Name	: ALTERRA STERLING HOUSE ABILENE II	State ID	: N-021-008	*LICENSED BEDS*********LIMITED***											
Address	: 1102 N VINE ST	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ABILENE, KS 67410	Telephone	: 785-2637800	43	0	43	0	0	0	0					
Administrator	: MARY JO BERG	Fax	: 7852632455	***********CERTIFIED BEDS**********											
Bldg Owner	: AHC PURCHASER INC	GA04	Profit	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	:			County : DICKINSON											
Management Firm	:			0	0	0	0								

Name	: ALTERRA STERLING HOUSE OF ABILENE I	State ID	: N-021-007	*LICENSED BEDS*********LIMITED***											
Address	: 1100 N VINE	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ABILENE, KS 67410-4009	Telephone	: 785-2637400	34	0	34	0	0	0	0					
Administrator	: MERTA D LITKE	Fax	: 7852633044	***********CERTIFIED BEDS**********											
Bldg Owner	: CITY OF ABILENE	GD06	Govt.	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	:			County : DICKINSON											
Management Firm	:			0	0	0	0								

Name	: ANDOVER COURT ASSISTED LIVING	State ID	: N-008-010	*LICENSED BEDS*********LIMITED***											
Address	: 721 WEST 21ST ST	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ANDOVER, KS 67002-8491	Telephone	: 316-7332662	56	0	56	0	0	0	0					
Administrator	: JANET GARRETSON	Fax	: 3167336754	***********CERTIFIED BEDS**********											
Bldg Owner	: NATIONWIDE HEALTH PROPERTIES-KANSA	GA04	Profit	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: ANDOVER RETIREMENT INVESTOR LP	HA04	Profit	Area : MH/RF											
Sublessee	:			County : BUTLER											
Management Firm	:			0	0	0	0								

Name	: COUNTRY LIVING INC	State ID	: N-039-004	*LICENSED BEDS*********LIMITED***											
Address	: 420 N 5TH	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ANTHONY, KS 67003	Telephone	: 620-8425858	25	0	25	0	0	0	0					
Administrator	: SHARON KIRKLAND	Fax	: 6208425855	***********CERTIFIED BEDS**********											
Bldg Owner	: COUNTRY LIVING INC	GA05	Not For Profit	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF											
Sublessee	:			County : HARPER											
Management Firm	:			0	0	0	0								

Name	: ALTERRA STERLING HOUSE OF ARKANSA	State ID	: N-018-010	*LICENSED BEDS*********LIMITED***											
Address	: 402 WINDSOR RD	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ARKANSAS CITY, KS 67005-3866	Telephone	: 620-4424400	43	0	43	0	0	0	0					
Administrator	: JANICE THOMAS	Fax	: 6204421230	***********CERTIFIED BEDS**********											
Bldg Owner	: CITY OF ARKANSAS CITY	GD06	Govt.	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	:			County : COWLEY											
Management Firm	:			0	0	0	0								

Name	: THE GRAN VILLAS	State ID	: N-003-004	*LICENSED BEDS*********LIMITED***											
Address	: 1635 RILEY ST	Federal Provider	:	LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ATCHISON, KS 66002-1514	Telephone	: 913-3672077	25	0	25	0	0	0	0					
Administrator	: DAVID E GATEWOOD	Fax	: 9133671755	***********CERTIFIED BEDS**********											
Bldg Owner	: CITY OF ATCHISON	GD06	Govt.	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: MEDICALODGES INC	HA04	Profit	Area : MH/RF											
Sublessee	:			County : ATCHISON											
Management Firm	:			0	0	0	0								

Name	: VINTAGE PARK OF ATCHISON	State ID	:	N-003-005	*LICENSED BEDS**********LIMITED***											
Address	: 1301 N 4TH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: ATCHISON, KS 66002	Telephone	:	913-3672655	48	0	48	0	0	0	0					
Administrator	: CYNTHIA WEIGMAN	Fax	:	9133670642	**********CERTIFIED BEDS**********											
Bldg Owner	: VINTAGE PARK OF ATCHISON LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF												
Sublessee	:			County :												
Management Firm	: VINTAGE PARK INC	JA04	Profit	ATCHISON	0	0	0	0								

Name	: VALLEY SPRINGS ASSISTED LIVING	State ID	:	N-089-042	*LICENSED BEDS**********LIMITED***											
Address	: 280 E VALLEY SPRINGS DR	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: AUBURN, KS 66402	Telephone	:	785-2567100	30	0	30	0	0	0	0					
Administrator	: TOM DAVIS	Fax	:	7852567902	**********CERTIFIED BEDS**********											
Bldg Owner	: TWIN OAKS HOLDING #1 LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	: VALLEY SPRINGS ASSISTED LIVING OPERA	HA08	Profit	Area : MH/RF												
Sublessee	:			County :												
Management Firm	:			SHAWNEE	0	0	0	0								

Name	: THE FAIRWAYS OF AUGUSTA	State ID	:	N-008-008	*LICENSED BEDS**********LIMITED***											
Address	: 1611 FAIRWAY	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: AUGUSTA, KS 67010-2246	Telephone	:	316-7751000	27	0	27	0	0	0	0					
Administrator	: DEBRA MULLEN	Fax	:	3167756309	**********CERTIFIED BEDS**********											
Bldg Owner	: EMERITUS PROPERTIES XVI INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF												
Sublessee	:			County :												
Management Firm	:			BUTLER	0	0	0	0								

Name	: VINTAGE PARK OF BALDWIN CITY LLC	State ID	:	N-023-018	*LICENSED BEDS**********LIMITED***											
Address	: 321 CRIMSON AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: BALDWIN, KS 66006-4011	Telephone	:	785-5944255	47	0	47	0	0	0	0					
Administrator	: SUE BROWN	Fax	:	7855942280	**********CERTIFIED BEDS**********											
Bldg Owner	: VINTAGE PARK OF BALDWIN CITY LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF												
Sublessee	:			County :												
Management Firm	: VINTAGE PARK INC	JA04	Profit	DOUGLAS	0	0	0	0								

Name	: THE MEADOWS	State ID	:	N-016-003	*LICENSED BEDS**********LIMITED***											
Address	: 1201 MARTINDALE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: BURLINGTON, KS 66839-2400	Telephone	:	620-3648861	34	0	34	0	0	0	0					
Administrator	: NANCY ELAINE SEAMAN	Fax	:	6203645504	**********CERTIFIED BEDS**********											
Bldg Owner	: COFFEY COUNTY HOSPITAL	GA06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF												
Sublessee	:			County :												
Management Firm	:			COFFEY	0	0	0	0								

Name	: CRC - THE VILLAGE	State ID	:	N-087-053	*LICENSED BEDS**********LIMITED***											
Address	: 440 N FOURTH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH					
City	: CLEARWATER, KS 67026	Telephone	:	620-5844257	40	0	40	0	0	0	0					
Administrator	: IZENA MONK	Fax	:	6205844575	**********CERTIFIED BEDS**********											
Bldg Owner	: CLEARWATER RETIREMENT COMMUNITY I	GA05	Not For Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR								
Lessee	:			Area : MH/RF												
Sublessee	:			County :												
Management Firm	:			SEDGWICK	0	0	0	0								

Name	: ASSISTED LIVING AT WINDSOR PLACE	State ID	:	N-063-016	*LICENSED BEDS**********LIMITED***								
Address	: 2904 W 8TH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: COFFEYVILLE, KS 67337	Telephone	:	620-2510214	36	0	36	0	0	0	0		
Administrator	: KALYNN SHOWALTER	Fax	:	6202515345	***********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF COFFEYVILLE	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: ASSISTED LIVING AT WINDSOR PLACE LL	HA08	Profit	Area : MH/RF									
Sublessee	:			County : MONTGOMERY	0	0	0	0					
Management Firm	:												

Name	: ASSISTED LIVING AT WINDSOR PLACE LL	State ID	:	N-063-015	*LICENSED BEDS**********LIMITED***								
Address	: 106 TYLER	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: COFFEYVILLE, KS 67337-2441	Telephone	:	620-2510214	24	0	24	0	0	0	0		
Administrator	: MONTE COFFMAN	Fax	:	6202515345	***********CERTIFIED BEDS**********								
Bldg Owner	: MEDICALODGES INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: HEALTH MANAGEMENT OF KANSAS	HA04	Profit	Area : MH/RF									
Sublessee	:			County : MONTGOMERY	0	0	0	0					
Management Firm	:												

Name	: MARQUIS PLACE	State ID	:	N-015-008	*LICENSED BEDS**********LIMITED***								
Address	: 205 WEST 21ST STREET	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: CONCORDIA, KS 66901	Telephone	:	785-2432255	42	0	42	0	0	0	0		
Administrator	: KIM BROWNELL	Fax	:	7852432409	***********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF CONCORDIA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: MARQUIS PLACE OF CONCORDIA LLC	HA08	Profit	Area : MH/RF									
Sublessee	:			County : CLOUD	0	0	0	0					
Management Firm	:												

Name	: ALTERRA STERLING HOUSE OF DERBY	State ID	:	N-087-038	*LICENSED BEDS**********LIMITED***								
Address	: 1709 E WALNUT GROVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: DERBY, KS 67037-3528	Telephone	:	316-7886100	34	0	34	0	0	0	0		
Administrator	: KAREN WILKERSON	Fax	:	3167881239	***********CERTIFIED BEDS**********								
Bldg Owner	: JER/NHP SENIOR LIVING KANSAS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: ASSISTED LIVING PROPERTIES INC	HA04	Profit	Area : MH/RF									
Sublessee	:			County : SEDGWICK	0	0	0	0					
Management Firm	: ALTERRA HEALTHCARE CORPORATION	JA04	Profit										

Name	: VINTAGE PLACE OF DERBY	State ID	:	N-087-036	*LICENSED BEDS**********LIMITED***								
Address	: 1701 E WALNUT GROVE RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: DERBY, KS 67037-3527	Telephone	:	316-7889600	36	0	36	0	0	0	0		
Administrator	: LORI MOUAK	Fax	:		***********CERTIFIED BEDS**********								
Bldg Owner	: VINTAGE PLACE OF EL DORADO INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : SEDGWICK	0	0	0	0					
Management Firm	: VINTAGE GROUP INC	JA04	Profit										

Name	: ALTERRA STERLING HOUSE OF DODGE CI	State ID	:	N-029-007	*LICENSED BEDS**********LIMITED***								
Address	: 2400 NORTH 14TH AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: DODGE CITY, KS 67801-2313	Telephone	:	620-2257555	45	0	45	0	0	0	0		
Administrator	: CONNIE WATKINS	Fax	:	6202256714	***********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF DODGE CITY	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: KANSAS LTC CORPORATION	HA04	Profit	Area : MH/RF									
Sublessee	: ALTERRA HEALTHCARE CORPORATION	IA04	Profit	County : FORD	0	0	0	0					
Management Firm	:												

Name	: ALTERRA STERLING HOUSE OF EMPORIA	State ID	:	N-056-012	*LICENSED BEDS**********LIMITED***										
Address	: 1200 WEST 12TH AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: EMPORIA, KS 66801-2557	Telephone	:	620-3421000	34	0	34	0	0	0	0				
Administrator	: LOIS WISDOM	Fax	:	6203422762	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF EMPORIA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	:			County : LYON											
Management Firm	:				0	0	0	0							

Name	: THE GRAN VILLAS	State ID	:	N-037-005	*LICENSED BEDS**********LIMITED***										
Address	: 1820 E RIVER ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: EUREKA, KS 67045-2156	Telephone	:	620-5837473	46	0	46	0	0	0	0				
Administrator	: PAULINE VINES	Fax	:	6205837574	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF EUREKA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: MEDICALODGES INC	HA04	Profit	Area : MH/RF											
Sublessee	:			County : GREENWOOD											
Management Firm	:				0	0	0	0							

Name	: FORT SCOTT PRESBYTERIAN VILLAGE	State ID	:	N-006-005	*LICENSED BEDS**********LIMITED***										
Address	: 2401 S HORTON ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: FORT SCOTT, KS 66701-3196	Telephone	:	620-2235550	63	0	63	0	0	0	0				
Administrator	: GINGER DIERKSEN	Fax	:	6202237800	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF WICHITA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: PRESBYTERIAN MANORS INC	HA05	Not For Profit	Area : MH/RF											
Sublessee	:			County : BOURBON											
Management Firm	: PRESBYTERIAN MANORS OF MID-AMERIC	JA05	Not For Profit		0	0	0	0							

Name	: THE GRAN VILLAS	State ID	:	N-103-004	*LICENSED BEDS**********LIMITED***										
Address	: 2111 E WASHINGTON	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: FREDONIA, KS 66736-1759	Telephone	:	620-3782329	30	0	30	0	0	0	0				
Administrator	: CONNIE COLLINS	Fax	:	6203782792	**********CERTIFIED BEDS**********										
Bldg Owner	: MEDICALODGES INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : WILSON											
Management Firm	:				0	0	0	0							

Name	: THE HOMESTEAD OF GARDEN CITY	State ID	:	N-028-003	*LICENSED BEDS**********LIMITED***										
Address	: 2414 N HENDERSON DRIVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: GARDEN CITY, KS 67846	Telephone	:	620-2729800	40	0	40	0	0	0	0				
Administrator	: GILBERT CRUZ	Fax	:	6202720555	**********CERTIFIED BEDS**********										
Bldg Owner	: MIDWEST HOMESTEAD OF GARDEN CITY L	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: MIDWEST HOMESTEAD OF GARDEN CITY O	HA08	Profit	Area : MH/RF											
Sublessee	:			County : FINNEY											
Management Firm	:				0	0	0	0							

Name	: VINTAGE PARK OF GARDNER	State ID	:	N-046-055	*LICENSED BEDS**********LIMITED***										
Address	: 869 JUNIPER TERRACE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: GARDNER, KS 66030	Telephone	:	913-8848900	40	0	40	0	0	0	0				
Administrator	: MITZIE TERRELL	Fax	:	9138844582	**********CERTIFIED BEDS**********										
Bldg Owner	: VINTAGE PARK OF GARDNER LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: VINTAGE PARK INC	JA04	Profit		0	0	0	0							

Name	: WESTRIDGE	State ID	: N-019-011	*LICENSED BEDS**********LIMITED***									
Address	: 950 WEST ST JOHN STREET	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: GIRARD, KS 66743	Telephone	: 620-7246760		20	0	20	0	0	0	0		
Administrator	: CONNIE KRETSCHMER	Fax	:	**********CERTIFIED BEDS**********									
Bldg Owner	: CRAWFORD CO ASSISTED LIVING INC	GA04 Profit			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:		Area : MH/RF										
Sublessee	:		County : CRAWFORD		0	0	0	0					
Management Firm	:												

Name	: WHEAT RIDGE ACRES	State ID	: N-091-002	*LICENSED BEDS**********LIMITED***									
Address	: 707 WHEATRIDGE CIRCLE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: GOODLAND, KS 67735	Telephone	: 785-8990100		40	0	30	10	0	0	0		
Administrator	: DONNA SWAGER	Fax	: 7858990277	**********CERTIFIED BEDS**********									
Bldg Owner	: GOODLAND ASSISTED LIVING LLC	GA08 Profit			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:		Area : MH/RF										
Sublessee	:		County : SHERMAN		0	0	0	0					
Management Firm	: HERITAGE HEALTHCARE MANAGEMENT I	JA04 Profit											

Name	: ALTERRA STERLING HOUSE OF GT BEND	State ID	: N-005-005	*LICENSED BEDS**********LIMITED***									
Address	: 1206 PATTON RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: GREAT BEND, KS 67530-3118	Telephone	: 620-7927000		43	0	43	0	0	0	0		
Administrator	: EDNA KEELER	Fax	: 6207925955	**********CERTIFIED BEDS**********									
Bldg Owner	: CITY OF GREAT BEND	GD06 Govt.			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: KANSAS LTC CORPORATION	HA04 Profit	Area : MH/RF										
Sublessee	: ALTERRA HEALTHCARE CORPORATION	IA04 Profit	County : BARTON		0	0	0	0					
Management Firm	:												

Name	: THE GREAT BEND HOMESTEAD	State ID	: N-005-006	*LICENSED BEDS**********LIMITED***									
Address	: 3820 BROADWAY	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: GREAT BEND, KS 67530	Telephone	: 620-7927017		40	0	40	0	0	0	0		
Administrator	: TAMMY LINKE	Fax	: 6207927117	**********CERTIFIED BEDS**********									
Bldg Owner	: THE GREAT BEND HOMESTEAD LLC	GA08 Profit			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:		Area : MH/RF										
Sublessee	:		County : BARTON		0	0	0	0					
Management Firm	:												

Name	: CARRIAGE HOUSE OF GREENSBURG	State ID	: N-049-003	*LICENSED BEDS**********LIMITED***									
Address	: 723 S ELM	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: GREENSBURG, KS 67054	Telephone	: 620-7233400		32	0	32	0	0	0	0		
Administrator	: LORI DAVILA	Fax	:	**********CERTIFIED BEDS**********									
Bldg Owner	: CITY OF GREENSBURG	GD06 Govt.			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: KANSAS ASSISTED LIVING LLC	HA08 Profit	Area : MH/RF										
Sublessee	:		County : KIOWA		0	0	0	0					
Management Firm	:												

Name	: HALSTEAD PLACE	State ID	: N-040-008	*LICENSED BEDS**********LIMITED***									
Address	: 715 W 6TH ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HALSTEAD, KS 67056	Telephone	: 316-8302424		35	0	35	0	0	0	0		
Administrator	: JOHN J NEMETH	Fax	: 3168352994	**********CERTIFIED BEDS**********									
Bldg Owner	: CITY OF HALSTEAD	GD06 Govt.			MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: HALSTEAD PLACE LLC	HA08 Profit	Area : MH/RF										
Sublessee	:		County : HARVEY		0	0	0	0					
Management Firm	:												

Name	HERITAGE ESTATES ASSISTED LIVING	State ID	N-039-005	*LICENSED BEDS*********LIMITED***									
Address	1212 HICKORY	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HARPER, KS 67058-1455	Telephone	620-8962646	18	0	18	0	0	0	0			
Administrator	KIM CINELLI	Fax		**********CERTIFIED BEDS**********									
Bldg Owner	HARPER HOSPITAL DISTRICT #5	GC06 Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area: MH/RF	0	0	0	0						
Sublessee			County: HARPER										
Management Firm													

Name	ALTERRA STERLING HOUSE OF HAYS	State ID	N-026-008	*LICENSED BEDS*********LIMITED***									
Address	1801 EAST 27TH	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HAYS, KS 67601	Telephone	785-6281111	45	0	45	0	0	0	0			
Administrator	LISA LEIKER	Fax	7856281211	**********CERTIFIED BEDS**********									
Bldg Owner	AHC PURCHASER INC	GA04 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	ALTERRA HEALTHCARE CORPORATION	HA04 Profit	Area: MH/RF	0	0	0	0						
Sublessee			County: ELLIS										
Management Firm													

Name	CEDARVIEW ASSISTED LIVING	State ID	N-026-010	*LICENSED BEDS*********LIMITED***									
Address	2929 STERNBERG DR	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HAYS, KS 67601	Telephone	785-6283200	40	0	40	0	0	0	0			
Administrator	TREVA BENOIT	Fax	7856289992	**********CERTIFIED BEDS**********									
Bldg Owner	PLAINS ASSISTED LIVING LLC	GA08 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area: MH/RF	0	0	0	0						
Sublessee			County: ELLIS										
Management Firm													

Name	ST JOHN'S NEW HORIZONS	State ID	N-026-009	*LICENSED BEDS*********LIMITED***									
Address	2225 CANTERBURY	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HAYS, KS 67601	Telephone	785-6288742	57	0	57	0	0	0	0			
Administrator	VICKI A FROHLING	Fax	7856253793	**********CERTIFIED BEDS**********									
Bldg Owner	ST. JOHN'S REST HOME CORP	GD06 Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area: MH/RF	0	0	0	0						
Sublessee			County: ELLIS										
Management Firm													

Name	THE GRAN VILLAS	State ID	N-007-006	*LICENSED BEDS*********LIMITED***									
Address	400 KANSAS AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HIAWATHA, KS 66434	Telephone	785-7424566	25	0	25	0	0	0	0			
Administrator	STELLA CRAWFORD	Fax	7857424573	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF HIAWATHA	GA06 Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	MEDICALODGES INC	HA04 Profit	Area: MH/RF	0	0	0	0						
Sublessee			County: BROWN										
Management Firm													

Name	SEALYE HOUSE	State ID	N-033-002	*LICENSED BEDS*********LIMITED***									
Address	619 N 4TH AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	HILL CITY, KS 67642	Telephone	785-4212662	9	0	9	0	0	0	0			
Administrator	JO MC DERMOTT	Fax		**********CERTIFIED BEDS**********									
Bldg Owner	SEALYE HOUSE INC	GA04 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area: MH/RF	0	0	0	0						
Sublessee			County: GRAHAM										
Management Firm													

Name	: THE HOMESTEAD ASSISTED LIVING RESID	State ID	:	N-005-007	*LICENSED BEDS**********LIMITED***								
Address	: 259 W 6TH ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HOISINGTON, KS 67544-2014	Telephone	:	620-6534121	20	0	20	0	0	0	0		
Administrator	: TAMMY LINKE	Fax	:	6206532548	***********CERTIFIED BEDS**********								
Bldg Owner	: BARTON COUNTY ASSISTED LIVING LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : BARTON									
Management Firm	:				0	0	0	0					

Name	: THE GRAN VILLAS	State ID	:	N-043-004	*LICENSED BEDS**********LIMITED***								
Address	: 410 JUNIPER DRIVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HOLTON, KS 66436	Telephone	:	785-3645051	23	0	23	0	0	0	0		
Administrator	: ANGELA HALL	Fax	:	7853645010	***********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF HOLTON	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: MEDICALODGES INC	HA04	Profit	Area : MH/RF									
Sublessee	:			County : JACKSON									
Management Firm	:				0	0	0	0					

Name	: PLUM CREEK PLAZA	State ID	:	N-027-006	*LICENSED BEDS**********LIMITED***								
Address	: 100 N COUNTY RD P O BOX 248	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HOLYROOD, KS 67450-0248	Telephone	:	785-2523800	9	0	9	0	0	0	0		
Administrator	: MUFFY MOHR	Fax	:	7852523898	***********CERTIFIED BEDS**********								
Bldg Owner	: HEARTLAND ASSISTED LIVING CENTER O	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : ELLSWORTH									
Management Firm	:				0	0	0	0					

Name	: ELM GROVE ESTATES	State ID	:	N-078-015	*LICENSED BEDS**********LIMITED***								
Address	: 2416 BRENTWOOD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HUTCHINSON, KS 67502-5028	Telephone	:	620-6639195	226	0	226	0	0	0	0		
Administrator	: ROSEMARY STANDIFERD	Fax	:	6206636602	***********CERTIFIED BEDS**********								
Bldg Owner	: AL INVESTORS HUTCHINSON LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : RENO									
Management Firm	: EMERITUS MANAGEMENT LLC	JA04	Profit		0	0	0	0					

Name	: THE HUTCHINSON HOMESTEAD	State ID	:	N-078-016	*LICENSED BEDS**********LIMITED***								
Address	: 1700 E 23RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: HUTCHINSON, KS 67502	Telephone	:	620-6624114	40	0	40	0	0	0	0		
Administrator	: V. DARLENE SCHULZ	Fax	:	6206629002	***********CERTIFIED BEDS**********								
Bldg Owner	: THE HUTCHINSON HOMESTEAD LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : RENO									
Management Firm	:				0	0	0	0					

Name	: ALTERRA STERLING HOUSE OF JUNCTION	State ID	:	N-031-004	*LICENSED BEDS**********LIMITED***								
Address	: 1022 CAROLINE AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: JUNCTION CITY, KS 66441-5206	Telephone	:	785-7623123	34	0	34	0	0	0	0		
Administrator	: JOYE ACKER-GFELLER	Fax	:	7857626222	***********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF JUNCTION CITY	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF									
Sublessee	:			County : GEARY									
Management Firm	:				0	0	0	0					

Name	: TWIN OAKS ASSISTED LIVING	State ID	:	N-052-007	*LICENSED BEDS**********LIMITED***												
Address	: 657 EISENHOWER	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LANSING, KS 66043-1913	Telephone	:	913-7276100	32	0	32	0	0	0	0						
Administrator	: DEBRA EYERLY	Fax	:	9137271722	***********CERTIFIED BEDS**********												
Bldg Owner	: CITY OF LANSING	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: TWIN OAKS ASSISTED LIVING OPERATION	HA08	Profit	Area : MH/RF													
Sublessee	:			County : LEAVENWORTH													
Management Firm	:				0	0	0	0									

Name	: THE WINDSOR OF LAWRENCE	State ID	:	N-023-017	*LICENSED BEDS**********LIMITED***												
Address	: 3220 PETERSON RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LAWRENCE, KS 66049-1942	Telephone	:	785-8329900	44	0	44	0	0	0	0						
Administrator	: AMY WHITAKER	Fax	:	7858329167	***********CERTIFIED BEDS**********												
Bldg Owner	: LAWRENCE ALF LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : DOUGLAS													
Management Firm	: WINDSOR SENIOR SERVICES LLC	JA08	Profit		0	0	0	0									

Name	: THE HOMESTEAD OF LEAVENWORTH	State ID	:	N-052-006	*LICENSED BEDS**********LIMITED***												
Address	: 5150 HUGHES ROAD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LEAVENWORTH, KS 66048	Telephone	:	913-7279600	46	0	46	0	0	0	0						
Administrator	: VICKY WALKER	Fax	:	9137279604	***********CERTIFIED BEDS**********												
Bldg Owner	: MIDWEST HOMESTEAD OF LEAVENWORT	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: MIDWEST HOMESTEAD OF LEAVENWORT	HA08	Profit	Area : MH/RF													
Sublessee	:			County : LEAVENWORTH													
Management Firm	:				0	0	0	0									

Name	: GRACE GARDENS OF LEAWOOD ASSISTE	State ID	:	N-046-065	*LICENSED BEDS**********LIMITED***												
Address	: 5201 W 143RD ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LEAWOOD, KS 66224	Telephone	:	913-6810800	90	0	63	27	0	0	0						
Administrator	: DALE SHAW	Fax	:	9136810833	***********CERTIFIED BEDS**********												
Bldg Owner	: GRACE GARDENS ALF OF LEAWOOD INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	: PROVIDENT GROUP INC	JA04	Profit		0	0	0	0									

Name	: THE LEGACY GARDENS OF LEAWOOD	State ID	:	N-046-039	*LICENSED BEDS**********LIMITED***												
Address	: 12720 STATELINE ROAD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LEAWOOD, KS 66209-1619	Telephone	:	913-6633351	44	0	44	0	0	0	0						
Administrator	: GINNY CROSS	Fax	:	9136632357	***********CERTIFIED BEDS**********												
Bldg Owner	: BLUE VALLEY APARTMENTS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	: MANAGEMENT COMPANY OF LEAWOOD L	JA08	Profit		0	0	0	0									

Name	: THE LEGACY GARDENS OF LENEXA	State ID	:	N-046-043	*LICENSED BEDS**********LIMITED***												
Address	: 8740 CAENEN LAKE ROAD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: LENEXA, KS 66215	Telephone	:	913-8940014	44	0	44	0	0	0	0						
Administrator	: JAMIE MCBEE	Fax	:	9133458858	***********CERTIFIED BEDS**********												
Bldg Owner	: BLUE VALLEY APARTMENTS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	: MANAGEMENT COMPANY OF LENEXA LLC	JA08	Profit		0	0	0	0									

Name	VINTAGE PARK OF LENEXA	State ID	N-046-037	*LICENSED BEDS**********LIMITED***									
Address	8710 CAENEN LAKE ROAD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	LENEXA, KS 66215-2069	Telephone	913-8946979	44	0	44	0	0	0	0			
Administrator	BELINDA VIERTHALER	Fax	9138940901	**********CERTIFIED BEDS**********									
Bldg Owner	VINTAGE PARK OF LENEXA LLC	GA08 Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			County : JOHNSON	0	0	0	0						
Sublessee													
Management Firm	VINTAGE PARK INC	JA04 Profit											

Name	LIBERAL SPRINGS	State ID	N-088-003	*LICENSED BEDS**********LIMITED***									
Address	1500 N TERRACE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	LIBERAL, KS 67901	Telephone	620-6248000	56	0	56	0	0	0	0			
Administrator	JOSEPH PATALANO JR	Fax	6206249513	**********CERTIFIED BEDS**********									
Bldg Owner	EMERITUS PROPERTIES XVI INC	GA04 Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			County : SEWARD	0	0	0	0						
Sublessee													
Management Firm													

Name	VINTAGE PARK OF LOUISBURG INC	State ID	N-061-008	*LICENSED BEDS**********LIMITED***									
Address	202 S ROGERS	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	LOUISBURG, KS 66053	Telephone	913-8375133	43	0	43	0	0	0	0			
Administrator	AVA PURVIS	Fax	9138375169	**********CERTIFIED BEDS**********									
Bldg Owner	VINTAGE PARK OF LOUSIBURG INC	GA04 Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			County : MIAMI	0	0	0	0						
Sublessee													
Management Firm	VINTAGE PARK INC	JA04 Profit											

Name	STONEYBROOK ASSISTED LIVING	State ID	N-081-007	*LICENSED BEDS**********LIMITED***									
Address	2029 LITTLE KITTEN AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	MANHATTAN, KS 66503-7545	Telephone	785-5371065	32	0	32	0	0	0	0			
Administrator	CYDNI WASHINGTION	Fax	7855370835	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF MANHATTAN	GD06 Govt.	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	STONEYBROOK ASSISTED LIVING OPERA	HA08 Profit	County : RILEY	0	0	0	0						
Sublessee													
Management Firm													

Name	THE HOMESTEAD OF MANHATTAN	State ID	N-081-006	*LICENSED BEDS**********LIMITED***									
Address	1923 LITTLE KITTEN AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	MANHATTAN, KS 66502-7545	Telephone	785-7761772	40	0	40	0	0	0	0			
Administrator	CYDNI WASHINGTON	Fax	7855659707	**********CERTIFIED BEDS**********									
Bldg Owner	MIDWEST HOMESTEAD OF MANHATTAN L	GA08 Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	MIDWEST HOMESTEAD OF MANHATTAN O	HA08 Profit	County : RILEY	0	0	0	0						
Sublessee													
Management Firm													

Name	ALTERRA STERLING HOUSE OF MCPHERSO	State ID	N-059-016	*LICENSED BEDS**********LIMITED***									
Address	1460 N MAIN	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	MCPHERSON, KS 67460-1902	Telephone	620-2416600	43	0	43	0	0	0	0			
Administrator	PATRICIA SODEN	Fax	6202417406	**********CERTIFIED BEDS**********									
Bldg Owner	CITY OF MCPHERSON	GD06 Govt.	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	KANSAS LTC CORPORATION	HA04 Profit	County : MCPHERSON	0	0	0	0						
Sublessee	ALTERRA HEALTHCARE CORPORATION	IA04 Profit											
Management Firm													

Name	: MISSION SPRINGS ASSISTED LIVING I	State ID	:	N-046-042	*LICENSED BEDS**********LIMITED***												
Address	: 5300 W 61ST PLACE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: MISSION, KS 66205	Telephone	:	913-6775433	48	0	48	0	0	0	0						
Administrator	: DIANE WINING	Fax	:	9136775423	**********CERTIFIED BEDS**********												
Bldg Owner	: HEALTH CARE PROPERTY INVESTORS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: WILCOX PROPERTIES OF MISSION LLC	HA08	Profit	Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	:				0	0	0	0									

Name	: MISSION SPRINGS ASSISTED LIVING II	State ID	:	N-046-044	*LICENSED BEDS**********LIMITED***												
Address	: 5350 WEST 61ST PLACE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: MISSION, KS 66205	Telephone	:	913-8317700	60	0	60	0	0	0	0						
Administrator	: GRACE GENTRY	Fax	:	9138317733	**********CERTIFIED BEDS**********												
Bldg Owner	: HEALTH CARE PROPERTY INVESTORS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: WILCOX PROPERTIES OF MISSION LLC	HA08	Profit	Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	:				0	0	0	0									

Name	: MARIA COURT	State ID	:	N-096-011	*LICENSED BEDS**********LIMITED***												
Address	: 633 E MAIN ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: MULVANE, KS 67110-1799	Telephone	:	316-7779917	44	0	44	0	0	0	0						
Administrator	: TICIA HUMAN (NACCARATO)	Fax	:	3167774090	**********CERTIFIED BEDS**********												
Bldg Owner	: CITY OF MULVANE	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: VILLA MARIA INC	HA05	Not For Profit	Area : MH/RF													
Sublessee	:			County : SUMNER													
Management Firm	:				0	0	0	0									

Name	: THE GRAN VILLAS	State ID	:	N-103-005	*LICENSED BEDS**********LIMITED***												
Address	: 400 FIR	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: NEODESHA, KS 66757-1298	Telephone	:	620-3252244	29	0	29	0	0	0	0						
Administrator	: TERRI M GREAVES	Fax	:	6203252762	**********CERTIFIED BEDS**********												
Bldg Owner	: CITY OF NEODESHA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: MEDICALODGES INC	HA04	Profit	Area : MH/RF													
Sublessee	:			County : WILSON													
Management Firm	:				0	0	0	0									

Name	: WHISPERING PINES ALF	State ID	:	N-069-010	*LICENSED BEDS**********LIMITED***												
Address	: 1001WEST HIGHWAY 36	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: NORTON, KS 67654	Telephone	:	785-8745500	30	0	30	0	0	0	0						
Administrator	: DOUGLAS M DAHMS	Fax	:	7858745501	**********CERTIFIED BEDS**********												
Bldg Owner	: NORTON RETIREMENT & ASSISTED LIVING	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : NORTON													
Management Firm	:				0	0	0	0									

Name	: VILLAGE EAST INC	State ID	:	N-044-004	*LICENSED BEDS**********LIMITED***												
Address	: 415 WALNUT PO BOX 346	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: NORTONVILLE, KS 66060-0346	Telephone	:	913-8866400	8	0	8	0	0	0	0						
Administrator	: SUZANNE MISENHELTER	Fax	:	9138868675	**********CERTIFIED BEDS**********												
Bldg Owner	: VILLAGE EAST INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JEFFERSON													
Management Firm	: SENIOR ADULT MANAGEMENT INC	JA04	Profit		0	0	0	0									

Name	: ALTERRA STERLING HOUSE OF OLATHE	State ID	:	N-046-038	*LICENSED BEDS**********LIMITED***										
Address	: 751 N SOMERSET TERRACE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OLATHE, KS 66062-5450	Telephone	:	913-8294663	44	0	44	0	0	0	0				
Administrator	: SAMANTHA MONTGOMERY	Fax	:	9138296495	**********CERTIFIED BEDS**********										
Bldg Owner	: ALS KANSAS I INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: ALTERRA HEALTHCARE CORPORATION	JA04	Profit		0	0	0	0							

Name	: ASSISTED LIFESTYLES	State ID	:	N-046-035	*LICENSED BEDS**********LIMITED***										
Address	: 625 LINCOLN AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OLATHE, KS 66061-2594	Telephone	:	913-8296920	47	0	47	0	0	0	0				
Administrator	: GARY AULL	Fax	:	9138296993	**********CERTIFIED BEDS**********										
Bldg Owner	: ASSISTED LIFESTYLES OF KANSAS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	:				0	0	0	0							

Name	: CEDAR LAKE VILLAGE	State ID	:	N-046-059	*LICENSED BEDS**********LIMITED***										
Address	: 15325 S LONE ELM RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OLATHE, KS 66061-5331	Telephone	:	913-7809916	48	0	48	0	0	0	0				
Administrator	: ALAN HIEB	Fax	:	9137688903	**********CERTIFIED BEDS**********										
Bldg Owner	: CEDAR LAKE VILLAGE INC	GA05	Not For Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: THE EV LUTHERAN GOOD SAMARITAN SO	JA05	Not For Profit		0	0	0	0							

Name	: THE LEGACY GARDEN OF OLATHE	State ID	:	N-046-040	*LICENSED BEDS**********LIMITED***										
Address	: 791 N SOMERSET TERRACE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OLATHE, KS 66062	Telephone	:	913-8291403	44	0	44	0	0	0	0				
Administrator	: JOSEPH PERKINS	Fax	:	9138294064	**********CERTIFIED BEDS**********										
Bldg Owner	: BLUE VALLEY APARTMENTS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: MANAGEMENT COMPANY OF OLATHE LLC	JA08	Profit		0	0	0	0							

Name	: REDBUD PLAZA	State ID	:	N-075-007	*LICENSED BEDS**********LIMITED***										
Address	: 205 WEST 9TH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: ONAGA, KS 66571	Telephone	:	785-8894142	56	0	56	0	0	0	0				
Administrator	: LINDA WERREN	Fax	:	7858894172	**********CERTIFIED BEDS**********										
Bldg Owner	: COMMUNITY HOSPITAL DISTRICT NO. 1	GA05	Not For Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: COMMUNITY HOSPITAL ONAGA INC	HA05	Not For Profit	Area : MH/RF											
Sublessee	:			County : POTTAWATOMIE											
Management Firm	:				0	0	0	0							

Name	: PETERSON ASSISTED LIVING	State ID	:	N-070-007	*LICENSED BEDS**********LIMITED***										
Address	: 629 HOLLIDAY	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OSAGE CITY, KS 66523-1138	Telephone	:	785-5283301	28	0	28	0	0	0	0				
Administrator	: BETTY WRIGHT	Fax	:	7855283501	**********CERTIFIED BEDS**********										
Bldg Owner	: PETERSON'S ASSISTED LIVING INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: CRYSTAL CARE CENTERS INC	HA04	Profit	Area : MH/RF											
Sublessee	:			County : OSAGE											
Management Firm	:				0	0	0	0							

Name	: THE GRAN VILLAS	State ID	:	N-070-006	*LICENSED BEDS**********LIMITED***										
Address	: 1403 LAING	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OSAGE CITY, KS 66523	Telephone	:	785-5285095	25	0	25	0	0	0	0				
Administrator	: LINDA DEVIN	Fax	:	7855284263	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF OSAGE CITY	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: MEDCIALODGES INC	HA04	Profit	Area : MH/RF											
Sublessee	:			County : OSAGE											
Management Firm	:				0	0	0	0							

Name	: VINTAGE PARK OF OSAWATOMIE	State ID	:	N-061-009	*LICENSED BEDS**********LIMITED***										
Address	: 1520 PARKER AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OSAWATOMIE, KS 66064	Telephone	:	913-7552167	40	0	40	0	0	0	0				
Administrator	: BARBARA FAUST	Fax	:		**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF OSAWATOMIE	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: VINTAGE OF OSAWATOMIE LLC	HA08	Profit	Area : MH/RF											
Sublessee	:			County : MIAMI											
Management Firm	: VINTAGE PARK INC	JA04	Profit		0	0	0	0							

Name	: OTTAWA RETIREMENT PLAZA	State ID	:	N-030-006	*LICENSED BEDS**********LIMITED***										
Address	: 1042 W 15TH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OTTAWA, KS 66067-3998	Telephone	:	785-2421127	44	0	44	0	0	0	0				
Administrator	: TONI NUTT	Fax	:		**********CERTIFIED BEDS**********										
Bldg Owner	: OTTAWA RETIREMENT PLAZA INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : FRANKLIN											
Management Firm	:				0	0	0	0							

Name	: BROOKSIDE ASSISTED LIVING	State ID	:	N-070-008	*LICENSED BEDS**********LIMITED***										
Address	: 702 W 7TH PO BOX 308	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OVERBROOK, KS 66524-0308	Telephone	:	785-6653246	22	0	22	0	0	0	0				
Administrator	: KATHY LENTZ	Fax	:	7856653247	**********CERTIFIED BEDS**********										
Bldg Owner	: K & E HEALTH MANAGEMENT INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: BROOKSIDE ASSISTED LIVING OPERATIO	HA08	Profit	Area : MH/RF											
Sublessee	:			County : OSAGE											
Management Firm	:				0	0	0	0							

Name	: EPOCH ASSISTED LIVING OF OVERLAND P	State ID	:	N-046-048	*LICENSED BEDS**********LIMITED***										
Address	: 9201 FOSTER	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OVERLAND PARK, KS 66212	Telephone	:	913-3852052	124	0	124	0	0	0	0				
Administrator	: KATHY GREEN	Fax	:	9133851354	**********CERTIFIED BEDS**********										
Bldg Owner	: EPOCH SL VI INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: ESL MANAGEMENT COMPANY	JA04	Profit		0	0	0	0							

Name	: LAMAR COURT	State ID	:	N-046-051	*LICENSED BEDS**********LIMITED***										
Address	: 11909 LAMAR	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: OVERLAND PARK, KS 66209	Telephone	:	913-9069696	100	0	100	0	0	0	0				
Administrator	: A. MILES NEASE	Fax	:	9139069955	**********CERTIFIED BEDS**********										
Bldg Owner	: TMB SERVICE CORP	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: TUTERA HEALTH CARE SERVICES LLC	JA08	Profit		0	0	0	0							

Name	: STRATFORD COMMONS	State ID	:	N-046-045	*LICENSED BEDS**********LIMITED***												
Address	: 12340 QUIVIRA RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: OVERLAND PARK, KS 66213-2408	Telephone	:	913-8510215	57	0	57	0	0	0	0						
Administrator	: SHELLEY VOTH	Fax	:	9138518675	**********CERTIFIED BEDS**********												
Bldg Owner	: COLUMBIA HEALTH FACILITIES CAMBRIDG	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	:				0	0	0	0									

Name	: THE ROSE ESTATES	State ID	:	N-046-060	*LICENSED BEDS**********LIMITED***												
Address	: 12700 ANTIOCH ROAD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: OVERLAND PARK, KS 66213-2723	Telephone	:	913-8259600	80	0	80	0	0	0	0						
Administrator	: KENT SCHMIDT	Fax	:	9138259601	**********CERTIFIED BEDS**********												
Bldg Owner	: THE ROSE ESTATES LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : JOHNSON													
Management Firm	: GENERATIONS LLC	JA08	Profit		0	0	0	0									

Name	: VINTAGE PARK OF PAOLA LLC	State ID	:	N-069-009	*LICENSED BEDS**********LIMITED***												
Address	: 601 N EAST ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: PAOLA, KS 66071-1183	Telephone	:	913-5570202	40	0	40	0	0	0	0						
Administrator	: CHRISTINA RHOADES	Fax	:	9132945187	**********CERTIFIED BEDS**********												
Bldg Owner	: VINTAGE PARK OF PAOLA LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	:			Area : MH/RF													
Sublessee	:			County : MIAMI													
Management Firm	: VINTAGE PARK INC	JA04	Profit		0	0	0	0									

Name	: WOODRIDGE ESTATES	State ID	:	N-050-011	*LICENSED BEDS**********LIMITED***												
Address	: 329 N KAY LANE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: PARSONS, KS 67357-0329	Telephone	:	620-4214700	39	0	39	0	0	0	0						
Administrator	: ELIZABETH SPRIGGS	Fax	:	6204212666	**********CERTIFIED BEDS**********												
Bldg Owner	: CITY OF PARSONS	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: WOODRIDGE ESTATES LLC	HA08	Profit	Area : MH/RF													
Sublessee	:			County : LABETTE													
Management Firm	:				0	0	0	0									

Name	: VINTAGE PLACE OF PITTSBURG	State ID	:	N-019-009	*LICENSED BEDS**********LIMITED***												
Address	: 1004 E CENTENNIAL	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: PITTSBURG, KS 66762-6603	Telephone	:	620-2314554	34	0	34	0	0	0	0						
Administrator	: BETTY JONES	Fax	:	6202311156	**********CERTIFIED BEDS**********												
Bldg Owner	: MEDICALODGES INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: VINTAGE PLACE OF PITTSBURG INC	HA04	Profit	Area : MH/RF													
Sublessee	:			County : CRAWFORD													
Management Firm	: VINTAGE GROUP INC	JA04	Profit		0	0	0	0									

Name	: PARKWOOD VILLAGE	State ID	:	N-076-003	*LICENSED BEDS**********LIMITED***												
Address	: 401 ROCHESTER	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH						
City	: PRATT, KS 67124-2900	Telephone	:	620-6725541	56	0	56	0	0	0	0						
Administrator	: KELLY THOMAS	Fax	:	6206722123	**********CERTIFIED BEDS**********												
Bldg Owner	: CITY OF PRATT	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR									
Lessee	: COVENANT HOUSING CORPORATION	HA05	Not For Profit	Area : MH/RF													
Sublessee	:			County : PRATT													
Management Firm	: WINDSOR SENIOR SERVICES LLC	JA08	Profit		0	0	0	0									

Name	: VINTAGE PLACE OF RUSSELL INC	State ID	:	N-084-007	*LICENSED BEDS*********LIMITED***										
Address	: 1070 E WICHITA AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: RUSSELL, KS 67665-2452	Telephone	:	785-4835882	35	0	35	0	0	0	0				
Administrator	: JERI WILLSON	Fax	:	7854832797	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF RUSSELL	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: VINTAGE PLACE OF RUSSELL INC	HA04	Profit	Area : MH/RF											
Sublessee	:			County : RUSSELL											
Management Firm	: VINTAGE GROUP INC	JA04	Profit		0	0	0	0							

Name	: ALTERRA STERLING HOUSE OF FAIRDALE	State ID	:	N-085-010	*LICENSED BEDS*********LIMITED***										
Address	: 2251 E CRAWFORD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: SALINA, KS 67401	Telephone	:	785-8238600	55	0	55	0	0	0	0				
Administrator	: AMY BAYER-WILKERSON	Fax	:	7858237031	**********CERTIFIED BEDS**********										
Bldg Owner	: NATIONWIDE HEALTH PROPERTIES INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	:			County : SALINE											
Management Firm	:				0	0	0	0							

Name	: ALTERRA STERLING HOUSE OF SALINA	State ID	:	N-085-009	*LICENSED BEDS*********LIMITED***										
Address	: 1200 E KIRWIN AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: SALINA, KS 67401-6300	Telephone	:	785-8258200	43	0	43	0	0	0	0				
Administrator	: DAWN JENNINGS	Fax	:	7858258284	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF SALINA	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: KANSAS LTC CORPORATION	HA04	Profit	Area : MH/RF											
Sublessee	: ALTERRA HEALTHCARE CORPORATION	IA04	Profit	County : SALINE											
Management Firm	:				0	0	0	0							

Name	: EAGLECREST RETIREMENT COMMUNITY	State ID	:	N-085-012	*LICENSED BEDS*********LIMITED***										
Address	: 1501 EAST MAGNOLIA RD	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: SALINA, KS 67401	Telephone	:	785-3091501	44	0	44	0	0	0	0				
Administrator	: MARSHA STEWART	Fax	:	7853091502	**********CERTIFIED BEDS**********										
Bldg Owner	: EAGLECREST LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : SALINE											
Management Firm	: EXCEL HEALTH SERVICES INC	JA04	Profit		0	0	0	0							

Name	: SHAWNEE HEARTLAND	State ID	:	N-046-056	*LICENSED BEDS*********LIMITED***										
Address	: 16207 MIDLAND DR	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: SHAWNEE, KS 66219	Telephone	:	913-2623756	55	0	55	0	0	0	0				
Administrator	: CARRIE CHRISTINE MCKINNEY	Fax	:	9137898989	**********CERTIFIED BEDS**********										
Bldg Owner	: HEARTLAND ASSISTED LIVING INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : JOHNSON											
Management Firm	: HEARTLAND GROUP MANAGEMENT LLC	JA04	Profit		0	0	0	0							

Name	: ATRIA HEARTHSTONE EAST	State ID	:	N-089-063	*LICENSED BEDS*********LIMITED***										
Address	: 3415 SW 6TH AVENUE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: TOPEKA, KS 66606-1900	Telephone	:	785-2346806	98	0	98	0	0	0	0				
Administrator	: KAREN OLSON	Fax	:	7852355709	**********CERTIFIED BEDS**********										
Bldg Owner	: A2002 SENIOR LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			Area : MH/RF											
Sublessee	:			County : SHAWNEE											
Management Firm	: ATRIA MANAGEMENT COMPANY LLC	JA04	Profit		0	0	0	0							

Name	ATRIA HEARTHSTONE WEST	State ID	N-089-030	*LICENSED BEDS*********LIMITED***									
Address	3515 SW 6TH AVE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	TOPEKA, KS 66606-1900	Telephone	785-2346225	71	0	71	0	0	0	0			
Administrator	DAVID WILLIAMS	Fax	7852344002	**********CERTIFIED BEDS**********									
Bldg Owner	A98 SENIOR LLC	GA08 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area : MH/RF	0	0	0	0						
Sublessee			County : SHAWNEE										
Management Firm	ATRIA MANAGEMENT COMPANY LLC	JA08 Profit											

Name	LEXINGTON PARK ASSISTED LIVING	State ID	N-089-041	*LICENSED BEDS*********LIMITED***									
Address	1021 SW FLEMING COURT	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	TOPEKA, KS 66604-1851	Telephone	785-4400399	60	0	60	0	0	0	0			
Administrator	JOLEEN KLAUSMAN	Fax	7854400498	**********CERTIFIED BEDS**********									
Bldg Owner	LEXINGTON PARK LLC	GA08 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	LEXINGTON PARK ASSISTED LIVING OPERA	HA08 Profit	Area : MH/RF	0	0	0	0						
Sublessee			County : SHAWNEE										
Management Firm													

Name	ROLLING HILLS ASSISTED LIVING APTS	State ID	N-089-036	*LICENSED BEDS*********LIMITED***									
Address	2410 SW URISH RD	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	TOPEKA, KS 66614-4347	Telephone	785-2712496	34	0	34	0	0	0	0			
Administrator	ED SCHULTE	Fax		**********CERTIFIED BEDS**********									
Bldg Owner	ROLLING HILLS HEALTH CENTER INC	GA04 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	ROLLING HILLS ASSISTED LIVING OPERAT	HA08 Profit	Area : MH/RF	0	0	0	0						
Sublessee			County : SHAWNEE										
Management Firm													

Name	THE LEGACY GARDENS OF TOPEKA	State ID	N-089-035	*LICENSED BEDS*********LIMITED***									
Address	5820 SW DRURY LANE	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	TOPEKA, KS 66604-2262	Telephone	785-2722200	44	0	44	0	0	0	0			
Administrator	SUSAN BULLOCK	Fax	7852723862	**********CERTIFIED BEDS**********									
Bldg Owner	BLUE VALLEY APARTMENTS INC	GA04 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area : MH/RF	0	0	0	0						
Sublessee			County : SHAWNEE										
Management Firm	MANAGEMENT COMPANY OF TOPEKA LLC	JA08 Profit											

Name	PARK VIEW ASSISTED LIVING	State ID	N-034-002	*LICENSED BEDS*********LIMITED***									
Address	750 NORTH MISSOURI ST	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	ULYSSES, KS 67880	Telephone	620-4242000	24	0	24	0	0	0	0			
Administrator	MARCY STRINGHAM	Fax	6204243699	**********CERTIFIED BEDS**********									
Bldg Owner	GRANT COUNTY KANSAS	GA06 Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee			Area : MH/RF	0	0	0	0						
Sublessee			County : GRANT										
Management Firm													

Name	LINNWOOD PLACE INC	State ID	N-044-005	*LICENSED BEDS*********LIMITED***									
Address	1509 LINN	Federal Provider		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH			
City	VALLEY FALLS, KS 66088-1185	Telephone	785-9453634	15	0	15	0	0	0	0			
Administrator	ROBERT ZIEG	Fax	7859453647	**********CERTIFIED BEDS**********									
Bldg Owner	AGAPE PROPERTIES LLC	GA08 Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR						
Lessee	LINNWOOD PLACE INC	HA04 Profit	Area : MH/RF	0	0	0	0						
Sublessee			County : JEFFERSON										
Management Firm													

Name	: THE GRAN VILLAS	State ID	:	N-075-006	*LICENSED BEDS*********LIMITED***								
Address	: 1607 4TH STREET	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WAMEGO, KS 66547	Telephone	:	785-4568997	36	0	36	0	0	0	0		
Administrator	: JAN DEBORD	Fax	:	7854568796	**********CERTIFIED BEDS**********								
Bldg Owner	: CITY OF WAMEGO	GD06	Govt.		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: MEDICALODGES INC	HA04	Profit	Area : MH/RF									
Sublessee	:			County : POTTAWATOMIE									
Management Firm	:				0	0	0	0					
Name	: ALTERRA STERLING HOUSE OF WELLINGT	State ID	:	N-096-009	*LICENSED BEDS*********LIMITED***								
Address	: 500 N PLUM	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WELLINGTON, KS 67152-3556	Telephone	:	620-3263031	34	0	34	0	0	0	0		
Administrator	: TIFFANY SPORN	Fax	:	6203266115	**********CERTIFIED BEDS**********								
Bldg Owner	: JER/NHP SENIOR LIVING KANSAS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: ASSISTED LIVING PROPERTIES INC	HA04	Profit	Area : MH/RF									
Sublessee	:			County : SUMNER									
Management Firm	: ALTERRA HEALTHCARE CORPORATION	JA04	Profit		0	0	0	0					
Name	: ALTERRA STERLING HOUSE OF WICHITA	State ID	:	N-087-037	*LICENSED BEDS*********LIMITED***								
Address	: 8600 E 21ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WICHITA, KS 67206-2931	Telephone	:	316-6843100	34	0	34	0	0	0	0		
Administrator	: JEFF BIRNBAUM	Fax	:	3166846611	**********CERTIFIED BEDS**********								
Bldg Owner	: AHC PURCHASER INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: ALTERRA HEALTHCARE CORPORATION	HA04	Profit	Area : MH/RF									
Sublessee	:			County : SEDGWICK									
Management Firm	:				0	0	0	0					
Name	: CHAUCER ESTATES LLC	State ID	:	N-087-048	*LICENSED BEDS*********LIMITED***								
Address	: 10550 E 21ST ST NORTH	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WICHITA, KS 67226	Telephone	:	316-6308111	90	0	90	0	0	0	0		
Administrator	: KENT SCHMIDT	Fax	:	3166306198	**********CERTIFIED BEDS**********								
Bldg Owner	: CHAUCER ESTATES LLC	GA08	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	:			Area : MH/RF									
Sublessee	:			County : SEDGWICK									
Management Firm	: SCHMIDT ENTERPRISES INC	JA04	Profit		0	0	0	0					
Name	: CHERRY CREEK VILLAGE RETIREMENT C	State ID	:	N-087-043	*LICENSED BEDS*********LIMITED***								
Address	: 8200 E PAWNEE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WICHITA, KS 67207	Telephone	:	316-6840905	110	0	110	0	0	0	0		
Administrator	: ELAINE MCDANIEL	Fax	:	3166912622	**********CERTIFIED BEDS**********								
Bldg Owner	: HEALTH CARE PROPERTY INVESTORS INC	GA04	Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: IHS ACQUISTIONS #157 INC	HA04	Profit	Area : MH/RF									
Sublessee	: THI OF KANSAS OF CHERRY CREEK LLC	JA08	Profit	County : SEDGWICK									
Management Firm	:				0	0	0	0					
Name	: CORNERSTONE ASSISTED LIVING INC	State ID	:	N-087-041	*LICENSED BEDS*********LIMITED***								
Address	: 1240 N BROADMOOR AVE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH		
City	: WICHITA, KS 67206-3869	Telephone	:	316-6365101	40	0	40	0	0	0	0		
Administrator	: ELLIE GARRETT	Fax	:		**********CERTIFIED BEDS**********								
Bldg Owner	: VIA CHRISTI SENIOR SERVICES INC INC	GA05	Not For Profit		MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR					
Lessee	: CORNERSTONE ASSISTED LIVING INC	HA05	Not For Profit	Area : MH/RF									
Sublessee	:			County : SEDGWICK									
Management Firm	:				0	0	0	0					

Name	: CORNERSTONE RIDGE PLAZA	State ID	:	N-087-057	*LICENSED BEDS*********LIMITED***										
Address	: 3636 NORTH RIDGE RD BLDG #400	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67205	Telephone	:	316-4623636	72	0	72	0	0	0	0				
Administrator	: LISA MAXWELL	Fax	:	3164623676	**********CERTIFIED BEDS**********										
Bldg Owner	: CORNERSTONE ASSISTED LIVING INC	GA05	Not For Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			County :											
Sublessee	:			SEDGWICK											
Management Firm	: VIA CHRISTI SENIOR SERVICES	JA05	Not For Profit		0	0	0	0							

Name	: GEORGETOWN VILLAGE INC	State ID	:	N-087-051	*LICENSED BEDS*********LIMITED***										
Address	: 1655 GEORGETOWN ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67218-4120	Telephone	:	316-6850400	80	0	80	0	0	0	0				
Administrator	: MAGGIE RADER	Fax	:	3166850174	**********CERTIFIED BEDS**********										
Bldg Owner	: GEORGETOWN VILLAGE INC	GA05	Not For Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			County :											
Sublessee	:			SEDGWICK											
Management Firm	: VIA CHRISTI SENIOR SERVICES INC	JA05	Not For Profit		0	0	0	0							

Name	: KENNETH L CALDWELL ASSISTED LIVING M	State ID	:	N-087-055	*LICENSED BEDS*********LIMITED***										
Address	: 400 S MARTINSON	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67213-5514	Telephone	:	316-2670271	60	0	60	0	0	0	0				
Administrator	: MARLA CARRUTH	Fax	:	3162672199	**********CERTIFIED BEDS**********										
Bldg Owner	: CITY OF WICHITA	GA06	Govt.	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	: KANSAS MASONIC HOME	HA05	Not For Profit	County :											
Sublessee	:			SEDGWICK											
Management Firm	:				0	0	0	0							

Name	: SEDGWICK PLAZA	State ID	:	N-087-033	*LICENSED BEDS*********LIMITED***										
Address	: 2455 N WOODLAWN ST	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67220-3950	Telephone	:	316-6873741	35	0	35	0	0	0	0				
Administrator	: KIM SANDERS	Fax	:	3166873067	**********CERTIFIED BEDS**********										
Bldg Owner	: CAPITAL SENIOR LIVING A INC	GA04	Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			County :											
Sublessee	:			SEDGWICK											
Management Firm	: CAPITAL SENIOR LIVING A INC	JA04	Profit		0	0	0	0							

Name	: THE VYNE AT MEADOWS PARK	State ID	:	N-087-042	*LICENSED BEDS*********LIMITED***										
Address	: 12221 W MAPLE	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67235	Telephone	:	316-7292400	43	0	43	0	0	0	0				
Administrator	: CATHY PILAND	Fax	:	3167292403	**********CERTIFIED BEDS**********										
Bldg Owner	: THE VYNE CORPORATION	GA04	Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			County :											
Sublessee	:			SEDGWICK											
Management Firm	: UNITED RESOURCE MANAGEMENT LLC	JA08	Profit		0	0	0	0							

Name	: WATERFRONT INN ASSISTED LIVING	State ID	:	N-087-039	*LICENSED BEDS*********LIMITED***										
Address	: 900 N BAYSHORE DR	Federal Provider	:		LICENSED	NF	ALF	RHCF	NFMH	ADC	BCH				
City	: WICHITA, KS 67212	Telephone	:	316-9453344	40	0	40	0	0	0	0				
Administrator	: TY MCMAHON	Fax	:	3169459296	**********CERTIFIED BEDS**********										
Bldg Owner	: GENE & MARIE MILES	GA01	Profit	Area : MH/RF	MEDICARE SNF ONLY	MEDICARE MEDICAID SNF/NF	MEDICAID NF ONLY	MEDICAID IMR							
Lessee	:			County :											
Sublessee	:			SEDGWICK											
Management Firm	:				0	0	0	0							