

Name : APPLEWOOD REHABILITATION INC State ID : N-067-003 *LICENSED BEDS*****LIMITED***
 Address : 1720 W 2ND PO BOX I Federal Provider : 175443 LICENSED NF ALF RHC F NFMH ADC BCH
 City : CHANUTE, KS 66720-1009 Telephone : (620) 431-7300 46 0 0 0 46 0 0
 Administrator : SHIRLEY SHOWALTER Fax : (620) 431-2127 *****CERTIFIED BEDS*****
 Bldg Owner : HERITAGE HEALTH CARE, LLC GA04 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : APPLEWOOD REHABILITATION INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : NEOSHO
 0 46 0 0

Name : GOLDEN LIVINGCENTER - EDWARDSVILLE State ID : N-105-004 *LICENSED BEDS*****LIMITED***
 Address : 751 BLAKE ST Federal Provider : 175245 LICENSED NF ALF RHC F NFMH ADC BCH
 City : EDWARDSVILLE, KS 66111-1338 Telephone : (913) 441-1900 100 0 0 0 100 0 0
 Administrator : RICK FREEMAN Fax : (913) 441-0410 *****CERTIFIED BEDS*****
 Bldg Owner : GPH EDWARDSVILLE III LLC GA08 Profit Area : LW MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC EDWARDSVILLE III LLC IA08 Profit County : ONLY SNF/NF ONLY
 Management Firm : WYANDOTTE
 0 100 0 0

Name : GOLDEN LIVINGCENTER - ESKRIDGE State ID : N-099-002 *LICENSED BEDS*****LIMITED***
 Address : 505 N MAIN ST Federal Provider : 175455 LICENSED NF ALF RHC F NFMH ADC BCH
 City : ESKRIDGE, KS 66423-9618 Telephone : (785) 449-2294 60 0 0 0 60 0 0
 Administrator : FRANCES KEEARNS Fax : (785) 449-2285 *****CERTIFIED BEDS*****
 Bldg Owner : GPH ESKRIDGE LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : GGNSC EQUITY HOLDINGS LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : GGNSC ESKRIDGE LLC IA08 Profit County : ONLY SNF/NF ONLY
 Management Firm : WABAUNSEE
 0 60 0 0

Name : LAKEWOOD REHABILITATION CTR OF HAVILAND State ID : N-049-002 *LICENSED BEDS*****LIMITED***
 Address : 200 MAIN ST Federal Provider : 17E038 LICENSED NF ALF RHC F NFMH ADC BCH
 City : HAVILAND, KS 67059-9525 Telephone : (620) 862-5291 50 0 0 0 50 0 0
 Administrator : KAROL BUCKMAN PAGE Fax : (620) 862-5233 *****CERTIFIED BEDS*****
 Bldg Owner : LAKEWOOD-HAVILAND, LLC GA08 Profit Area : W MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : LAKEWOOD SENIOR LIVING OF HAVILAND LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : LAKEWOOD MANAGEMENT SERVICES, LLC JA08 Profit KIOWA
 0 0 50 0

Name : MEDICALODGES PAOLA State ID : N-061-002 *LICENSED BEDS*****LIMITED***
 Address : 501 ASSEMBLY LN Federal Provider : 175413 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PAOLA, KS 66071-1854 Telephone : (913) 294-3345 93 0 0 0 93 0 0
 Administrator : NIELS NIELSEN Fax : (913) 294-3115 *****CERTIFIED BEDS*****
 Bldg Owner : ML-RE PAOLA LLC GA08 Profit Area : SE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MEDICALODGES INC HA04 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : MIAMI
 0 93 0 0

Name : WESTVIEW MANOR OF PEABODY State ID : N-057-002 *LICENSED BEDS*****LIMITED***
 Address : 500 PEABODY PO BOX 142 Federal Provider : 17E210 LICENSED NF ALF RHC F NFMH ADC BCH
 City : PEABODY, KS 66866-0142 Telephone : (620) 983-2165 52 0 0 0 52 0 0
 Administrator : BONITA ROBERTSON BOYDSTON Fax : (620) 983-2364 *****CERTIFIED BEDS*****
 Bldg Owner : PEABODY ASSOCIATES LLC GA08 Profit Area : NC MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : MARKLEYSBURG HEALTHCARE INVESTORS LP HA02 Profit County : SNF MEDICAID NF IMR
 Sublessee : County : ONLY SNF/NF ONLY
 Management Firm : ALTACARE CORPORATION JA04 Profit MARION
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DIRECTORY OF KANSAS NURSING FACILITIES FOR MENTAL HEALTH

03/01/2010

Name : BRIGHTON PLACE NORTH State ID : N-089-009 *LICENSED BEDS*****LIMITED***
 Address : 1301 NE JEFFERSON ST Federal Provider : 17E256 LICENSED NF ALF RHCF NFMH ADC BCH
 City : TOPEKA, KS 66608-1118 Telephone : (785) 233-5127 34 0 0 0 34 0 0
 Administrator : KAYE L HOEME Fax : (785) 232-2727 *****CERTIFIED BEDS*****
 Bldg Owner : BRIGHTON PLACE CORPORATION GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 0 34 0

Name : BRIGHTON PLACE WEST State ID : N-089-012 *LICENSED BEDS*****LIMITED***
 Address : 331 SW OAKLEY AVE Federal Provider : 17E596 LICENSED NF ALF RHCF NFMH ADC BCH
 City : TOPEKA, KS 66606-1914 Telephone : (785) 232-1212 50 0 0 0 50 0 0
 Administrator : ROBERT A. CUTHBERTSON Fax : (785) 232-3907 *****CERTIFIED BEDS*****
 Bldg Owner : CAM-BRIGHTON PLACE LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : THI OF KANSAS AT BRIGHTON PLACE LLC HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : FUNDAMENTAL CLINICAL CONSULTING, LLC JA08 Profit SHAWNEE
 0 0 50 0

Name : COUNTRYSIDE HEALTH CENTER State ID : N-089-008 *LICENSED BEDS*****LIMITED***
 Address : 440 WOODLAND Federal Provider : 17E528 LICENSED NF ALF RHCF NFMH ADC BCH
 City : TOPEKA, KS 66607-2172 Telephone : (785) 234-6147 88 0 0 20 68 0 0
 Administrator : GARY BURKDOLL Fax : (785) 232-8781 *****CERTIFIED BEDS*****
 Bldg Owner : WOODLAND HEALTH CENTER REAL ESTATE LLC GA08 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : COUNTRYSIDE HEALTH CENTER OPERATIONS L HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SHAWNEE
 0 0 68 0

Name : PROVIDENCE LIVING CENTER State ID : N-089-003 *LICENSED BEDS*****LIMITED***
 Address : 1112 SE REPUBLICAN AVE Federal Provider : 175418 LICENSED NF ALF RHCF NFMH ADC BCH
 City : TOPEKA, KS 66607-5517 Telephone : (785) 233-0588 82 0 0 0 82 0 0
 Administrator : FRANK TRIMBOLI Fax : (785) 233-5603 *****CERTIFIED BEDS*****
 Bldg Owner : PROVIDENCE LIVING CENTER GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : SENIOR ADULT MANAGEMENT INC JA04 Profit SHAWNEE
 0 82 0 0

Name : VALLEY HEALTH CARE CENTER State ID : N-044-002 *LICENSED BEDS*****LIMITED***
 Address : PO BOX 189 400 12TH STREET Federal Provider : 17E591 LICENSED NF ALF RHCF NFMH ADC BCH
 City : VALLEY FALLS, KS 66088-0189 Telephone : (785) 945-3832 61 0 0 21 40 0 0
 Administrator : WILLIAM BOLDRIDGE Fax : (785) 945-3708 *****CERTIFIED BEDS*****
 Bldg Owner : VALLEY HEALTH CARE CENTER INC GA04 Profit Area : NE MEDICARE MEDICARE MEDICAID MEDICAID
 Lessee : VALLEY HEALTH CARE CENTER OPERATIONS LL HA08 Profit County : SNF MEDICAID NF IMR
 Sublessee : ONLY SNF/NF ONLY
 Management Firm : JEFFERSON
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