENSED BEDS*****LIMITED***
 Address : 4851 HARVARD Federal Provider : 175445 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LAWRENCE, KS 66049-3964 Telephone : (785) 749-2000 130 60 70 0 0 0 0
 Administrator : CARROLL VOGEL Fax : (785) 344-1199 *****CERTIFIED BEDS*****
 Bldg Owner : PIONEER RIDGE LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PIONEER RIDGE NURSING FACILITY OPERATIONS LHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : DOUGLAS ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : MEDICALODGES LEAVENWORTH State ID : N-052-003 *LICENSED BEDS*****LIMITED***
 Address : 1503 OHIO ST Federal Provider : 175162 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LEAVENWORTH, KS 66048-2932 Telephone : (913) 772-1844 80 80 0 0 0 0 0
 Administrator : DAVID GATEWOOD Fax : (913) 772-1968 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : LEAVENWORTH ONLY SNF/NF ONLY
 Management Firm : 0 80 0 0

Name : DELMAR GARDENS OF LENEXA State ID : N-046-014 *LICENSED BEDS*****LIMITED***
 Address : 9701 MONROVIA Federal Provider : 175122 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LENEXA, KS 66215 Telephone : (913) 492-1130 250 250 0 0 0 0 0
 Administrator : JAMES DROZDA Fax : (913) 492-0586 *****CERTIFIED BEDS*****
 Bldg Owner : DELMAR GARDENS OF LENEXA INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DELMAR GARDENS OF LENEXA OPERATING LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : DELMAR GARDENS MANAGEMENT SERVICES IN JA04 Profit 0 30 220 0

Name : LAKEVIEW VILLAGE State ID : N-046-007 *LICENSED BEDS*****LIMITED***
 Address : 13840 W 91ST TERRACE Federal Provider : 175242 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LENEXA, KS 66215-3374 Telephone : (913) 888-1900 120 120 0 0 0 0 0
 Administrator : PAUL WILSON Fax : *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF LENEXA GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LAKEVIEW VILLAGE INC GA01 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 120 0 0

Name : LEONARDVILLE NURSING HOME State ID : N-081-002 *LICENSED BEDS*****LIMITED***
 Address : PO BOX 148 Federal Provider : 175477 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LEONARDVILLE, KS 66449-0148 Telephone : (785) 293-5244 60 60 0 0 0 0 0
 Administrator : SANDRA S. HAGEMAN Fax : (785) 293-5574 *****CERTIFIED BEDS*****
 Bldg Owner : LEONARDVILLE NURSING HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RILEY
 0 60 0 0

Name : GOOD SAMARITAN SOCIETY - LIBERAL State ID : N-088-001 *LICENSED BEDS*****LIMITED***
 Address : 2160 ZINNIA LN Federal Provider : 175334 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LIBERAL, KS 67901-2042 Telephone : (620) 624-3831 70 70 0 0 0 0 0
 Administrator : DANNA LEGLEITER Fax : (620) 624-2429 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEWARD
 0 70 0 0

Name : WHEATRIDGE PARK CARE CENTER State ID : N-088-002 *LICENSED BEDS*****LIMITED***
 Address : 1501 S HOLLY DR Federal Provider : 175459 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LIBERAL, KS 67901 Telephone : (620) 624-0130 55 55 0 0 0 0 0
 Administrator : JERROLL WALTERS Fax : (620) 624-0144 *****CERTIFIED BEDS*****
 Bldg Owner : MANOR OF LIBERAL INC GA04 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VETTER HEALTH SERVICES INC JA04 Profit SEWARD
 0 55 0 0

Name : LINCOLN PARK MANOR INC State ID : N-053-001 *LICENSED BEDS*****LIMITED***
 Address : 922 N 5TH ST PO BOX 466 Federal Provider : 175419 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LINCOLN, KS 67455-0466 Telephone : (785) 524-4428 53 40 13 0 0 0 0
 Administrator : CHRISTEN ROBINSON Fax : (785) 524-3522 *****CERTIFIED BEDS*****
 Bldg Owner : LINCOLN COUNTY GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LINCOLN PARK MANOR INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LINCOLN
 0 40 0 0

Name : BETHANY HOME ASSOCIATION State ID : N-059-001 *LICENSED BEDS*****LIMITED***
 Address : 321 N CHESTNUT ST Federal Provider : 175507 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LINDSBORG, KS 67456-1904 Telephone : (785) 227-2334 118 118 0 0 0 0 0
 Administrator : MARLIN JOHNSON Fax : (785) 227-3138 *****CERTIFIED BEDS*****
 Bldg Owner : CENTRAL STATES SYNOD OF THE EVANGELICAL GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON
 0 118 0 0

Name : LINN COMMUNITY NURSING HOME State ID : N-101-001 *LICENSED BEDS*****LIMITED***
 Address : 612 THIRD ST Federal Provider : 175494 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LINN, KS 66953-9546 Telephone : (785) 348-5551 65 65 0 0 0 0 0
 Administrator : JOHN H. GAINES JR Fax : (785) 348-5552 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF LINN GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LINN COMMUNITY NURSING HOME INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : WASHINGTON
 0 65 0 0

Name : SANDSTONE HEIGHTS State ID : N-080-002 *LICENSED BEDS*****LIMITED***
 Address : 440 STATE ST BOX 50A Federal Provider : 175509 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LITTLE RIVER, KS 67457-9632 Telephone : (620) 897-6266 58 46 12 0 0 0 0
 Administrator : KAREN HALBERT Fax : (620) 897-5210 *****CERTIFIED BEDS*****
 Bldg Owner : RICE COUNTY HOSPITAL DIST 2 GC06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : RICE
 0 46 0 0

Name : LOGAN MANOR COMM HEALTH SERVICES State ID : N-074-001 *LICENSED BEDS*****LIMITED***
 Address : 108 S ADAMS PO BOX 308 Federal Provider : 175480 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LOGAN, KS 67646-0308 Telephone : (785) 689-4201 50 36 14 0 0 0 0
 Administrator : ROY KENT BLAKE Fax : (785) 689-7411 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF LOGAN GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : PHILLIPS
 0 36 0 0

Name : LOUISBURG HEALTHCARE & REHAB CTR State ID : N-061-006 *LICENSED BEDS*****LIMITED***
 Address : 1200 S BROADWAY PO BOX 339 Federal Provider : 175238 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LOUISBURG, KS 66053 Telephone : (913) 837-2916 60 60 0 0 0 0 0
 Administrator : TRAVIS HOUK Fax : (913) 837-5782 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LOUISBURG HEALTHCARE & REHABILITATION CTR LIHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MIAMI
 0 60 0 0

Name : GOOD SAMARITAN SOCIETY - LYONS State ID : N-080-001 *LICENSED BEDS*****LIMITED***
 Address : 1311 S DOUGLAS AVE Federal Provider : 175336 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : LYONS, KS 67554-3704 Telephone : (620) 257-5163 68 52 16 0 0 0 0
 Administrator : ORIE ENSZ Fax : (620) 257-3382 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : RICE
 0 52 0 0

Name : MEADOWLARK HILLS State ID : N-081-004 *LICENSED BEDS*****LIMITED***
 Address : 2121 MEADOWLARK RD Federal Provider : 175174 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MANHATTAN, KS 66502-4569 Telephone : (785) 537-4610 178 132 46 0 0 0 0
 Administrator : MATTHEW C. LOYD Fax : (785) 537-3022 *****CERTIFIED BEDS*****
 Bldg Owner : MANHATTAN RETIREMENT FOUNDATION INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : RILEY
 0 132 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

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Name : ST JOSEPH SENIOR VILLAGE State ID : N-081-001 *LICENSED BEDS*****LIMITED***
 Address : 2800 WILLOW GROVE RD Federal Provider : 175100 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MANHATTAN, KS 66502-2096 Telephone : (785) 539-7671 132 96 36 0 0 0 0
 Administrator : DOUGLAS FRIHART Fax : (785) 539-9125 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF MANHATTAN GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ST JOSEPH VILLAGE INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC RILEY
 0 96 0 0

Name : STONEYBROOK RETIREMENT COMMUNITY State ID : N-081-005 *LICENSED BEDS*****LIMITED***
 Address : 2025 LITTLE KITTEN AVE Federal Provider : 175191 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MANHATTAN, KS 66503-7545 Telephone : (785) 776-0065 106 70 36 0 0 0 0
 Administrator : SUSAN REED Fax : (785) 776-6825 *****CERTIFIED BEDS*****
 Bldg Owner : STONEYBROOK NURSING FACILITY REAL ESTAT GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : STONEYBROOK NURSING FACILITY OPERATIONS LIHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : RILEY
 0 70 0 0

Name : RIVERVIEW ESTATES State ID : N-059-007 *LICENSED BEDS*****LIMITED***
 Address : 202 S WASHINGTON ST Federal Provider : 175497 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MARQUETTE, KS 67464-9775 Telephone : (785) 546-2211 40 40 0 0 0 0 0
 Administrator : CARLA KOEHN-ADAMS Fax : (785) 546-2035 *****CERTIFIED BEDS*****
 Bldg Owner : RIVERVIEW ESTATES INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON
 0 40 0 0

Name : CAMBRIDGE PLACE State ID : N-058-003 *LICENSED BEDS*****LIMITED***
 Address : 1100 N 16TH Federal Provider : 175350 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MARYSVILLE, KS 66508-1126 Telephone : (785) 562-5321 140 116 0 24 0 0 0
 Administrator : ARLENE WESSEL Fax : (785) 562-5398 *****CERTIFIED BEDS*****
 Bldg Owner : MARYSVILLE HEALTH CORPORATION GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : ARBOR SPRINGS MANAGEMENT SERVICES LLC JA04 Profit MARSHALL
 0 116 0 0

Name : MCPHERSON CARE CENTER LLC State ID : N-059-004 *LICENSED BEDS*****LIMITED***
 Address : 1601 N MAIN ST Federal Provider : 175437 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MCPHERSON, KS 67460-1601 Telephone : (620) 241-5360 50 50 0 0 0 0 0
 Administrator : DOUG WYCKOFF Fax : (620) 241-5364 *****CERTIFIED BEDS*****
 Bldg Owner : HUTCHINSON KANSAS LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MCPHERSON CARE CENTER LLC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit MCPHERSON
 0 50 0 0

Name : THE CEDARS State ID : N-059-009 *LICENSED BEDS*****LIMITED***
 Address : 1021 CEDARS DR Federal Provider : 175380 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MCPHERSON, KS 67460-2735 Telephone : (620) 241-0919 173 113 60 0 0 0 0
 Administrator : JUDITH M. WINELAND Fax : (620) 241-0254 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF MCPHERSON GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE CEDARS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON
 0 113 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

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Name : TRINITY NURSING & REHAB CENTER INC State ID : N-046-013 *LICENSED BEDS*****LIMITED***
 Address : 9700 W 62ND Federal Provider : 175123 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MERRIAM, KS 66203-3282 Telephone : (913) 384-0800 120 120 0 0 0 0 0
 Administrator : TRAVIS RENFRO Fax : (913) 384-0709 *****CERTIFIED BEDS*****
 Bldg Owner : MERRIAM HEALTH CARE PROPERTIES INC GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : TRINITY NURSING & REHAB CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 120 0 0

Name : GOOD SAMARITAN SOCIETY - MINNEAPOLIS State ID : N-072-002 *LICENSED BEDS*****LIMITED***
 Address : 815 N ROTHSAY Federal Provider : 175282 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MINNEAPOLIS, KS 67467-1622 Telephone : (785) 392-2162 68 68 0 0 0 0 0
 Administrator : DANA RICE Fax : (785) 392-3422 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : OTTAWA
 0 68 0 0

Name : BETHEL HOME State ID : N-035-001 *LICENSED BEDS*****LIMITED***
 Address : 300 S AZTEC ST Federal Provider : 17E003 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MONTEZUMA, KS 67867-9700 Telephone : (620) 846-2241 52 52 0 0 0 0 0
 Administrator : MERLE D KOEHN Fax : (620) 846-2149 *****CERTIFIED BEDS*****
 Bldg Owner : BETHEL HOME INC GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : GRAY
 0 0 52 0

Name : MORAN MANOR State ID : N-001-003 *LICENSED BEDS*****LIMITED***
 Address : 3940 US HWY 54 Federal Provider : 175224 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MORAN, KS 66755 Telephone : (620) 237-4300 47 47 0 0 0 0 0
 Administrator : GRETA WAKEFIELD Fax : (620) 237-4446 *****CERTIFIED BEDS*****
 Bldg Owner : MORAN NURSING LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit ALLEN
 0 47 0 0

Name : MEMORIAL HOME State ID : N-059-002 *LICENSED BEDS*****LIMITED***
 Address : 86 TWENTY-SECOND AVE Federal Provider : 175414 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MOUNDRIDGE, KS 67107 Telephone : (620) 345-2901 93 74 0 19 0 0 0
 Administrator : JIM HUXMAN Fax : (620) 345-2937 *****CERTIFIED BEDS*****
 Bldg Owner : MEMORIAL HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON
 0 74 0 0

Name : MOUNDRIDGE MANOR State ID : N-059-003 *LICENSED BEDS*****LIMITED***
 Address : 710 N CHRISTIAN AVE Federal Provider : 17E458 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MOUNDRIDGE, KS 67107-0800 Telephone : (620) 345-6364 82 82 0 0 0 0 0
 Administrator : JOHN R. CLASSEN Fax : (620) 345-6376 *****CERTIFIED BEDS*****
 Bldg Owner : MOUNDRIDGE MANOR INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MCPHERSON
 0 0 82 0

Name : MOUNT HOPE NURSING CENTER State ID : N-087-014 *LICENSED BEDS*****LIMITED***
 Address : 704 E MAIN ST Federal Provider : 175481 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MOUNT HOPE, KS 67108-9408 Telephone : (316) 667-2431 50 50 0 0 0 0 0
 Administrator : PATRICIA J. KISSICK Fax : (316) 661-2352 *****CERTIFIED BEDS*****
 Bldg Owner : MT HOPE COMMUNITY DEVELOPMENT INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 50 0 0

Name : VILLA MARIA State ID : N-096-007 *LICENSED BEDS*****LIMITED***
 Address : 116 S CENTRAL AVE Federal Provider : 175456 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : MULVANE, KS 67110-1799 Telephone : (316) 777-1129 64 64 0 0 0 0 0
 Administrator : REBECCA MURRAY Fax : (316) 777-4406 *****CERTIFIED BEDS*****
 Bldg Owner : VILLA MARIA INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SUMNER
 0 64 0 0

Name : GOLDEN LIVINGCENTER - NEODESHA State ID : N-103-003 *LICENSED BEDS*****LIMITED***
 Address : 1626 N 8TH ST Federal Provider : 175317 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NEODESHA, KS 66757-1239 Telephone : (620) 325-3088 50 50 0 0 0 0 0
 Administrator : SHERRY CUNNINGHAM Fax : (620) 325-3369 *****CERTIFIED BEDS*****
 Bldg Owner : GPH NEODESHA LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC NEODESHA LLC IA08 Profit WILSON ONLY SNF/NF ONLY
 Management Firm :
 0 50 0 0

Name : ASBURY PARK State ID : N-040-002 *LICENSED BEDS*****LIMITED***
 Address : 200 SW 14TH Federal Provider : 175385 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NEWTON, KS 67114 Telephone : (316) 283-4770 159 92 67 0 0 0 0
 Administrator : THOMAS WILLIAMS Fax : (316) 283-4799 *****CERTIFIED BEDS*****
 Bldg Owner : ASBURY PARK, INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HARVEY
 0 92 0 0

Name : KANSAS CHRISTIAN HOME State ID : N-040-004 *LICENSED BEDS*****LIMITED***
 Address : 1035 SE 3RD ST Federal Provider : 175467 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NEWTON, KS 67114-3904 Telephone : (316) 283-6600 92 92 0 0 0 0 0
 Administrator : JIM NACHTIGAL Fax : (316) 283-6375 *****CERTIFIED BEDS*****
 Bldg Owner : FRIENDS OF KANSAS CHRISTIAN HOME INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : HARVEY
 0 92 0 0

Name : NEWTON PRESBYTERIAN MANOR State ID : N-040-005 *LICENSED BEDS*****LIMITED***
 Address : 1200 E 7TH ST Federal Provider : 175302 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NEWTON, KS 67114-2862 Telephone : (316) 283-5400 125 60 65 0 0 0 0
 Administrator : RICHARD I. HEIM Fax : (316) 284-5900 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit HARVEY
 0 60 0 0

Name : BETHEL HEALTH CARE CENTRE State ID : N-040-001 *LICENSED BEDS*****LIMITED***
 Address : 3001 IVY DR Federal Provider : 175402 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NORTH NEWTON, KS 67117-8005 Telephone : (316) 284-2900 90 60 30 0 0 0 0
 Administrator : LEIGH PECK Fax : (316) 284-0173 *****CERTIFIED BEDS*****
 Bldg Owner : KIDRON BETHEL RETIREMENT SERVICES INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : HARVEY ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : ANDBE HOME State ID : N-069-001 *LICENSED BEDS*****LIMITED***
 Address : 201 W CRANE ST Federal Provider : 175506 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NORTON, KS 67654-1142 Telephone : (785) 877-2601 70 70 0 0 0 0 0
 Administrator : NANCY RIGGS Fax : (785) 877-2744 *****CERTIFIED BEDS*****
 Bldg Owner : NORTON COUNTY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ANDBE HOME INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : NORTON ONLY SNF/NF ONLY
 Management Firm : 0 70 0 0

Name : VILLAGE VILLA State ID : N-044-003 *LICENSED BEDS*****LIMITED***
 Address : PO BOX 346 Federal Provider : 175323 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : NORTONVILLE, KS 66060-0346 Telephone : (913) 886-6400 43 43 0 0 0 0 0
 Administrator : GARY FOWLER Fax : (913) 886-8695 *****CERTIFIED BEDS*****
 Bldg Owner : VILLAGE VILLA INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : JEFFERSON ONLY SNF/NF ONLY
 Management Firm : SENIOR ADULT MANAGEMENT INC JA04 Profit 0 43 0 0

Name : GOOD SAMARITAN SOCIETY - DECATUR COUNTY State ID : N-020-001 *LICENSED BEDS*****LIMITED***
 Address : 108 E ASH ST Federal Provider : 175356 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OBERLIN, KS 67749-1908 Telephone : (785) 475-2245 47 47 0 0 0 0 0
 Administrator : JANICE SHOBE Fax : (785) 475-2404 *****CERTIFIED BEDS*****
 Bldg Owner : DECATUR COUNTY GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : DECATUR ONLY SNF/NF ONLY
 Management Firm : 0 47 0 0

Name : ABERDEEN VILLAGE State ID : N-046-057 *LICENSED BEDS*****LIMITED***
 Address : 17500 WEST 119TH ST Federal Provider : 175448 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66061 Telephone : (913) 599-6100 114 60 54 0 0 0 0
 Administrator : JOHN T ALLIN Fax : (913) 599-3810 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF OLATHE GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ABERDEEN VILLAGE INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit 0 60 0 0

Name : EVERGREEN COMMUNITY OF JOHNSON COUNTY State ID : N-046-029 *LICENSED BEDS*****LIMITED***
 Address : 11875 S SUNSET Federal Provider : 175355 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66061-2793 Telephone : (913) 477-8227 112 112 0 0 0 0 0
 Administrator : KIMBERLE DOTY Fax : (913) 477-8001 *****CERTIFIED BEDS*****
 Bldg Owner : JOHNSON COUNTY GC06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : EVERGREEN LIVING INNOVATIONS, INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : 0 112 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : GOOD SAMARITAN SOCIETY - OLATHE State ID : N-046-002 *LICENSED BEDS*****LIMITED***
 Address : 20705 W 151ST ST Federal Provider : 175263 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66061-7222 Telephone : (913) 782-1372 140 140 0 0 0 0 0
 Administrator : BRYAN PIPPITT Fax : (913) 782-7833 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF OLATHE GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 140 0 0

Name : HOEGER HOUSE State ID : N-046-073 *LICENSED BEDS*****LIMITED***
 Address : 15325 S LONE ELM RD Federal Provider : 175491 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66061-7222 Telephone : (913) 780-9916 17 17 0 0 0 0 0
 Administrator : RACHEL STORM Fax : (913) 768-8903 *****CERTIFIED BEDS*****
 Bldg Owner : CEDAR LAKE VILLAGE INC GA04 Profit Area : LW 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 17 0 0

Name : PINNACLE RIDGE NURSING & REHAB CENTER State ID : N-046-004 *LICENSED BEDS*****LIMITED***
 Address : 400 S ROGERS RD Federal Provider : 175213 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66062-1706 Telephone : (913) 782-3350 94 94 0 0 0 0 0
 Administrator : CHERYL HOOVER Fax : (913) 782-1732 *****CERTIFIED BEDS*****
 Bldg Owner : LTC PROPERTIES INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PINNACLE HEALTH FACILITIES XVIII LP HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PREFERRED CARE PARTNERS MGMT GRP LP JA02 Profit JOHNSON
 0 94 0 0

Name : ROYAL TERRACE NRSG & REHAB CENTER State ID : N-046-023 *LICENSED BEDS*****LIMITED***
 Address : 201 E FLAMING RD Federal Provider : 175160 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66061-5343 Telephone : (913) 829-2273 147 147 0 0 0 0 0
 Administrator : BROOKE A. DANKENBRING Fax : (913) 829-0386 *****CERTIFIED BEDS*****
 Bldg Owner : DIAMOND SENIOR LIVING GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ROYAL TERRACE HEALTHCARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHORELINE HEALTHCARE MANAGEMENT LLC JA08 Profit JOHNSON
 0 147 0 0

Name : THE PLAZA HEALTH SERVICES AT SANTA MARTA State ID : N-046-075 *LICENSED BEDS*****LIMITED***
 Address : 13800 W 116TH ST Federal Provider : 175503 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66062-7833 Telephone : (913) 906-0990 90 32 40 18 0 0 0
 Administrator : GREG HAYNES Fax : (913) 906-0911 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF OLATHE GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CATHOLIC CARE CAMPUS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : GREYSTONE MANAGEMENT SERVICES COMPAN JA08 Profit JOHNSON
 32 0 0 0

Name : VILLA ST FRANCIS State ID : N-046-046 *LICENSED BEDS*****LIMITED***
 Address : 16600 W 126TH ST Federal Provider : 175115 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OLATHE, KS 66062 Telephone : (913) 829-5201 170 170 0 0 0 0 0
 Administrator : JOHN MAY Fax : (913) 829-5399 *****CERTIFIED BEDS*****
 Bldg Owner : COLUMBIA HEALTH FACILITIES-OLATHE LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VILLA ST. FRANCIS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 170 0 0

Name : DESERET NURSING & REHABILITATION AT ONAGA State ID : N-075-001 *LICENSED BEDS*****LIMITED***
 Address : 500 WESTERN ST Federal Provider : 175220 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ONAGA, KS 66521-9424 Telephone : (785) 889-4227 46 46 0 0 0 0 0
 Administrator : MARJE COCHREN Fax : (785) 889-4847 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWEST AT ONAGA GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT ONAGA HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit POTTAWATOMIE
 0 46 0 0

Name : OSAGE NRSG & REHABILITATION CENTER State ID : N-070-003 *LICENSED BEDS*****LIMITED***
 Address : 1017 MAIN ST Federal Provider : 175256 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSAGE CITY, KS 66523-1256 Telephone : (785) 528-3138 56 56 0 0 0 0 0
 Administrator : CHRISTOPHER W ANDERSON Fax : (785) 528-4895 *****CERTIFIED BEDS*****
 Bldg Owner : OSAGE NURSING LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit OSAGE
 0 56 0 0

Name : PETERSON NURSING HOME State ID : N-070-004 *LICENSED BEDS*****LIMITED***
 Address : 630 HOLLIDAY ST Federal Provider : 175360 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSAGE CITY, KS 66523-1138 Telephone : (785) 528-4420 54 54 0 0 0 0 0
 Administrator : CRYSTAL PETERSON-MAY Fax : (785) 528-3501 *****CERTIFIED BEDS*****
 Bldg Owner : PETERSON HEALTH CARE INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : OSAGE
 0 54 0 0

Name : LIFE CARE CENTER OF OSAWATOMIE State ID : N-061-003 *LICENSED BEDS*****LIMITED***
 Address : 1615 PARKER AVE Federal Provider : 175077 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSAWATOMIE, KS 66064-1703 Telephone : (913) 755-4165 110 110 0 0 0 0 0
 Administrator : THOMAS C HODGES Fax : (913) 755-1979 *****CERTIFIED BEDS*****
 Bldg Owner : OSAWATOMIE HEALTH CARE MEDICAL INVESTO GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : OSAWATOMIE HEALTH CARE LTD HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit MIAMI
 0 110 0 0

Name : PARKVIEW CARE CENTER State ID : N-071-002 *LICENSED BEDS*****LIMITED***
 Address : 811 N 1ST ST Federal Provider : 175409 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSBORNE, KS 67473-0247 Telephone : (785) 346-2114 67 67 0 0 0 0 0
 Administrator : BETTY JO BANKS Fax : (785) 346-2491 *****CERTIFIED BEDS*****
 Bldg Owner : OSBORNE DEVELOPMENT CO GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : YODER MANAGEMENT ASSOCIATES INC JA04 Profit OSBORNE
 0 6 61 0

Name : HICKORY POINTE CARE & REHAB CENTER State ID : N-044-001 *LICENSED BEDS*****LIMITED***
 Address : 700 CHEROKEE Federal Provider : 175333 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSKALOOSA, KS 66066-5054 Telephone : (785) 863-2108 60 60 0 0 0 0 0
 Administrator : JAMES MERCIER Fax : (785) 863-2735 *****CERTIFIED BEDS*****
 Bldg Owner : RPH ACQUISITIONS LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HICKORY POINTE CARE & REHAB CENTER INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : REAL PROPERTY HEALTH FACILITIES CORPOR/ JA04 Profit JEFFERSON
 0 60 0 0

Name : DESERET NURSING & REHABILITATION AT OSWEC State ID : N-050-004 *LICENSED BEDS*****LIMITED***
 Address : 1104 OHIO Federal Provider : 175434 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OSWEGO, KS 67356-9059 Telephone : (620) 795-4429 40 40 0 0 0 0 0
 Administrator : JAN WRENCH Fax : (620) 795-2748 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWEST LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit LABETTE 0 40 0 0

Name : OTTAWA RETIREMENT VILLAGE State ID : N-030-005 *LICENSED BEDS*****LIMITED***
 Address : 1100 W 15TH ST Federal Provider : 175332 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OTTAWA, KS 66067-3929 Telephone : (785) 242-5399 105 105 0 0 0 0 0
 Administrator : MARGARET P RODER Fax : (785) 242-6063 *****CERTIFIED BEDS*****
 Bldg Owner : OTTAWA RETIREMENT VILLAGE INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DEACONESS LONG TERM CARE INC JA05 Not For Profit FRANKLIN 0 105 0 0

Name : BROOKSIDE RETIREMENT COMMUNITY State ID : N-070-001 *LICENSED BEDS*****LIMITED***
 Address : 700 W 7TH ST Federal Provider : 175145 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERBROOK, KS 66524-0327 Telephone : (785) 665-7124 70 70 0 0 0 0 0
 Administrator : DENISE HOBACK Fax : (785) 665-7277 *****CERTIFIED BEDS*****
 Bldg Owner : VAREKAI HOLDINGS LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ALEGRIA LIVING AND HEALTHCARE INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : OSAGE 0 70 0 0

Name : DELMAR GARDENS OF OVERLAND PARK State ID : N-046-032 *LICENSED BEDS*****LIMITED***
 Address : 12100 W 109TH ST Federal Provider : 175182 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66210-1200 Telephone : (913) 469-4210 120 120 0 0 0 0 0
 Administrator : TONY CURTIS Fax : (913) 469-0136 *****CERTIFIED BEDS*****
 Bldg Owner : DELMAR GARDENS OF OVERLAND PARK INC GA04 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DELMAR GARDENS OF OVERLAND PARK OPERATINHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : DELMAR GARDENS MANAGEMENT SERVICES IN JA04 Profit JOHNSON 0 28 92 0

Name : GARDEN TERRACE AT OVERLAND PARK State ID : N-046-022 *LICENSED BEDS*****LIMITED***
 Address : 7541 SWITZER ST Federal Provider : 175158 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66214-1170 Telephone : (913) 631-2273 163 163 0 0 0 0 0
 Administrator : DEBRA BIEHL Fax : (913) 631-7154 *****CERTIFIED BEDS*****
 Bldg Owner : HCRI KANSAS PROPERTIES LLC GA02 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LC HEALTHCARE HOLDING COMPANY II LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON 0 163 0 0

Name : INDIAN CREEK HEALTHCARE CENTER State ID : N-046-003 *LICENSED BEDS*****LIMITED***
 Address : 6515 W 103RD ST Federal Provider : 175176 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66212-1728 Telephone : (913) 642-5545 120 120 0 0 0 0 0
 Administrator : DOUGLAS E HOLT Fax : (913) 642-3982 *****CERTIFIED BEDS*****
 Bldg Owner : CAM-MID AMERICA LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THI OF KANSAS AT INDIAN CREEK LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : FUNDAMENTAL CLINICAL CONSULTING, LLC JA08 Profit JOHNSON 0 120 0 0

Name : MANORCARE HEALTH SERVICES - OVERLAND PAF State ID : N-046-031 *LICENSED BEDS*****LIMITED***
 Address : 5211 W 103RD ST Federal Provider : 175180 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66207-3100 Telephone : (913) 383-2569 248 223 25 0 0 0 0
 Administrator : JERRY B. LINDENBAUM Fax : (913) 383-2611 *****CERTIFIED BEDS*****
 Bldg Owner : HCR MANORCARE PROPERTIES LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HCR III HEALTHCARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : MANORCARE OF OVERLAND PARK, KS LLC IA08 Profit County : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 223 0 0

Name : OVERLAND PARK NURSING & REHAB CENTER INC State ID : N-046-026 *LICENSED BEDS*****LIMITED***
 Address : 6501 W 75TH ST Federal Provider : 175187 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66204-3019 Telephone : (913) 383-9866 102 102 0 0 0 0 0
 Administrator : KELLY BERTHELSON Fax : (913) 383-1629 *****CERTIFIED BEDS*****
 Bldg Owner : SHAWNEE MISSION HEALTH CARE INC GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : OVERLAND PARK NURSING & REHAB CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 102 0 0

Name : THE FORUM AT OVERLAND PARK State ID : N-046-033 *LICENSED BEDS*****LIMITED***
 Address : 3501 W 95TH ST Federal Provider : 175189 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66206-2059 Telephone : (913) 648-4980 94 60 0 34 0 0 0
 Administrator : MICHAEL MALONE Fax : (913) 648-6114 *****CERTIFIED BEDS*****
 Bldg Owner : CCC FINANCING I TRUST GA07 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HOLDING COMPANY TRUST HA07 Profit County : SNF MEDICAID NF IMR
 Sublessee : FS TENANT POOL III TRUST ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 60 0 0 0

Name : VILLA ST JOSEPH State ID : N-046-028 *LICENSED BEDS*****LIMITED***
 Address : 11901 ROSEWOOD DR Federal Provider : 175183 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66209-3556 Telephone : (913) 345-1745 120 120 0 0 0 0 0
 Administrator : KATHERINE E. ENSIGN Fax : (913) 345-1346 *****CERTIFIED BEDS*****
 Bldg Owner : CARONDELET HEALTH CORP GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CARONDELET LONG TERM CARE FACILITIES INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BENEDICTINE HEALTH DIMENSIONS, INC JA05 Not For Profit JOHNSON
 0 120 0 0

Name : VILLAGE SHALOM INC State ID : N-046-054 *LICENSED BEDS*****LIMITED***
 Address : 5500 WEST 123RD STREET Federal Provider : 175441 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OVERLAND PARK, KS 66209 Telephone : (913) 317-2600 193 76 12 105 0 0 0
 Administrator : MATTHEW LEWIS Fax : (913) 345-2611 *****CERTIFIED BEDS*****
 Bldg Owner : VILLAGE SHALOM INC GA05 Not For Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 76 0 0

Name : RIVERVIEW MANOR State ID : N-096-005 *LICENSED BEDS*****LIMITED***
 Address : 200 S OHIO PO BOX 458 Federal Provider : 175450 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : OXFORD, KS 67119-0458 Telephone : (620) 455-2214 50 50 0 0 0 0 0
 Administrator : KAREN K. CAMPBELL Fax : (620) 455-2497 *****CERTIFIED BEDS*****
 Bldg Owner : RIVERVIEW MANOR INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : RIVERVIEW MANOR INC County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SUMNER
 0 50 0 0

Name : NORTH POINT SKILLED NURSING CENTER State ID : N-061-001 *LICENSED BEDS*****LIMITED***
 Address : 908 N PEARL ST Federal Provider : 175276 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PAOLA, KS 66071-1140 Telephone : (913) 294-4308 59 59 0 0 0 0 0
 Administrator : JENNIFER FOX Fax : (913) 294-4479 *****CERTIFIED BEDS*****
 Bldg Owner : NORTH POINT SKILLED NURSING LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit MIAMI 0 59 0 0

Name : ELMHAVEN EAST State ID : N-050-008 *LICENSED BEDS*****LIMITED***
 Address : 1400 S 15TH ST Federal Provider : 175415 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PARSONS, KS 67357-5130 Telephone : (620) 421-1430 58 58 0 0 0 0 0
 Administrator : VINCENT W. PATTON Fax : (620) 421-1437 *****CERTIFIED BEDS*****
 Bldg Owner : WOODWORTH ENTERPRISES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LABETTE 0 58 0 0

Name : ELMHAVEN WEST NURSING HOME State ID : N-050-003 *LICENSED BEDS*****LIMITED***
 Address : 1315 S 15TH ST Federal Provider : 175416 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PARSONS, KS 67357-5108 Telephone : (620) 421-1320 50 50 0 0 0 0 0
 Administrator : CRYSTAL PORT Fax : (620) 421-2975 *****CERTIFIED BEDS*****
 Bldg Owner : WOODWORTH ENTERPRISES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LABETTE 0 50 0 0

Name : GOOD SAMARITAN SOCIETY - PARSONS State ID : N-050-002 *LICENSED BEDS*****LIMITED***
 Address : 709 LEAWOOD AVE Federal Provider : 175210 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PARSONS, KS 67357-3499 Telephone : (620) 421-1110 56 56 0 0 0 0 0
 Administrator : JOANNA WILSON Fax : (620) 421-8125 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LABETTE 0 56 0 0

Name : PARSONS PRESBYTERIAN MANOR State ID : N-050-005 *LICENSED BEDS*****LIMITED***
 Address : 3501 DIRR AVE Federal Provider : 175303 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PARSONS, KS 67357-2298 Telephone : (620) 421-1450 68 43 25 0 0 0 0
 Administrator : NEIL OSTLIE Fax : (620) 421-1897 *****CERTIFIED BEDS*****
 Bldg Owner : PRESBYTERIAN MANORS INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit LABETTE 0 43 0 0

Name : LEGACY PARK State ID : N-057-005 *LICENSED BEDS*****LIMITED***
 Address : 407 N LOCUST ST Federal Provider : 175457 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PEABODY, KS 66866 Telephone : (620) 983-2152 74 55 0 19 0 0 0
 Administrator : DAVID L SCOTT Fax : (620) 983-2281 *****CERTIFIED BEDS*****
 Bldg Owner : MID-AMERICA at PEABODY LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ARBOR SPRINGS MANAGEMENT SERVICES INC JA04 Profit MARION 0 55 0 0

Name : PHILLIPS COUNTY RETIREMENT CENTER State ID : N-074-003 *LICENSED BEDS*****LIMITED***
 Address : 1300 STATE ST BOX 628 Federal Provider : 17E432 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PHILLIPSBURG, KS 67661-0628 Telephone : (785) 543-2131 92 76 16 0 0 0 0
 Administrator : KRISTI KUCK Fax : (785) 543-5200 *****CERTIFIED BEDS*****
 Bldg Owner : PHILLIPS COUNTY GCO6 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : PHILLIPS ONLY SNF/NF ONLY
 Management Firm : PHILLIPS COUNTY RETIREMENT CORPORATION JA05 Not For Profit PHILLIPS
 0 0 76 0

Name : CORNERSTONE VILLAGE INC State ID : N-019-013 *LICENSED BEDS*****LIMITED***
 Address : 1502 E CENTENNIAL Federal Provider : 175465 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PITTSBURG, KS 66762 Telephone : (620) 235-0020 136 96 40 0 0 0 0
 Administrator : CECIL NAVE Fax : (620) 235-0020 *****CERTIFIED BEDS*****
 Bldg Owner : CORNERSTONE VILLAGE INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CRAWFORD ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES INC JA05 Not For Profit CRAWFORD
 0 96 0 0

Name : GOLDEN LIVINGCENTER - PITTSBURG State ID : N-019-003 *LICENSED BEDS*****LIMITED***
 Address : 1005 E CENTENNIAL DR Federal Provider : 175208 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PITTSBURG, KS 66762-6603 Telephone : (620) 231-1120 80 80 0 0 0 0 0
 Administrator : PATRICIA CRANSTON Fax : (620) 231-2943 *****CERTIFIED BEDS*****
 Bldg Owner : GPH PITTSBURG LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC PITTSBURG LLC IA08 Profit CRAWFORD ONLY SNF/NF ONLY
 Management Firm : CRAWFORD
 0 80 0 0

Name : MEDICALODGES PITTSBURG State ID : N-019-004 *LICENSED BEDS*****LIMITED***
 Address : 2520 S ROUSE ST Federal Provider : 175070 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PITTSBURG, KS 66762-6605 Telephone : (620) 231-0300 60 60 0 0 0 0 0
 Administrator : DANIEL BUSBY JR. Fax : (620) 231-1818 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CRAWFORD ONLY SNF/NF ONLY
 Management Firm : CRAWFORD
 0 60 0 0

Name : ROOKS CO SENIOR SERVICES INC DBA State ID : N-082-001 *LICENSED BEDS*****LIMITED***
 Address : 1000 S WASHINGTON ST Federal Provider : 17E197 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PLAINVILLE, KS 67663-3699 Telephone : (785) 434-4536 56 40 16 0 0 0 0
 Administrator : FONTELLA FANT Fax : (785) 434-2132 *****CERTIFIED BEDS*****
 Bldg Owner : ROOKS COUNTY GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ROOKS ONLY SNF/NF ONLY
 Management Firm : ROOKS COUNTY SENIOR SERVICES INC JA05 Not For Profit ROOKS
 0 0 40 0

Name : BRIGHTON GARDENS OF PRAIRIE VILLAGE State ID : N-046-049 *LICENSED BEDS*****LIMITED***
 Address : 7105 MISSION RD Federal Provider : 175499 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : PRAIRIE VILLAGE, KS 66208-3302 Telephone : (913) 262-1611 164 45 0 119 0 0 0
 Administrator : RICHARD D BLIM Fax : (913) 262-0204 *****CERTIFIED BEDS*****
 Bldg Owner : CNL RETIREMENT MA4 KANSAS CITY KS LP GA02 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SOLOMAN HOLDINGS I THE TRIANGLE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : JOHNSON ONLY SNF/NF ONLY
 Management Firm : SUNRISE SENIOR LIVING SERVICES INC JA04 Profit JOHNSON
 45 0 0 0

Name : SOMERSET-CLARIDGE COURT State ID : N-046-036 *LICENSED BEDS*****LIMITED***
 Address : 8101 MISSION RD Federal Provider : 175343 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PRAIRIE VILLAGE, KS 66208-5242 Telephone : (913) 383-2085 35 35 0 0 0 0 0
 Administrator : DAVID RANDAZZO Fax : (913) 385-4138 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF PRAIRIE VILLAGE GD06 Govt. Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LIFE CARE RETIREMENT COMMUNITIES INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE RETIREMENT COMMUNITIES, INC JOHNSON
 35 0 0 0

Name : LAKEWOOD SENIOR LIVING OF PRATT State ID : N-076-002 *LICENSED BEDS*****LIMITED***
 Address : 1221 LARIMER ST Federal Provider : 175315 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PRATT, KS 67124-1241 Telephone : (620) 672-6541 70 70 0 0 0 0 0
 Administrator : ROBIN SAFFLE Fax : (620) 672-5275 *****CERTIFIED BEDS*****
 Bldg Owner : LAKEWOOD HUNTER HOLDINGS INC GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LAKEWOOD SENIOR LIVING OF PRATT County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LAKEWOOD MANAGEMENT SERVICES, LLC JA08 Profit PRATT
 0 70 0 0

Name : PRESCOTT COUNTRY VIEW NURSING HOME State ID : N-054-001 *LICENSED BEDS*****LIMITED***
 Address : 301 E MILLER Federal Provider : 17E269 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PRESCOTT, KS 66767-4103 Telephone : (913) 471-4315 60 60 0 0 0 0 0
 Administrator : PAMELA K. SPEER Fax : (913) 471-4838 *****CERTIFIED BEDS*****
 Bldg Owner : HOSPITAL DIST #1 OF LINN & BOURBON CO GC06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LINN
 0 0 60 0

Name : PRAIRIE SUNSET HOME INC State ID : N-078-017 *LICENSED BEDS*****LIMITED***
 Address : 601 E MAIN ST Federal Provider : 175489 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PRETTY PRAIRIE, KS 67570-9202 Telephone : (620) 459-6822 42 34 0 8 0 0 0
 Administrator : REX MARIS Fax : (620) 459-7277 *****CERTIFIED BEDS*****
 Bldg Owner : PRAIRIE SUNSET HOME INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RENO
 0 34 0 0

Name : PROTECTION VALLEY MANOR State ID : N-017-002 *LICENSED BEDS*****LIMITED***
 Address : 600 S BROADWAY PO BOX 448 Federal Provider : 17E034 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PROTECTION, KS 67127-0448 Telephone : (620) 622-4261 42 42 0 0 0 0 0
 Administrator : LARRY LANDERS Fax : (620) 622-4270 *****CERTIFIED BEDS*****
 Bldg Owner : PROTECTION VALLEY MANOR INC GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : COMANCHE
 0 0 42 0

Name : RICHMOND HEALTHCARE & REHAB CTR State ID : N-030-003 *LICENSED BEDS*****LIMITED***
 Address : 340 E SOUTH ST Federal Provider : 175444 LICENSED NF ALF RHC F NFMH ADC BCH
 City : RICHMOND, KS 66080-4021 Telephone : (785) 835-6135 60 60 0 0 0 0 0
 Administrator : MELANIE BOWMAN Fax : (785) 835-6179 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : RICHMOND HEALTHCARE & REHABILITATION CTR LHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FRANKLIN
 0 60 0 0

Name : LAKEPOINT NURSING & REHAB CENTER OF ROSE State ID : N-008-004 *LICENSED BEDS*****LIMITED***
 Address : 601 N ROSE HILL RD Federal Provider : 175221 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ROSE HILL, KS 67133-9336 Telephone : (316) 776-2194 86 56 30 0 0 0 0
 Administrator : LARRY D WILKERSON Fax : (316) 776-9370 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF ROSE HILL GD06 Govt. Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ROSE HILL HEALTH SERVICES LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER
 0 4 56 0

Name : ROSSVILLE HEALTHCARE & REHAB CTR State ID : N-089-013 *LICENSED BEDS*****LIMITED***
 Address : 600 PERRY Federal Provider : 175397 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ROSSVILLE, KS 66533 Telephone : (785) 584-6104 76 76 0 0 0 0 0
 Administrator : WENDY READ Fax : (785) 584-6804 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ROSSVILLE HEALTHCARE & REHABILITATION CTR LHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 76 0 0

Name : WHEATLAND NURSING & REHAB CENTER State ID : N-084-003 *LICENSED BEDS*****LIMITED***
 Address : 320 S LINCOLN ST Federal Provider : 175286 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : RUSSELL, KS 67665-2910 Telephone : (785) 483-5364 59 59 0 0 0 0 0
 Administrator : REBECCA D BURKE Fax : (785) 483-4981 *****CERTIFIED BEDS*****
 Bldg Owner : WHEATLAND NURSING LLC GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit RUSSELL
 0 59 0 0

Name : APOSTOLIC CHRISTIAN HOME State ID : N-066-001 *LICENSED BEDS*****LIMITED***
 Address : 511 PARAMOUNT ST Federal Provider : 175376 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SABETHA, KS 66534-2120 Telephone : (785) 284-3471 106 94 12 0 0 0 0
 Administrator : JOHN E. LEHMAN Fax : (785) 284-3697 *****CERTIFIED BEDS*****
 Bldg Owner : APOSTOLIC CHRISTIAN HOME INC GA05 Not For Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEMAHA
 0 94 0 0

Name : SABETHA MANOR State ID : N-066-005 *LICENSED BEDS*****LIMITED***
 Address : 1441 OREGON ST Federal Provider : 175241 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SABETHA, KS 66534-2134 Telephone : (785) 284-3411 50 50 0 0 0 0 0
 Administrator : RONALD S. HICKS Fax : (785) 284-0013 *****CERTIFIED BEDS*****
 Bldg Owner : SABETHA NURSING LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit NEMAHA
 0 50 0 0

Name : PRAIRIE MISSION RETIREMENT VILLAGE State ID : N-067-007 *LICENSED BEDS*****LIMITED***
 Address : 242 CARROLL ST BOX 1Z Federal Provider : 175468 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SAINT PAUL, KS 66771-9802 Telephone : (620) 449-2400 61 45 16 0 0 0 0
 Administrator : BRENDA THORNTON Fax : (620) 449-2564 *****CERTIFIED BEDS*****
 Bldg Owner : PRAIRIE MISSION RETIREMENT VILLAGE INC GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEOSHO
 0 45 0 0

Name : HOLIDAY RESORT OF SALINA State ID : N-085-011 *LICENSED BEDS*****LIMITED***
 Address : 2825 RESORT DR Federal Provider : 175423 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401 Telephone : (785) 825-2201 60 60 0 0 0 0 0
 Administrator : KRISTY HUEHL Fax : (785) 820-9352 *****CERTIFIED BEDS*****
 Bldg Owner : HOLIDAY RESORT LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HOLIDAY RESORT OF SALINA OPERATIONS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SALINE 0 8 52 0

Name : KENWOOD VIEW NURSING HOME State ID : N-085-001 *LICENSED BEDS*****LIMITED***
 Address : 900 ELMHURST BLVD Federal Provider : 175200 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401-7402 Telephone : (785) 825-5471 82 82 0 0 0 0 0
 Administrator : JOHN M VAN HOOK Fax : (785) 825-2432 *****CERTIFIED BEDS*****
 Bldg Owner : CSE SALINA, LLC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : KENWOOD VIEW HEALTHCARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHORELINE HEALTHCARE MANAGEMENT LLC JA08 Profit SALINE 0 82 0 0

Name : PINNACLE PARK NURSING & REHAB CENTER State ID : N-085-007 *LICENSED BEDS*****LIMITED***
 Address : 2936 GEORGIA AVENUE Federal Provider : 175184 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401-7933 Telephone : (785) 825-6954 60 60 0 0 0 0 0
 Administrator : ROSEMARY GONSER Fax : (785) 827-1327 *****CERTIFIED BEDS*****
 Bldg Owner : LTC PROPERTIES INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PINNACLE HEALTH FACILITIES XVIII, LP HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PREFERRED CARE PARTNERS MGMT GRP, LP JA02 Profit SALINE 0 60 0 0

Name : SALINA PRESBYTERIAN MANOR State ID : N-085-005 *LICENSED BEDS*****LIMITED***
 Address : 2601 E CRAWFORD ST Federal Provider : 175300 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401-3791 Telephone : (785) 825-1366 96 60 0 36 0 0 0
 Administrator : FRANCES PAXTON Fax : (785) 825-6554 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit SALINE 0 60 0 0

Name : SMOKY HILL REHABILITATION CENTER State ID : N-085-006 *LICENSED BEDS*****LIMITED***
 Address : 1007 JOHNSTOWN AVE Federal Provider : 175185 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401-3021 Telephone : (785) 823-7107 100 100 0 0 0 0 0
 Administrator : MIKE BOSLEY Fax : (785) 823-7631 *****CERTIFIED BEDS*****
 Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LSL OF KANSAS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SOVRAN MANAGEMENT COMPANY LLC JA08 Profit SALINE 0 100 0 0

Name : WINDSOR ESTATES NURSING HOME State ID : N-085-004 *LICENSED BEDS*****LIMITED***
 Address : 623 S 3RD ST Federal Provider : 175127 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SALINA, KS 67401-4104 Telephone : (785) 825-6757 60 60 0 0 0 0 0
 Administrator : SUSAN KORTHANKE Fax : (785) 825-8019 *****CERTIFIED BEDS*****
 Bldg Owner : WINDSOR ESTATES INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SALINE 0 60 0 0

Name : PARK LANE NURSING HOME State ID : N-086-001 *LICENSED BEDS*****LIMITED***
 Address : 201 E PARK LANE Federal Provider : 17E029 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SCOTT CITY, KS 67871-0001 Telephone : (620) 872-5871 74 74 0 0 0 0 0
 Administrator : JERRY L. KORBE Fax : (620) 872-2128 *****CERTIFIED BEDS*****
 Bldg Owner : COUNTY OF SCOTT/SCOTT COUNTY COURTHOL GD06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SCOTT COUNTY REST HOME INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SCOTT 0 0 74 0

Name : PLEASANT VALLEY MANOR State ID : N-010-002 *LICENSED BEDS*****LIMITED***
 Address : 623 E ELM PO BOX 40 Federal Provider : 175232 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SEDAN, KS 67361-1406 Telephone : (620) 725-3153 85 85 0 0 0 0 0
 Administrator : GINGER MEEKS Fax : (620) 725-5536 *****CERTIFIED BEDS*****
 Bldg Owner : PLEASANT VALLEY NURSING LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AMERICARE SYSTEMS INC JA04 Profit CHAUTAUQUA 0 85 0 0

Name : SEDGWICK HEALTHCARE CENTER State ID : N-040-007 *LICENSED BEDS*****LIMITED***
 Address : 712 N MONROE AVE BOX 49 Federal Provider : 175254 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SEDGWICK, KS 67135-0049 Telephone : (316) 772-5185 62 62 0 0 0 0 0
 Administrator : KEVIN CROWLEY Fax : (316) 772-0396 *****CERTIFIED BEDS*****
 Bldg Owner : SENIORTRUST OF SEDGWICK LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : KANSAS HEALTHCARE ADVISORS LLC JA08 Profit HARVEY 0 62 0 0

Name : CRESTVIEW MANOR NURSING HOME State ID : N-066-003 *LICENSED BEDS*****LIMITED***
 Address : 808 N 8TH ST Federal Provider : 175426 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SENECA, KS 66538-1419 Telephone : (785) 336-2156 44 34 0 10 0 0 0
 Administrator : SARA SOURK Fax : (785) 336-3881 *****CERTIFIED BEDS*****
 Bldg Owner : MANASSEH HEALTH LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : NEMAHA 0 34 0 0

Name : LIFE CARE CENTER OF SENECA State ID : N-066-002 *LICENSED BEDS*****LIMITED***
 Address : 512 COMMUNITY DR Federal Provider : 175439 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SENECA, KS 66538-9781 Telephone : (785) 336-3528 59 49 0 10 0 0 0
 Administrator : TRAVIS HECHT Fax : (785) 336-3621 *****CERTIFIED BEDS*****
 Bldg Owner : SENECA HEALTH CARE MEDICAL INVESTORS LL GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SENECA OPERATIONS LLC HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit NEMAHA 0 49 0 0

Name : GOOD SAMARITAN SOCIETY - PRAIRIE MANOR State ID : N-100-001 *LICENSED BEDS*****LIMITED***
 Address : 408 E 6TH Federal Provider : 175476 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SHARON SPRINGS, KS 67758-9705 Telephone : (785) 852-4244 28 28 0 0 0 0 0
 Administrator : MARY ANN SCHMITT Fax : (785) 852-5279 *****CERTIFIED BEDS*****
 Bldg Owner : WALLACE COUNTY GA06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE EV LUTHERAN GOOD SAMARITAN SOCIETY HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WALLACE 0 28 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : SHARON LANE HEALTH SERVICES State ID : N-046-011 *LICENSED BEDS*****LIMITED***
 Address : 10315 JOHNSON DR Federal Provider : 175257 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SHAWNEE, KS 66203-3065 Telephone : (913) 631-8200 96 96 0 0 0 0 0
 Administrator : ANGELA MOORE Fax : (913) 631-7723 *****CERTIFIED BEDS*****
 Bldg Owner : C & H HEALTHCARE LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 96 0 0

Name : SHAWNEE GARDENS HEALTHCARE & REHAB CTR State ID : N-046-034 *LICENSED BEDS*****LIMITED***
 Address : 6416 LONG ST Federal Provider : 175267 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SHAWNEE, KS 66216-2500 Telephone : (913) 631-2146 145 145 0 0 0 0 0
 Administrator : RICHARD L. CARSON Fax : (913) 631-0163 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SHAWNEE GARDENS HEALTHCARE & REHAB CTR LHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 145 0 0

Name : THE SWEET LIFE AT ROSEHILL State ID : N-046-063 *LICENSED BEDS*****LIMITED***
 Address : 12802 JOHNSON DR Federal Provider : 175478 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SHAWNEE, KS 66216 Telephone : (913) 962-7600 162 106 56 0 0 0 0
 Administrator : KIM ELLIS Fax : (913) 962-7601 *****CERTIFIED BEDS*****
 Bldg Owner : ARC SWEET LIFE ROSEHILL LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 76 0 0 0

Name : DESERET NURSING & REHABILITATION AT SMITH State ID : N-092-001 *LICENSED BEDS*****LIMITED***
 Address : 117 W 1ST ST #369 Federal Provider : 175295 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SMITH CENTER, KS 66967-2005 Telephone : (785) 282-6696 50 40 0 0 0 0 10
 Administrator : JAMES STRUCKHOFF Fax : (785) 282-3336 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWEST AT SMITH (GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT SMITH CIHA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit SMITH
 0 40 0 0

Name : MENNONITE FRIENDSHIP MANOR INC State ID : N-078-005 *LICENSED BEDS*****LIMITED***
 Address : 600 W BLANCHARD AVE Federal Provider : 175379 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SOUTH HUTCHINSON, KS 67505-1526 Telephone : (620) 663-7175 140 126 14 0 0 0 0
 Administrator : CARL L NOYES, JR Fax : (620) 663-4221 *****CERTIFIED BEDS*****
 Bldg Owner : MENNONITE FRIENDSHIP MANOR INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : RENO
 0 126 0 0

Name : GOLDEN LIVINGCENTER - SPRINGHILL State ID : N-046-012 *LICENSED BEDS*****LIMITED***
 Address : 251 E WILSON AVE Federal Provider : 175425 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : SPRING HILL, KS 66083-8713 Telephone : (913) 592-3100 48 48 0 0 0 0 0
 Administrator : RANDY SUTTERFIELD Fax : (913) 592-2235 *****CERTIFIED BEDS*****
 Bldg Owner : GPH SPRING HILL LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC SPRING HILL LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : JOHNSON
 0 48 0 0

DIRECTORY OF KANSAS NURSING FACILITIES

07/01/2009

Name : GOOD SAMARITAN SOCIETY - ST FRANCIS State ID : N-012-001 *LICENSED BEDS*****LIMITED***
 Address : 820 S DENISON STREET Federal Provider : 175347 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ST. FRANCIS, KS 67756-0747 Telephone : (785) 332-3037 50 50 0 0 0 0 0
 Administrator : RICHARD REESER Fax : (785) 332-2716 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : CHEYENNE ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : LEISURE HOMESTEAD AT ST JOHN State ID : N-093-001 *LICENSED BEDS*****LIMITED***
 Address : 402 N SANTA FE Federal Provider : 17E607 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ST. JOHN, KS 67576 Telephone : (620) 549-3541 30 30 0 0 0 0 0
 Administrator : JENNIFER GILLESPIE Fax : (620) 549-3590 *****CERTIFIED BEDS*****
 Bldg Owner : LEISURE HOMESTEAD ASSOCIATION GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : STAFFORD ONLY SNF/NF ONLY
 Management Firm : 0 0 30 0

Name : LEISURE HOMESTEAD AT STAFFORD State ID : N-093-002 *LICENSED BEDS*****LIMITED***
 Address : 405 GRAND AVE Federal Provider : 17E581 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : STAFFORD, KS 67578-2009 Telephone : (620) 234-5208 56 50 0 0 0 0 0
 Administrator : JENNIFER GILLESPIE Fax : (620) 234-6911 *****CERTIFIED BEDS*****
 Bldg Owner : LEISURE HOMESTEAD ASSOCIATION GA05 Not For Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : STAFFORD ONLY SNF/NF ONLY
 Management Firm : 0 0 50 0

Name : STERLING PRESBYTERIAN MANOR State ID : N-080-003 *LICENSED BEDS*****LIMITED***
 Address : 204 W WASHINGTON ST Federal Provider : 175299 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : STERLING, KS 67579-1614 Telephone : (620) 278-3651 60 60 0 0 0 0 0
 Administrator : MICHAEL J RAJEWSKI Fax : (620) 278-3581 *****CERTIFIED BEDS*****
 Bldg Owner : PRESBYTERIAN MANORS INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : RICE ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit 0 60 0 0

Name : SOLOMON VALLEY MANOR State ID : N-082-002 *LICENSED BEDS*****LIMITED***
 Address : 315 S ASH ST Federal Provider : 175479 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : STOCKTON, KS 67669-2136 Telephone : (785) 425-6754 36 36 0 0 0 0 0
 Administrator : NANCY CONYAC Fax : (785) 425-6755 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF STOCKTON GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ROOKS ONLY SNF/NF ONLY
 Management Firm : 0 36 0 0

Name : TONGANOXIE NURSING CENTER State ID : N-052-005 *LICENSED BEDS*****LIMITED***
 Address : 1010 EAST ST #940 Federal Provider : 175215 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TONGANOXIE, KS 66086-9557 Telephone : (913) 369-8705 90 90 0 0 0 0 0
 Administrator : WILLIAM R FISCHER Fax : (913) 369-2787 *****CERTIFIED BEDS*****
 Bldg Owner : Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ENCORE NURSING CENTER PARTNERS LTD-85 HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : SA-ENC TONGANOXIE LLC IA08 Profit LEAVENWORTH ONLY SNF/NF ONLY
 Management Firm : CYPRESS HEALTH CARE MANAGEMENT REGION JA08 Profit 0 90 0 0

Name : ALDERSGATE VILLAGE HEALTH UNIT State ID : N-089-021 *LICENSED BEDS*****LIMITED***
 Address : 3220 SW ALBRIGHT DR Federal Provider : 175340 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66614-4707 Telephone : (785) 478-9440 269 209 60 0 0 0 0
 Administrator : JERRY NEY Fax : (785) 478-0931 *****CERTIFIED BEDS*****
 Bldg Owner : UNITED METHODIST HOMES INC GA05 Not For Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 209 0 0

Name : BREWSTER HEALTH CENTER State ID : N-089-001 *LICENSED BEDS*****LIMITED***
 Address : 1001 SW 29TH ST Federal Provider : 175044 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66611-1299 Telephone : (785) 267-1666 121 79 0 42 0 0 0
 Administrator : LINDA FARRAR Fax : (785) 267-9355 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF TOPEKA GD06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THE CONGREGATIONAL HOME HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 79 0 0

Name : EVENTIDE CONVALESCENT CENTER State ID : N-089-004 *LICENSED BEDS*****LIMITED***
 Address : 2015 SE 10TH AVE Federal Provider : 175113 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66607-1698 Telephone : (785) 233-8918 85 85 0 0 0 0 0
 Administrator : M. MAC AUSTIN Fax : (785) 233-4212 *****CERTIFIED BEDS*****
 Bldg Owner : EVENTIDE CONVALESCENT CENTER INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 69 16 0

Name : LEXINGTON PARK NURSING & POST ACUTE CENT State ID : N-089-007 *LICENSED BEDS*****LIMITED***
 Address : 1031 FLEMING COURT Federal Provider : 175154 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66604 Telephone : (785) 440-0500 90 90 0 0 0 0 0
 Administrator : BRANDON SMITH-ZIPH Fax : (785) 440-0505 *****CERTIFIED BEDS*****
 Bldg Owner : LEXINGTON PARK LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LEXINGTON PARK NURSING OPERATIONS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 90 0 0

Name : MANORCARE HEALTH SERVICES - TOPEKA State ID : N-089-029 *LICENSED BEDS*****LIMITED***
 Address : 2515 SW WANAMAKER RD Federal Provider : 175172 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66614-5269 Telephone : (785) 271-6808 120 120 0 0 0 0 0
 Administrator : BRAD FISCHER Fax : (785) 271-1189 *****CERTIFIED BEDS*****
 Bldg Owner : HCR MANORCARE PROPERTIES LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HCR III HEALTHCARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : MANOR CARE OF TOPEKA, KS LLC IA08 Profit SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 120 0 0

Name : MCCRITE PLAZA HEALTH CENTER State ID : N-089-010 *LICENSED BEDS*****LIMITED***
 Address : 1610 SW 37TH ST Federal Provider : 175171 LICENSED NF ALF RHC F NFMH ADC BCH
 City : TOPEKA, KS 66611-2564 Telephone : (785) 267-2960 141 60 41 40 0 0 0
 Administrator : AARON D KELLEY JR Fax : (785) 267-0138 *****CERTIFIED BEDS*****
 Bldg Owner : MCCRITE REAL ESTATE, INC. GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : SHAWNEE ONLY SNF/NF ONLY
 Management Firm : 0 60 0 0

Name : PLAZA WEST REGIONAL HEALTH CENTER State ID : N-089-032 *LICENSED BEDS*****LIMITED***
 Address : 1570 SW WESTPORT DR Federal Provider : 175255 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TOPEKA, KS 66604-4030 Telephone : (785) 271-6700 151 151 0 0 0 0 0
 Administrator : BRYAN MCDANIEL Fax : (785) 271-6709 *****CERTIFIED BEDS*****
 Bldg Owner : PLAZA WEST CARE CENTER INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WESTCARE INC JA04 Profit SHAWNEE
 0 151 0 0

Name : ROLLING HILLS HEALTH CENTER State ID : N-089-028 *LICENSED BEDS*****LIMITED***
 Address : 2400 SW URISH RD Federal Provider : 175165 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TOPEKA, KS 66614-4347 Telephone : (785) 273-5001 102 102 0 0 0 0 0
 Administrator : KENT P MCGEENEY Fax : (785) 273-0794 *****CERTIFIED BEDS*****
 Bldg Owner : ROLLING HILLS HEALTH CENTER INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ROLLING HILLS HEALTH CENTER OPERATIONS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 102 0 0

Name : TOPEKA COMMUNITY HEALTHCARE CENTER State ID : N-089-031 *LICENSED BEDS*****LIMITED***
 Address : 1821 SE 21ST ST Federal Provider : 175193 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TOPEKA, KS 66607-1437 Telephone : (785) 234-0018 82 82 0 0 0 0 0
 Administrator : MARK P. O'HARA Fax : (785) 234-0923 *****CERTIFIED BEDS*****
 Bldg Owner : CAM-HIGHLAND PARK LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THI OF KANSAS AT HIGHLAND PARK LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FUNDAMENTAL CLINICAL CONSULTING, LLC JA08 Profit SHAWNEE
 0 82 0 0

Name : TOPEKA PRESBYTERIAN MANOR State ID : N-089-018 *LICENSED BEDS*****LIMITED***
 Address : 4712 SW 6TH AVE Federal Provider : 175297 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TOPEKA, KS 66606-2299 Telephone : (785) 272-6510 192 120 0 72 0 0 0
 Administrator : THOMAS BECHTEL Fax : (785) 272-0496 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit SHAWNEE
 0 120 0 0

Name : WESTWOOD MANOR State ID : N-089-019 *LICENSED BEDS*****LIMITED***
 Address : 5015 SW 28TH ST Federal Provider : 175463 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : TOPEKA, KS 66614-2319 Telephone : (785) 273-0886 54 54 0 0 0 0 0
 Administrator : CARLA ROYER Fax : (785) 273-0959 *****CERTIFIED BEDS*****
 Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LSL OF KANSAS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SOVRAN MANAGEMENT COMPANY LLC JA08 Profit SHAWNEE
 0 54 0 0

Name : THE LEGACY AT PARK VIEW State ID : N-034-001 *LICENSED BEDS*****LIMITED***
 Address : 510 E SAN JACINTO AVE Federal Provider : 17E041 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : ULYSSES, KS 67880-1899 Telephone : (620) 356-3331 84 60 24 0 0 0 0
 Administrator : BILLIE SUE UPSHAW Fax : (620) 356-1932 *****CERTIFIED BEDS*****
 Bldg Owner : GRANT COUNTY GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : GRANT
 0 0 60 0

Name : ST JOHN'S OF VICTORIA State ID : N-026-004 *LICENSED BEDS*****LIMITED***
 Address : 701 SEVENTH ST Federal Provider : 17E200 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : VICTORIA, KS 67671-9527 Telephone : (785) 735-2208 70 70 0 0 0 0 0
 Administrator : DAVID KARLIN Fax : (785) 735-2270 *****CERTIFIED BEDS*****
 Bldg Owner : ST JOHN'S INC GA05 Not For Profit Area : W 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 ELLIS
 0 0 70 0

Name : TREGO MANOR State ID : N-098-001 *LICENSED BEDS*****LIMITED***
 Address : 320 SOUTH AVE Federal Provider : 17E203 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WAKEENEY, KS 67672-0427 Telephone : (785) 743-5787 40 40 0 0 0 0 0
 Administrator : SANDRA K. CLINE Fax : (785) 743-5364 *****CERTIFIED BEDS*****
 Bldg Owner : TREGO COUNTY GC06 Govt. Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : TREGO
 0 0 40 0

Name : GOLDEN LIVINGCENTER - WAKEFIELD State ID : N-014-003 *LICENSED BEDS*****LIMITED***
 Address : 509 GROVE Federal Provider : 175272 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WAKEFIELD, KS 67487-0250 Telephone : (785) 461-5417 68 48 20 0 0 0 0
 Administrator : RUTH FAULK Fax : (785) 461-5667 *****CERTIFIED BEDS*****
 Bldg Owner : GPH WAKEFIELD LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC WAKEFIELD LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : CLAY
 0 48 0 0

Name : GOOD SAMARITAN SOCIETY - VALLEY VISTA State ID : N-075-003 *LICENSED BEDS*****LIMITED***
 Address : 2011 GRANDVIEW DRIVE Federal Provider : 175359 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WAMEGO, KS 66547-1159 Telephone : (785) 456-9482 50 50 0 0 0 0 0
 Administrator : JAMES RUSH Fax : (785) 456-2178 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : POTTAWATOMIE
 0 50 0 0

Name : THE CENTENNIAL HOMESTEAD State ID : N-101-002 *LICENSED BEDS*****LIMITED***
 Address : 311 E 2ND ST Federal Provider : 17E327 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WASHINGTON, KS 66968-2028 Telephone : (785) 325-2361 50 50 0 0 0 0 0
 Administrator : CHRISTINA R. CUNNINGHAM Fax : (785) 325-2870 *****CERTIFIED BEDS*****
 Bldg Owner : THE CENTENNIAL HOMESTEAD INC GA04 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WASHINGTON
 0 0 50 0

Name : WATHENA HEALTHCARE & REHABILITATION CTR State ID : N-022-001 *LICENSED BEDS*****LIMITED***
 Address : 2112 HIGHWAY 36 Federal Provider : 175216 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WATHENA, KS 66090-0649 Telephone : (785) 989-3141 60 60 0 0 0 0 0
 Administrator : DAVID C HANEKE Fax : (785) 989-3365 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : WATHENA HEALTHCARE & REHABILITATION CTR LLLCHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DONIPHAN
 0 60 0 0

Name : DESERET NURSING & REHABILITATION AT WELLIN State ID : N-096-001 *LICENSED BEDS*****LIMITED***
 Address : 1600 W 8TH ST Federal Provider : 175357 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WELLINGTON, KS 67152-4719 Telephone : (620) 326-2232 44 44 0 0 0 0 0
 Administrator : NIKKI TEEL Fax : (620) 326-5769 *****CERTIFIED BEDS*****
 Bldg Owner : SUMNER COUNTY GC06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHAB AT WELLINGTON INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit SUMNER 0 44 0 0

Name : GOLDEN LIVINGCENTER - WELLINGTON State ID : N-096-003 *LICENSED BEDS*****LIMITED***
 Address : 102 W BOTKIN ST Federal Provider : 175337 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WELLINGTON, KS 67152-2302 Telephone : (620) 326-7437 55 55 0 0 0 0 0
 Administrator : CHERYL WRIGHT Fax : (620) 326-7421 *****CERTIFIED BEDS*****
 Bldg Owner : GPH WELLINGTON LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC WELLINGTON LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : 0 55 0 0

Name : WELLSVILLE MANOR State ID : N-030-004 *LICENSED BEDS*****LIMITED***
 Address : 304 W 7TH ST Federal Provider : 175250 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WELLSVILLE, KS 66092-7800 Telephone : (785) 883-4101 51 51 0 0 0 0 0
 Administrator : SCOTT AVERILL Fax : (785) 883-2200 *****CERTIFIED BEDS*****
 Bldg Owner : QUIDAM HOLDINGS LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MYSTERE LIVING & HEALTHCARE INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FRANKLIN 0 51 0 0

Name : WESTY COMMUNITY CARE HOME State ID : N-075-005 *LICENSED BEDS*****LIMITED***
 Address : 105 N HIGHWAY 99 Federal Provider : 175471 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WESTMORELAND, KS 66549 Telephone : (785) 457-2801 77 57 20 0 0 0 0
 Administrator : PHYLLIS HUPE Fax : (785) 457-2130 *****CERTIFIED BEDS*****
 Bldg Owner : WESTY COMMUNITY CARE HOME INC GA05 Not For Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : POTTAWATOMIE 0 57 0 0

Name : WHEAT STATE MANOR State ID : N-008-006 *LICENSED BEDS*****LIMITED***
 Address : 601 S MAIN ST Federal Provider : 175451 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WHITEWATER, KS 67154-9700 Telephone : (316) 799-2181 65 65 0 0 0 0 0
 Administrator : LORI A SEIFERT Fax : (316) 799-2962 *****CERTIFIED BEDS*****
 Bldg Owner : WHEAT STATE MANOR, INC. GA05 Not For Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : BUTLER 0 65 0 0

Name : COLLEGE HILL NURSING & REHAB CENTER State ID : N-087-018 *LICENSED BEDS*****LIMITED***
 Address : 5005 E 21ST ST N Federal Provider : 175078 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67208-1604 Telephone : (316) 685-9291 96 96 0 0 0 0 0
 Administrator : BRIAN J. GRIFFITHS Fax : (316) 685-2819 *****CERTIFIED BEDS*****
 Bldg Owner : SEDGWICK HEALTHCARE INVESTORS LP GA02 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HP/ WICHITA HILL INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : ALTACARE CORPORATION JA04 Profit SEDGWICK 0 96 0 0

Name : DESERET NURSING & REHABILITATION AT WICHITA State ID : N-087-052 *LICENSED BEDS*****LIMITED***
 Address : 1600 S WOODLAWN Federal Provider : 175452 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67218-4728 Telephone : (316) 691-9999 93 93 0 0 0 0 0
 Administrator : ARIEN REEVES Fax : (316) 691-0100 *****CERTIFIED BEDS*****
 Bldg Owner : NATIONWIDE HEALTH PROPERTIES INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT WICHITAHA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit SEDGWICK
 0 93 0 0

Name : FAMILY HEALTH & REHABILITATION CENTER State ID : N-087-061 *LICENSED BEDS*****LIMITED***
 Address : 639 S MAIZE COURT Federal Provider : 175501 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67209-1337 Telephone : (316) 425-5600 72 72 0 0 0 0 0
 Administrator : BRETT J GERBER Fax : *****CERTIFIED BEDS*****
 Bldg Owner : FHRC PROPERTY DEVELOPMENT LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : AXIOM HEALTHCARE MANAGEMENT LLC JA08 Profit SEDGWICK
 72 0 0 0

Name : GOLDEN LIVINGCENTER - WICHITA State ID : N-087-011 *LICENSED BEDS*****LIMITED***
 Address : 4007 E LINCOLN ST Federal Provider : 175273 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67218-2111 Telephone : (316) 683-7588 59 59 0 0 0 0 0
 Administrator : RHODY BURNETT Fax : (316) 683-7280 *****CERTIFIED BEDS*****
 Bldg Owner : GPH LINCOLN LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC LINCOLN LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 59 0 0

Name : HOMESTEAD HEALTH CENTER State ID : N-087-006 *LICENSED BEDS*****LIMITED***
 Address : 2133 S ELIZABETH ST Federal Provider : 175487 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67213-3403 Telephone : (316) 262-4473 80 80 0 0 0 0 0
 Administrator : STEPHEN BERNDSEN Fax : (316) 262-5939 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HOMESTEAD HEALTH CENTER INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 80 0 0

Name : KANSAS MASONIC HOME State ID : N-087-008 *LICENSED BEDS*****LIMITED***
 Address : 401 S SENECA ST Federal Provider : 175118 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67213-5597 Telephone : (316) 267-0271 120 120 0 0 0 0 0
 Administrator : MATTHEW BOGNER Fax : (316) 267-2199 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SC 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
 0 120 0 0

Name : LAKEPOINT RETIREMENT & REHAB CTR OF WICHITA State ID : N-087-049 *LICENSED BEDS*****LIMITED***
 Address : 1315 N WEST ST Federal Provider : 175466 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67203-1302 Telephone : (316) 943-1039 187 110 0 77 0 0 0
 Administrator : WARNER HARRISON Fax : (316) 943-1399 *****CERTIFIED BEDS*****
 Bldg Owner : WICHITA HEALTH SERVICES LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 110 0 0

Name : LAKEWOOD SENIOR LIVING OF SEVILLE State ID : N-087-010 *LICENSED BEDS*****LIMITED***
 Address : 1319 SEVILLE ST Federal Provider : 175253 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67209-3306 Telephone : (316) 722-6916 85 85 0 0 0 0 0
 Administrator : DAVID ARMAND Fax : (316) 722-5641 *****CERTIFIED BEDS*****
 Bldg Owner : LAKEWOOD HUNTER HOLDING, INC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LAKEWOOD SENIOR LIVING OF SEVILLE, LLC County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LAKEWOOD MANAGEMENT SERVICES, LLC JA08 Profit SEDGWICK
 0 81 4 0

Name : LARKSFIELD PLACE State ID : N-087-031 *LICENSED BEDS*****LIMITED***
 Address : 2828 N GOVERNEOUR ST Federal Provider : 175181 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67226-3405 Telephone : (316) 636-1111 90 90 0 0 0 0 0
 Administrator : MARC D RILEY Fax : (316) 636-9698 *****CERTIFIED BEDS*****
 Bldg Owner : WESLEY RETIREMENT COMMUNITIES INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 90 0 0

Name : LIFE CARE CENTER OF WICHITA State ID : N-087-045 *LICENSED BEDS*****LIMITED***
 Address : 622 N EDGEMOOR ST Federal Provider : 175407 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67208-3602 Telephone : (316) 686-5100 120 120 0 0 0 0 0
 Administrator : BONNI JACKSON Fax : (316) 686-3993 *****CERTIFIED BEDS*****
 Bldg Owner : WICHITA REAL ESTATE INVESTORS LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : WICHITA MEDICAL INVESTORS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LIFE CARE CENTERS OF AMERICA INC JA04 Profit SEDGWICK
 0 120 0 0

Name : MANORCARE HEALTH SERVICES - WICHITA State ID : N-087-030 *LICENSED BEDS*****LIMITED***
 Address : 7101 E 21ST ST N Federal Provider : 175168 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67206-1044 Telephone : (316) 684-8018 119 119 0 0 0 0 0
 Administrator : T. MARIE HOCK-RASDON Fax : (316) 682-8909 *****CERTIFIED BEDS*****
 Bldg Owner : HCR MANORCARE PROPERTIES LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : HCR III HEALTHCARE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : MANORCARE OF WICHITA, KS LLC IA08 Profit ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 119 0 0

Name : MEDICALODGES WICHITA State ID : N-087-021 *LICENSED BEDS*****LIMITED***
 Address : 2280 S MINNEAPOLIS Federal Provider : 175008 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67211-5398 Telephone : (316) 265-5693 73 73 0 0 0 0 0
 Administrator : BRETT GAFFNEY Fax : (316) 265-3700 *****CERTIFIED BEDS*****
 Bldg Owner : MEDICALODGES INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 73 0 0

Name : MERIDIAN NURSING & REHABILITATION CENTER State ID : N-087-003 *LICENSED BEDS*****LIMITED***
 Address : 1555 N MERIDIAN ST Federal Provider : 175274 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67203-1998 Telephone : (316) 942-8471 106 106 0 0 0 0 0
 Administrator : DAVID BISE Fax : (316) 945-7682 *****CERTIFIED BEDS*****
 Bldg Owner : COLUMBIA PRATHER LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MERIDIAN NURSING & REHABILITATION CENTER LLIHA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : WALNUT CREEK MANAGEMENT COMPANY LLC JA08 Profit SEDGWICK
 0 106 0 0

Name : PARK WEST PLAZA State ID : N-087-046 *LICENSED BEDS*****LIMITED***
 Address : 515 N MAIZE RD Federal Provider : LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67212 Telephone : (316) 729-4114 123 43 80 0 0 0 0
 Administrator : WAYNE L. CASH Fax : (316) 729-0504 *****CERTIFIED BEDS*****
 Bldg Owner : HCRI KANSAS PROPERTIES LLC GA08 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : ICT ALF LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : LEGEND SENIOR LIVING LLC JA08 Profit SEDGWICK
 0 0 0 0

Name : RIVERSIDE VILLAGE INC State ID : N-087-056 *LICENSED BEDS*****LIMITED***
 Address : 777 N MCLEAN BLVD Federal Provider : LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67203-4980 Telephone : (316) 942-7000 95 36 59 0 0 0 0
 Administrator : MARK MAINS Fax : (316) 946-5727 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GA06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : RIVERSIDE VILLAGE INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : VIA CHRISTI SENIOR SERVICES JA05 Not For Profit SEDGWICK
 0 0 0 0

Name : SANDPIPER BAY HEALTH CARE CENTER State ID : N-087-029 *LICENSED BEDS*****LIMITED***
 Address : 5808 W 8TH ST N Federal Provider : 175344 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67212-2802 Telephone : (316) 945-3606 145 145 0 0 0 0 0
 Administrator : SUE SUDER Fax : (316) 260-9544 *****CERTIFIED BEDS*****
 Bldg Owner : SHG RESOURCES LP GA02 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SANDPIPER BAY HEALTH CARE CENTER LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 145 0 0

Name : VIA CHRISTI HOPE HEALTH CENTER State ID : N-087-060 *LICENSED BEDS*****LIMITED***
 Address : 2622 W CENTRAL Federal Provider : 17E629 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67203-4902 Telephone : (316) 946-5100 24 24 0 0 0 0 0
 Administrator : JUSTIN LOEWEN Fax : (316) 946-5299 *****CERTIFIED BEDS*****
 Bldg Owner : VIA CHRISTI SENIOR SERVICES INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FHA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 24 0

Name : WICHITA NURSING CENTER State ID : N-087-009 *LICENSED BEDS*****LIMITED***
 Address : 2840 S HILLSIDE ST Federal Provider : 17E599 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67216-2544 Telephone : (316) 652-9940 66 66 0 0 0 0 0
 Administrator : REBECCA HESS Fax : (316) 652-9232 *****CERTIFIED BEDS*****
 Bldg Owner : KANSAS HEALTHCARE LEASING INC GA04 Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SEDGWICK
 0 0 66 0

Name : WICHITA PRESBYTERIAN MANOR State ID : N-087-023 *LICENSED BEDS*****LIMITED***
 Address : 4700 W 13TH ST N Federal Provider : 175301 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WICHITA, KS 67212-5599 Telephone : (316) 942-7456 91 60 0 31 0 0 0
 Administrator : KAREN STURCHIO Fax : (316) 941-3806 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WICHITA GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : PRESBYTERIAN MANORS INC HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : PRESBYTERIAN MANORS OF MID-AMERICA INC JA05 Not For Profit SEDGWICK
 0 60 0 0

Name : GOLDEN LIVINGCENTER - WILSON State ID : N-027-003 *LICENSED BEDS*****LIMITED***
 Address : 611 31ST ST PO BOX 160 Federal Provider : 175205 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WILSON, KS 67490-0160 Telephone : (785) 658-2505 50 50 0 0 0 0 0
 Administrator : JOE WOLF Fax : (785) 658-2504 *****CERTIFIED BEDS*****
 Bldg Owner : GPH WILSON LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC WILSON LLC IA08 Profit ELLSWORTH ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : CUMBERNAULD VILLAGE State ID : N-018-009 *LICENSED BEDS*****LIMITED***
 Address : 716 TWEED ST Federal Provider : 17E589 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WINFIELD, KS 67156-1595 Telephone : (620) 221-4141 60 42 0 18 0 0 0
 Administrator : LINDA VOTH Fax : (620) 221-4146 *****CERTIFIED BEDS*****
 Bldg Owner : CITY OF WINFIELD GD06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : CUMBERNAULD VILLAGE HA05 Not For Profit County : SNF MEDICAID NF IMR
 Sublessee : COWLEY ONLY SNF/NF ONLY
 Management Firm : 0 0 42 0

Name : GOOD SAMARITAN SOCIETY - WINFIELD State ID : N-018-006 *LICENSED BEDS*****LIMITED***
 Address : 1320 WHEAT RD Federal Provider : 175327 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WINFIELD, KS 67156-4704 Telephone : (620) 221-4660 110 70 40 0 0 0 0
 Administrator : BRENT SHOGREN Fax : (620) 221-1999 *****CERTIFIED BEDS*****
 Bldg Owner : THE EV LUTHERAN GOOD SAMARITAN SOCIETY GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : COWLEY ONLY SNF/NF ONLY
 Management Firm : 0 70 0 0

Name : KANSAS VETERANS HOME State ID : N-018-011 *LICENSED BEDS*****LIMITED***
 Address : 1220 WORLD WAR II MEMORIAL DRIVE Federal Provider : LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WINFIELD, KS 67156-9801 Telephone : (620) 221-9479 155 107 48 0 0 0 0
 Administrator : LINDA K POYNER Fax : (620) 229-9050 *****CERTIFIED BEDS*****
 Bldg Owner : STATE OF KANSAS GA06 Govt. Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : COWLEY ONLY SNF/NF ONLY
 Management Firm : 0 0 0 0

Name : WINFIELD REST HAVEN State ID : N-018-007 *LICENSED BEDS*****LIMITED***
 Address : 1611 RITCHIE ST Federal Provider : 175488 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : WINFIELD, KS 67156-5252 Telephone : (620) 221-9290 50 50 0 0 0 0 0
 Administrator : OLA UTT Fax : (620) 229-8297 *****CERTIFIED BEDS*****
 Bldg Owner : WINFIELD REST HAVEN INC GA05 Not For Profit Area : SC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : COWLEY ONLY SNF/NF ONLY
 Management Firm : 0 50 0 0

Name : DESERET NURSING & REHABILITATION AT YATES State ID : N-104-001 *LICENSED BEDS*****LIMITED***
 Address : 801 S FRY ST PO BOX 265 Federal Provider : 175389 LICENSED NF ALF RHCFC NFMH ADC BCH
 City : YATES CENTER, KS 66783 Telephone : (620) 625-2111 50 50 0 0 0 0 0
 Administrator : SUZANNE MISENHELTER Fax : (620) 625-3630 *****CERTIFIED BEDS*****
 Bldg Owner : ROBERTSON PROPERTIES MIDWEST GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : DESERET NURSING & REHABILITATION AT YATES CHA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : WOODSON ONLY SNF/NF ONLY
 Management Firm : DESERET HEALTHCARE INC JA04 Profit 0 50 0 0