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| Name | COUNTRYSIDE HOME INC | State ID | N-021-006 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 2454 HWY 15 NORTH | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | ABILENE, KS 67410-6077 | Telephone | (785) 263-7197 | 16 | 0 | 0 | 16 | 0 | 0 | 0 | | | |
| Administrator | PAMELA MARTIN | Fax | (785) 263-9885 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | COUNTRYSIDE HOME 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 : DICKINSON | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | THE AUTUMN PLACE | State ID | N-011-008 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 120 AARON LANE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | BAXTER SPRINGS, KS 66713-1200 | Telephone | (620) 856-3999 | 37 | 0 | 0 | 37 | 0 | 0 | 0 | | | |
| Administrator | CARRIE E CARSON HOMER | Fax | (620) 856-2488 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | AUTUMN HOME CARE FACILITIES INC | GA08 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : CHEROKEE | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | GUEST HOME ESTATES | State ID | N-063-013 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 400 S MCGEE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | CANEY, KS 67333-2157 | Telephone | (620) 879-5199 | 34 | 0 | 0 | 34 | 0 | 0 | 0 | | | |
| Administrator | SHERRI MCBRIDE | Fax | (620) 879-5291 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | STALWART ENTERPRISES LLC | GA08 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | LIGHTNING CREEK INVESTMENT GROUP I | HA04 Profit | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : MONTGOMERY | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | GUEST HOME ESTATES II | State ID | N-067-009 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 1202 S PLUMMER | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | CHANUTE, KS 66720 | Telephone | (620) 431-9509 | 34 | 0 | 0 | 34 | 0 | 0 | 0 | | | |
| Administrator | SONJA A EMERSON | Fax | (620) 431-0471 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | GUEST HOME ESTATES OF CHANUTE INC | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | LIGHTNING CREEK INVESTMENT GROUP I | HA04 Profit | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : NEOSHO | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | GUEST HOME ESTATES III | State ID | N-067-008 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 7440 220TH RD | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | CHANUTE, KS 66720 | Telephone | (620) 431-7115 | 25 | 0 | 0 | 25 | 0 | 0 | 0 | | | |
| Administrator | LORETTA A WALKER | Fax | (620) 431-3110 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | GUEST HOME ESTATES OF CHANUTE INC | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | LIGHTNING CREEK INVESTMENT GROUP I | HA04 Profit | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : NEOSHO | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | ASBURY VILLAGE | State ID | N-063-012 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 3800 ASBURY DR | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | COFFEYVILLE, KS 67337-0337 | Telephone | (620) 251-6270 | 32 | 0 | 0 | 32 | 0 | 0 | 0 | | | |
| Administrator | RICHARD PATTERSON | Fax | (620) 251-4770 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | CONVENANT HOUSING CORPORATION | GA05 Not For Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : MONTGOMERY | | | | | | | | | | |
| Management Firm | WINDSOR SENIOR SERVICES LLC | JA08 Profit | | | | | | | | | | | |

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| Name | : THE AUTUMN PLACE | State ID | : | N-011-007 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 311 SOUTH E AVENUE | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : COLUMBUS, KS 66725-2181 | Telephone | : | (620) 429-1011 | 60 | 0 | 0 | 60 | 0 | 0 | 0 | | |
| Administrator | : CONNIE BENNETT | Fax | : | (620) 429-1389 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : AUTUMN HOME CARE FACILITIES INC | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | |
| Sublessee | : | | | County : CHEROKEE | | | | | | | | | |
| Management Firm | : | | | | | | | | | | | | |

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| Name | : VINTAGE PLACE OF ELDORADO | State ID | : | N-008-009 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 1650 EAST 12TH AVENUE | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : EL DORADO, KS 67042 | Telephone | : | (316) 321-7777 | 48 | 0 | 0 | 48 | 0 | 0 | 0 | | |
| Administrator | : SUSAN E ZUKEL | Fax | : | (316) 321-6115 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : VINTAGE PLACE OF ELDORADO 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 : BUTLER | | | | | | | | | |
| Management Firm | : VINTAGE GROUP INC | JA04 | Profit | | | | | | | | | | |

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| Name | : GUEST HOME ESTATES VIII | State ID | : | N-067-001 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 330 N MAIN ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : ERIE, KS 66733-1128 | Telephone | : | (620) 244-5301 | 23 | 0 | 0 | 23 | 0 | 0 | 0 | | |
| Administrator | : MINNA FLORENCE | Fax | : | (620) 244-5482 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : GUEST HOME ESTATES OF ERIE LLC | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : LIGHTNING CREEK INVESTMENT GROUP I | HA04 | Profit | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | |
| Sublessee | : | | | County : NEOSHO | | | | | | | | | |
| Management Firm | : | | | | | | | | | | | | |

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| Name | : GUEST HOME ESTATES VI | State ID | : | N-006-001 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 737 HEYLMAN ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : FORT SCOTT, KS 66701-2421 | Telephone | : | (620) 223-1620 | 32 | 0 | 0 | 32 | 0 | 0 | 0 | | |
| Administrator | : CYNTHIA L. LIPE | Fax | : | (620) 223-0942 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : GUEST HOME ESTATES OF FORT SCOTT L | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | |
| Sublessee | : | | | County : BOURBON | | | | | | | | | |
| Management Firm | : | | | | | | | | | | | | |

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| Name | : GUEST HOME ESTATES VII | State ID | : | N-002-001 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 905 W 7TH | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : GARNETT, KS 66032-2415 | Telephone | : | (785) 448-6884 | 27 | 0 | 0 | 27 | 0 | 0 | 0 | | |
| Administrator | : DONNA FICARA | Fax | : | (785) 448-3377 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : GUEST HOME ESTATES OF GARNETT | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : LIGHTNING CREEK INVESTMENT GROUP I | HA04 | Profit | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | |
| Sublessee | : | | | County : ANDERSON | | | | | | | | | |
| Management Firm | : | | | | | | | | | | | | |

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| Name | : ARROWOOD LANE | State ID | : | N-001-007 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 615 E FRANKLIN | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : HUMBOLDT, KS 66748 | Telephone | : | (620) 473-3456 | 26 | 0 | 0 | 26 | 0 | 0 | 0 | | |
| Administrator | : PEGGY STRONG | Fax | : | (620) 473-3803 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : HUMBOLDT 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 : ALLEN | | | | | | | | | |
| Management Firm | : | | | | | | | | | | | | |

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| Name | GOLDEN YEARS SENIOR CARE HOME | State ID | N-078-014 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 414 EAST 1ST BOX A | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | HUTCHINSON, KS 67501 | Telephone | (620) 662-8519 | 9 | 0 | 0 | 9 | 0 | 0 | 0 | | | |
| Administrator | LELA JENKS | Fax | | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | LELA MARIE JENKS | GA01 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : RENO | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | PHEASANT ACRES | State ID | N-078-018 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 2813 S BROADACRES RD | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | HUTCHINSON, KS 67501-7811 | Telephone | (620) 663-3096 | 59 | 0 | 0 | 59 | 0 | 0 | 0 | | | |
| Administrator | BRENDA SHUFF | Fax | (620) 665-6334 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | MANOR OF HUTCHINSON 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 : RENO | | | | | | | | | | |
| Management Firm | SENIOR ADULT MANAGEMENT INC | JA04 Profit | | | | | | | | | | | |

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| Name | EAGLE ESTATES INC | State ID | N-063-011 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 1354 TAYLOR RD | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | INDEPENDENCE, KS 67301 | Telephone | (620) 331-1662 | 45 | 0 | 0 | 45 | 0 | 0 | 0 | | | |
| Administrator | JENNIFER JARNAGIN | Fax | (620) 331-0720 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | EAGLE ESTATES 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 : MONTGOMERY | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | GANSEL HOUSE LLC | State ID | N-063-014 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 3768 CR 5250 | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | INDEPENDENCE, KS 67301-9141 | Telephone | (620) 331-7422 | 11 | 0 | 0 | 11 | 0 | 0 | 0 | | | |
| Administrator | BEVERLY ZEMLOCK | Fax | (620) 331-7161 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | ANTON & BEVERLY ZEMLOCK | GA01 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | |
| Lessee | | | Area : MH/RF | 0 | 0 | 0 | 0 | | | | | | |
| Sublessee | | | County : MONTGOMERY | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | FOUNTAIN VILLA | State ID | N-001-006 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 2620 N KENTUCKY | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | IOLA, KS 66749-1968 | Telephone | (620) 365-6002 | 42 | 0 | 0 | 42 | 0 | 0 | 0 | | | |
| Administrator | JOE MONSOUR | Fax | (620) 365-3510 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | FOUNTAIN VILLA 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 : ALLEN | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | GUEST HOME ESTATES V | State ID | N-001-001 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 1336 N WALNUT RD E | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | IOLA, KS 66749-1651 | Telephone | (620) 365-6989 | 60 | 0 | 0 | 60 | 0 | 0 | 0 | | | |
| Administrator | BETSY STEPHENS | Fax | (620) 365-5780 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | GUEST HOME ESTATES OF IOLA 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 : ALLEN | | | | | | | | | | |
| Management Firm | | | | | | | | | | | | | |

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| Name | TARA GARDENS INC | State ID | N-001-005 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 1110 E CARPENTER | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | IOLA, KS 66749 | Telephone | (620) 365-3107 | 25 | 0 | 0 | 25 | 0 | 0 | 0 | | | |
| Administrator | PEGGY STRONG | Fax | (620) 365-5267 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | TARA GARDENS INC | GA04 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | | | | County : ALLEN | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | VINTAGE APARTMENT MANAGEMENT CO | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |

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| Name | SWAN MANOR ESTATES | State ID | N-054-004 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 209 N BROADWAY | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | LA CYGNE, KS 66040 | Telephone | (913) 757-4415 | 36 | 0 | 0 | 36 | 0 | 0 | 0 | | | |
| Administrator | JOHNNYE LANE | Fax | (913) 757-4870 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | SWAN MANOR INC | GA05 | Not For Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | LRA MANAGEMENT INC | HA04 | Profit | County : LINN | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | ALTERRA CLARE BRIDGE OF LEAWOOD | State ID | N-046-052 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 12724 STATELINE ROAD | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | LEAWOOD, KS 66209 | Telephone | (913) 345-8808 | 38 | 0 | 0 | 38 | 0 | 0 | 0 | | | |
| Administrator | REBECCA BRUNS | Fax | (913) 345-8858 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | AHC BORROWER I INC | GA04 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | | | | County : JOHNSON | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | ALTERRA HEALTHCARE CORPORATION | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |

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| Name | HILLTOP | State ID | N-070-009 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 131 W 14TH STREET | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | LYNDON, KS 66451 | Telephone | (785) 828-3111 | 34 | 0 | 8 | 26 | 0 | 0 | 0 | | | |
| Administrator | GWEN LOHMEYER | Fax | (785) 828-4563 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | LOHMEYER HILLTOP LLC | GA08 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | | | | County : OSAGE | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | ANGEL ARMS | State ID | N-059-017 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 1318 OAKLANE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | MCPHERSON, KS 67460-2522 | Telephone | (620) 245-0848 | 23 | 0 | 0 | 23 | 0 | 0 | 0 | | | |
| Administrator | ANN JORDAN | Fax | (620) 241-1074 | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | MERLIN AND IMOJEAN FRANTZ | GA01 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | D & P INC | HA04 | Profit | County : MCPHERSON | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | MILTONVALE MANOR RESIDENTIAL CARE | State ID | N-015-007 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | |
| Address | 110 SPRUCE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | MILTONVALE, KS 67466-0322 | Telephone | (785) 427-2466 | 8 | 0 | 0 | 8 | 0 | 0 | 0 | | | |
| Administrator | LARRY CYR | Fax | | **********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | CITY OF MILTONVALE | GD06 | Govt. | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | MILTONVALE MANOR INC | HA05 | Not For Profit | County : CLOUD | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | OSWEGO HOME PLACE INC | State ID | N-050-010 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 1010 COMMERCIAL | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | OSWEGO, KS 67356-9013 | Telephone | (620) 795-4750 | 30 | 0 | 0 | 30 | 0 | 0 | 0 | | | |
| Administrator | IRENE SMITH | Fax | (620) 795-3068 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | OSWEGO NURSING LLC | GA08 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | | | | County : LABETTE | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | AMERICARE SYSTEMS INC | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |

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| Name | VILLAGE WEST | State ID | N-030-007 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 1527 S TWYMAN ST | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | OTTAWA, KS 66067-3998 | Telephone | (785) 242-9378 | 44 | 0 | 0 | 44 | 0 | 0 | 0 | | | |
| Administrator | TERESA COOVER | Fax | (913) 242-2278 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | OTTAWA SERVICES LP | GA04 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | OTTAWA MEDICAL SERVICES INC | HA04 | Profit | County : FRANKLIN | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | ASHFORD PLACE | State ID | N-046-050 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 10665 BARKLEY | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | OVERLAND PARK, KS 66212 | Telephone | (913) 642-5400 | 100 | 0 | 0 | 100 | 0 | 0 | 0 | | | |
| Administrator | JENNIFER FINCH | Fax | (913) 642-3488 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | HEALTH CARE PROPERTY INVESTORS INC | GA04 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | WILCOX PROPERTIES OF OVERLAND PAR | HA08 | Profit | County : JOHNSON | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | CYPRESS COURT OF OVERLAND PARK | State ID | N-046-047 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 11000 OAKMONT AVE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | OVERLAND PARK, KS 66210-1100 | Telephone | (913) 491-1144 | 56 | 0 | 0 | 56 | 0 | 0 | 0 | | | |
| Administrator | LINDA BAUM | Fax | (913) 491-1991 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | AHC TENANT INC | GA04 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | OVERLAND PARK SENIORCARE LLC | HA08 | Profit | County : JOHNSON | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | AEGIS SENIOR MANAGEMENT LLC | JA08 | Profit | | 0 | 0 | 0 | 0 | | | | | |

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| Name | THE ATRIUMS | State ID | N-046-062 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 7300 W 107 STREET | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | OVERLAND PARK, KS 66212 | Telephone | (913) 381-6000 | 35 | 0 | 0 | 35 | 0 | 0 | 0 | | | |
| Administrator | CHRISTINE CARBAH | Fax | (913) 642-5319 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | THE ATRIUMS PARTNERS LP | GA08 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | ATRIUMS MANAGEMENT COMPANY INC | HA04 | Profit | County : JOHNSON | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | TUTERA HEALTH CARE SERVICES LLC | JA08 | Profit | | 0 | 0 | 0 | 0 | | | | | |

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| Name | COUNTRY CLUB ESTATES LP | State ID | N-061-007 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | |
| Address | 2 LEWIS DRIVE | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | |
| City | PAOLA, KS 66071-1126 | Telephone | (913) 294-4531 | 22 | 0 | 0 | 22 | 0 | 0 | 0 | | | |
| Administrator | KARON ACHEY | Fax | (913) 294-6969 | ***********CERTIFIED BEDS********** | | | | | | | | | |
| Bldg Owner | COUNTRY CLUB ESTATES LP | GA02 | Profit | Area : MH/RF | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | | | | County : MIAMI | | | | | | | | | |
| Sublessee | | | | | | | | | | | | | |
| Management Firm | | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | CARRINGTON RETIREMENT COMMUNITY | State ID | N-019-010 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 1909 E FOURTH ST | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | PITTSBURG, KS 66762-9100 | Telephone | (620) 235-1212 | 43 | 0 | 0 | 43 | 0 | 0 | 0 | | | | | |
| Administrator | DEBRA WALKER | Fax | (620) 231-3975 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | CARRINGTON RESIDENTIAL LLC | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | | |
| Lessee | | | Area : MH/RF | | | | | | | | | | | | |
| Sublessee | | | County : CRAWFORD | | | | | | | | | | | | |
| Management Firm | AMERICARE SYSTEMS INC | JA04 Profit | | 0 | 0 | 0 | 0 | | | | | | | | |

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| Name | GUEST HOMES ESTATES OF PITTSBURG | State ID | N-019-012 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 1910 EAST CENTENNIAL | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | PITTSBURG, KS 66762 | Telephone | (620) 235-0522 | 34 | 0 | 0 | 34 | 0 | 0 | 0 | | | | | |
| Administrator | ANITA MCGOWN | Fax | (620) 232-0533 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | GUEST HOME ESTATES OF PITTSBURG I | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | | |
| Lessee | LIGHTNING CREEK INVESTMENT GROUP I | HA04 Profit | Area : MH/RF | | | | | | | | | | | | |
| Sublessee | | | County : CRAWFORD | | | | | | | | | | | | |
| Management Firm | | | | 0 | 0 | 0 | 0 | | | | | | | | |

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| Name | THE RESIDENCIES AT PLEASANTON | State ID | N-054-005 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 706 W 15TH PO BOX 418 | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | PLEASANTON, KS 66075 | Telephone | (913) 352-6658 | 25 | 0 | 0 | 25 | 0 | 0 | 0 | | | | | |
| Administrator | SHIRLEY JOHNSON | Fax | (913) 352-6663 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | PVH INC | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | | |
| Lessee | | | Area : MH/RF | | | | | | | | | | | | |
| Sublessee | | | County : LINN | | | | | | | | | | | | |
| Management Firm | | | | 0 | 0 | 0 | 0 | | | | | | | | |

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| Name | COBBLESTONE COURT | State ID | N-066-004 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 913 DAKOTA ST | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | SABETHA, KS 66534-2031 | Telephone | (785) 284-3418 | 36 | 0 | 0 | 36 | 0 | 0 | 0 | | | | | |
| Administrator | LORENE RIEGER | Fax | (785) 284-3845 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | 4 H INC | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | | |
| Lessee | SABETHA RESIDENTIAL LLC | HA08 Profit | Area : MH/RF | | | | | | | | | | | | |
| Sublessee | | | County : NEMAHA | | | | | | | | | | | | |
| Management Firm | AMERICARE SYSTEMS INC | JA04 Profit | | 0 | 0 | 0 | 0 | | | | | | | | |

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| Name | DIGNITY CARE HOME | State ID | N-085-008 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 745 FAITH DR | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | SALINA, KS 67401-5269 | Telephone | (785) 823-3434 | 20 | 0 | 0 | 20 | 0 | 0 | 0 | | | | | |
| Administrator | JOAN MYERS | Fax | (785) 823-3737 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | JOAN & WILLIAM MYERS | GA04 Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | | |
| Lessee | | | Area : MH/RF | | | | | | | | | | | | |
| Sublessee | | | County : SALINE | | | | | | | | | | | | |
| Management Firm | | | | 0 | 0 | 0 | 0 | | | | | | | | |

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| Name | THE SWEET LIFE AT SHAWNEE | State ID | N-046-053 | *LICENSED BEDS*********LIMITED*** | | | | | | | | | | | |
| Address | 11400 W 65TH STREET | Federal Provider | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | | |
| City | SHAWNEE, KS 66203 | Telephone | (913) 248-1500 | 54 | 0 | 0 | 54 | 0 | 0 | 0 | | | | | |
| Administrator | SHIRLEY ALLENBRAND | Fax | (913) 248-0030 | **********CERTIFIED BEDS********** | | | | | | | | | | | |
| Bldg Owner | ALLEN PARK TWO 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | : WHISPERING TIMBERS | State ID | : | N-021-009 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 310 E 7TH ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : SOLOMON, KS 67480 | Telephone | : | (785) 655-9040 | 12 | 0 | 0 | 12 | 0 | 0 | 0 | | |
| Administrator | : BIRGITTE MAGER | Fax | : | | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : WALTRAUD MADACS | GD06 | Govt. | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : DICKINSON | | | | | | | | | |
| Management Firm | : WALLY'S HOME HEALTH INC | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |
| Name | : KENWOOD PLAZA INC | State ID | : | N-093-004 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 607 EAST 1ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : ST. JOHN, KS 67576-2223 | Telephone | : | (620) 549-6133 | 39 | 0 | 8 | 31 | 0 | 0 | 0 | | |
| Administrator | : LAURA SMITH | Fax | : | (620) 549-3261 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : KENWOOD PLAZA INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : STAFFORD | | | | | | | | | |
| Management Firm | : SENIOR ADULT MANAGEMENT INC | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |
| Name | : GOOD SHEPHERD VILLAGES INC | State ID | : | N-058-006 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 613 THIRD ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : SUMMERFIELD, KS 66541 | Telephone | : | (785) 244-6546 | 29 | 0 | 0 | 29 | 0 | 0 | 0 | | |
| Administrator | : ROSALIE MEYBRUNN | Fax | : | (785) 244-6548 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : GOOD SHEPHERD VILLAGE INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : MARSHALL | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | |
| Name | : ALTERRA CLARE BRIDGE COTTAGE OF TO | State ID | : | N-089-040 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 5800 SW DRURY LANE | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : TOPEKA, KS 66604-2262 | Telephone | : | (785) 271-5100 | 39 | 0 | 0 | 39 | 0 | 0 | 0 | | |
| Administrator | : SARA CORDER | Fax | : | (785) 271-5595 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : ACH BORROWER I INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : CLARE BRIDGE COTTAGE OF TOPEKA LP | HA08 | Profit | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | |
| Management Firm | : ALTERRA HEALTHCARE CORPORATION | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |
| Name | : BRIARCLIFF RESIDENTIAL CARE CENTER | State ID | : | N-089-002 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 3224 SW 29TH ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : TOPEKA, KS 66614-2083 | Telephone | : | (785) 272-2601 | 41 | 0 | 0 | 41 | 0 | 0 | 0 | | |
| Administrator | : SHARON FEHRENBACHER | Fax | : | (785) 272-8834 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : BRIARCLIFF MANOR INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | |
| Management Firm | : SENIOR ADULT MANAGEMENT INC | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | |
| Name | : FAIRLAWN HEIGHTS RESIDENTIAL CENTE | State ID | : | N-089-005 | *LICENSED BEDS**********LIMITED*** | | | | | | | | |
| Address | : 5400 SW 7TH ST | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | |
| City | : TOPEKA, KS 66606-2331 | Telephone | : | (785) 272-6880 | 45 | 0 | 0 | 45 | 0 | 0 | 0 | | |
| Administrator | : LINDA HIPPS | Fax | : | (785) 272-6948 | ***********CERTIFIED BEDS********** | | | | | | | | |
| Bldg Owner | : FAIRLAWN HEIGHTS ASSISTED LIVING CEN | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | |
| Lessee | : FAIRLAWN HEIGHTS ASSISTED LIVING CEN | HA08 | Profit | Area : MH/RF | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | |

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| Name | : KELLY HOUSE I | State ID | : | N-089-033 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 2111 SW RANDOLPH AVE | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : TOPEKA, KS 66614-1547 | Telephone | : | (785) 234-8888 | 10 | 0 | 0 | 10 | 0 | 0 | 0 | | | | |
| Administrator | : LISA HAMMES | Fax | : | (785) 271-6638 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : CONTEMP HOUSING ALTERNATIVES/TOP | GA05 | Not For Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | | | |

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| Name | : KELLY HOUSE II | State ID | : | N-089-034 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 1800 FAIRMONT RD | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : TOPEKA, KS 66604-3699 | Telephone | : | (785) 273-3773 | 10 | 0 | 0 | 10 | 0 | 0 | 0 | | | | |
| Administrator | : KATHY SPEAKER | Fax | : | (785) 271-6638 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : CONTEMP HOUSING ALTERNATIVES/TOP | GA05 | Not For Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | | | |

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| Name | : SOUTHERN MEADOWS LLC | State ID | : | N-089-016 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 4101 SW MARTIN DR | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : TOPEKA, KS 66609-1223 | Telephone | : | (785) 267-3100 | 60 | 0 | 0 | 60 | 0 | 0 | 0 | | | | |
| Administrator | : SHERRI MOORE | Fax | : | (785) 267-5615 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : THE MANOR OF TOPEKA INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : SOUTHERN MEADOWS LLC | HA08 | Profit | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SHAWNEE | | | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | | | |

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| Name | : WASHINGTON MANOR | State ID | : | N-096-010 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 924 S WASHINGTON PO BOX 206 | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : WELLINGTON, KS 67152-0206 | Telephone | : | (620) 399-8500 | 27 | 0 | 0 | 27 | 0 | 0 | 0 | | | | |
| Administrator | : ANNIE HOLMES | Fax | : | (620) 399-8503 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : WELLINGTON PLACE LLC | GA08 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : | | | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SUMNER | | | | | | | | | | | |
| Management Firm | : REVERE HEALTHCARE LTD | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | : ALTERRA CLARE BRIDGE OF WICHITA | State ID | : | N-087-054 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 9191 EAST 21ST STREET NORTH | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : WICHITA, KS 67206-2923 | Telephone | : | (316) 630-0788 | 40 | 0 | 0 | 40 | 0 | 0 | 0 | | | | |
| Administrator | : THOMAS BRODERICK | Fax | : | (316) 630-0211 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : OMEGA (KANSAS) INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : AHC PROPERTIES INC | HA04 | Profit | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SEDGWICK | | | | | | | | | | | |
| Management Firm | : ALTERRA HEALTHCARE CORP | JA04 | Profit | | 0 | 0 | 0 | 0 | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | : COMFORT CARE HOMES #219 | State ID | : | N-087-047 | *LICENSED BEDS**********LIMITED*** | | | | | | | | | | |
| Address | : 219 SOUTH MORNINGSIDE | Federal Provider | : | | LICENSED | NF | ALF | RHCF | NFMH | ADC | BCH | | | | |
| City | : WICHITA, KS 67218-1813 | Telephone | : | (316) 685-3322 | 11 | 0 | 0 | 11 | 0 | 0 | 0 | | | | |
| Administrator | : PATRICIA SCHULTE | Fax | : | (316) 685-9822 | **********CERTIFIED BEDS********** | | | | | | | | | | |
| Bldg Owner | : MLC INC | GA04 | Profit | | MEDICARE SNF ONLY | MEDICARE MEDICAID SNF/NF | MEDICAID NF ONLY | MEDICAID IMR | | | | | | | |
| Lessee | : COMFORT CARE HOMES INC | HA04 | Profit | Area : MH/RF | | | | | | | | | | | |
| Sublessee | : | | | County : SEDGWICK | | | | | | | | | | | |
| Management Firm | : | | | | 0 | 0 | 0 | 0 | | | | | | | |