Texas Department of Aging and Disability Services

Nursing Facility Directory December, 2016

Sorted by: County, City, Facility Name

County **ANDERSON** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005034

ELKHART OAKS CARE CENTER
214 JONES RD
ELKHART **TX** 75839

Phone (903) 764-2291 **Fax** (903) 764-1717

TOTAL Lic Capacity: 102 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 82

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS VIII LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2019

County **ANDERSON** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005360

CARTMELL HOME FOR AGED, INC.
2212 W REAGAN ST
PALESTINE **TX** 75801

Phone (903) 727-8500 **Fax** (903) 727-8501

TOTAL Lic Capacity: 199 **TITLE 18:** 45 **ICF/IID:** 0
Cert Alzh Capacity: 35 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 154

Owner Information

CARTMELL HOME FOR AGED INC
2212 W REAGAN ST
PALESTINE TX 75801

PHONE: (903) 727-8500 **FAX:** (903) 727-8501
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/16/2019

County **ANDERSON** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005082

GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE
2404 HWY 155
PALESTINE **TX** 75803

Phone (903) 729-6024 **Fax** (903) 729-6942

TOTAL Lic Capacity: 120 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

PALESTINE I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **ANDERSON** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 004584

PALESTINE HEALTHCARE CENTER
1816 TILE FACTORY RD
PALESTINE **TX** 75801

Phone (903) 729-2261 **Fax** (903) 729-1890

TOTAL Lic Capacity: 102 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418

PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **ANDERSON** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 104417

TRUCARE LIVING CENTERS
2265 S SYCAMORE ST
PALESTINE **TX** 75801

Phone (903) 723-2592 **Fax** (903) 723-2673

TOTAL Lic Capacity: 120 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

PALESTINE DEVELOPMENT GROUP LLC
8520 S 36TH TERRACE
FORT SMITH AZ 72908

PHONE: (479) 410-1740 **FAX:** (479) 410-1596
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/22/2018

County **ANDREWS** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 101351

PERMIAN RESIDENTIAL CARE CENTER
1601 NE MUSTANG
ANDREWS **TX** 79714

Phone (432) 464-2430 **Fax** (432) 464-2572

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

ANDREWS COUNTY HOSPITAL DISTRICT
720 HOSPITAL DR
ANDREWS TX 79714

PHONE: (432) 464-2101 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/12/2017

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004614

TRINITY NURSING AND REHABILITATION OF DIBOLL LP
900 S TEMPLE DR
DIBOLL **TX** 75941
Phone (936) 829-5501 **Fax** (936) 829-5503
TOTAL Lic Capacity: 82 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

TRINITY NURSING AND REHABILITATION OF DIBOLL LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 103330

HUNTINGTON HEALTH CARE & REHABILITATION CENTER
220 E ASH STREET
HUNTINGTON **TX** 75949
Phone (936) 876-2273 **Fax** (936) 876-2286
TOTAL Lic Capacity: 112 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

HUNTINGTON HEALTH CARE & REHABILITATION CENTER LTD
220 EAST ASH STREET
HUNTINGTON TX 75949
PHONE: (936) 876-2273 **FAX:** (936) 876-2286
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/17/2018

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 101371

CASTLE PINES HEALTH AND REHABILITATION
2414 W FRANK AVE
LUFKIN **TX** 75904
Phone (936) 699-2544 **Fax** (936) 699-3355
TOTAL Lic Capacity: 120 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

LUFKIN I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107
PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004441

LARKSPUR
201 SOUTH JOHN REDDITT DRIVE
LUFKIN **TX** 75904
Phone (936) 632-3346 **Fax** (936) 637-7865
TOTAL Lic Capacity: 120 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

STONELEIGH HEALTH CARE CENTER LTD CO
2537 GOLDEN BEAR DR
CARROLLTON TX 75006
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004771

LUFKIN SKILLED CARE
504 N JOHN REDDITT DR
LUFKIN **TX** 75904
Phone (936) 632-3331 **Fax** (936) 634-1611
TOTAL Lic Capacity: 145 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 134

Owner Information

LUFKIN HEALTHCARE LLC
504 N JOHN REDDIT DR
LUFKIN TX 75904
PHONE: (323) 346-4052 **FAX:** (847) 933-9285
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2017

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005215

PARKWOOD PLACE HEALTHCARE CENTER
300 N BYNUM
LUFKIN **TX** 75904
Phone (936) 637-7215 **Fax** (936) 637-2368
TOTAL Lic Capacity: 115 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 113

Owner Information

LUFKIN SNF LLC
6813 CACTUS DR
WACO TX 76712
PHONE: (254) 399-6788 **FAX:** (254) 399-6766
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/21/2017

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 000235

PINECREST RETIREMENT COMMUNITY
1302 TOM TEMPLE DR
LUFKIN **TX** 75904
Phone (936) 634-1054 **Fax** (936) 634-1056

TOTAL Lic Capacity: 51 **TITLE 18:** 45 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

MRC PINECREST
1440 LAKE FRONT CIRCLE ,STE 110
THE WOODLANDS TX 77380
PHONE: (281) 363-2600 **FAX:** (281) 292-6360
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 01/26/2017

County **ANGELINA** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005253

SOUTHLAND REHABILITATION AND HEALTHCARE CENTER
501 N MEDFORD DR
LUFKIN **TX** 75901
Phone (936) 639-1252 **Fax** (936) 639-1455

TOTAL Lic Capacity: 150 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 147

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575
PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **ARANSAS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 100806

GULF POINTE PLAZA
1008 ENTERPRISE BLVD
ROCKPORT **TX** 78382
Phone (361) 727-1800 **Fax** (361) 729-6290

TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

MERIDIAN ROCKPORT SNF LP
3811 TURTLE CREEK BLVD ,STE 1050
DALLAS TX 75219
PHONE: (214) 651-4000 **FAX:** (214) 651-4001
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **ARANSAS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005295

OAK CREST NURSING CENTER
1902 FM 3036
ROCKPORT **TX** 78382
Phone (361) 729-9971 **Fax** (361) 729-1499

TOTAL Lic Capacity: 92 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/03/2018

County **ARANSAS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005200

ROCKPORT COASTAL CARE CENTER INC
1004 S YOUNG
ROCKPORT **TX** 78382
Phone (361) 729-1228 **Fax** (361) 729-1299

TOTAL Lic Capacity: 88 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

ROCKPORT COASTAL CARE CENTER INC
1004 S YOUNG
ROCKPORT TX 78382
PHONE: (361) 729-1228 **FAX:** (361) 729-1299
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **ARCHER** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004242

VISTA LIVING OF ARCHER
201 E CHESTNUT ST
ARCHER CITY **TX** 76351
Phone (940) 574-4551 **Fax** (940) 574-2366

TOTAL Lic Capacity: 46 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

VISTA LIVING OF ARCHER INC
8101 CHAPIN RD
FT WORTH TX 76116
PHONE: (214) 233-6006 **FAX:** (940) 463-8094
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **ARMSTRONG** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004412

PALO DURO NURSING HOME
405 S COLLINS ST
CLAUDE **TX** 79019
Phone (806) 226-5121 **Fax** (806) 226-2495

TOTAL Lic Capacity: 66 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320
PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **ATASCOSA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004629

RETAMA MANOR NURSING CENTER/JOURDANTON
1504 OAK ST
JOURDANTON **TX** 78026
Phone (830) 769-3531 **Fax** (830) 769-4091

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

DIMMIT REGIONAL HOSPITAL DISTRICT
704 HOSPITAL DR
CARRIZO SPRINGS TX 78834
PHONE: (830) 876-2424 **FAX:** (830) 876-5774
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **ATASCOSA** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004149

LYTLE NURSING HOME
15366 OAK ST
LYTLE **TX** 78052
Phone (830) 772-3557 **Fax** (830) 772-4810

TOTAL Lic Capacity: 70 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

LABRANJOR HEALTH CARE LLC
15366 OAK ST
LYTLE TX 78052
PHONE: (940) 235-9592 **FAX:** (941) 322-1345
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/30/2018

County **ATASCOSA** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004502

RETAMA MANOR NURSING CENTER/PLEASANTON NORTH
404 GOODWIN ST
PLEASANTON **TX** 78064
Phone (830) 569-2138 **Fax** (830) 281-5038

TOTAL Lic Capacity: 46 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

DIMMIT REGIONAL HOSPITAL DISTRICT
704 HOSPITAL DR
CARRIZO SPRINGS TX 78834
PHONE: (830) 876-2424 **FAX:** (830) 876-5774
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **ATASCOSA** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004737

RETAMA MANOR NURSING CENTER/PLEASANTON SOUTH
905 OAKLAWN
PLEASANTON **TX** 78064
Phone (830) 569-3861 **Fax** (830) 569-2664

TOTAL Lic Capacity: 88 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 16 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

DIMMIT REGIONAL HOSPITAL DISTRICT
704 HOSPITAL DR
CARRIZO SPRINGS TX 78834
PHONE: (830) 876-2424 **FAX:** (830) 876-5774
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **ATASCOSA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103408

THE HEIGHTS
1855 W GOODWIN
PLEASANTON **TX** 78064
Phone (830) 569-4313 **Fax** (830) 569-4355

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

BEXAR COUNTY HOSPITAL DISTRICT
4502 MEDICAL DR ,MS
SAN ANTONIO TX 78229
PHONE: (210) 358-2000 **FAX:** (210) 358-4020
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **ATASCOSA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004544

POTEET MANOR
329 SCHOOL DR
POTEET **TX** 78065

Phone (830) 742-3525 **Fax** (830) 742-3864

TOTAL Lic Capacity: 62 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 45

Owner Information

SHADY SHORES OF POTEET, LLC
7 FOX HOLLOW RUN
SHADY SHORES TX 76208

PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/15/2016

County **AUSTIN** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004648

BRIARWOOD MANOR CARE CENTER
1515 W MAIN
BELLVILLE **TX** 77418

Phone (979) 865-3145 **Fax** (979) 865-9963

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 51
PRIVATE Beds: 49 **TITLE 18/19:** 0

Owner Information

LTC OF AUSTIN COUNTY III LLC
1515 W MAIN
BELLVILLE TX 77418

PHONE: (832) 651-3694 **FAX:** (866) 224-5909
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 10/01/2017

County **AUSTIN** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005151

COLONIAL BELLE NURSING HOME
106 N BARON
BELLVILLE **TX** 77418

Phone (979) 865-3689 **Fax** (979) 865-2137

TOTAL Lic Capacity: 85 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 50
PRIVATE Beds: 15 **TITLE 18/19:** 20

Owner Information

LTC OF AUSTIN COUNTY II LLC
106 N BARON
BELLVILLE TX 77418

PHONE: (832) 651-3694 **FAX:** (866) 224-5909
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **AUSTIN** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 100852

COLONIAL BELLE NURSING HOME SEALY
1401 EAGLE LAKE ROAD
SEALY **TX** 77474

Phone (979) 885-2937 **Fax** (979) 627-0780

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 65
PRIVATE Beds: 5 **TITLE 18/19:** 20

Owner Information

LTC OF AUSTIN COUNTY I LLC
1401 EAGLE LAKE RD
SEALY TX 77474

PHONE: (713) 898-8646 **FAX:** (832) 201-7126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **BAILEY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004210

PARK VIEW NURSING CARE CENTER
1100 W AVE J
MULESHOE **TX** 79347

Phone (806) 272-7578 **Fax** (806) 272-5953

TOTAL Lic Capacity: 74 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

MULESHOE AREA HOSPITAL DISTRICT
708 S FIRST ST
MULESHOE TX 79347

PHONE: (806) 272-4524 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/14/2019

County **BANDERA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103936

BANDERA NURSING & REHAB CENTER
222 FM 1077
BANDERA **TX** 78003

Phone (830) 796-4077 **Fax** (830) 796-3539

TOTAL Lic Capacity: 124 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

BANDERA SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BANDERA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004537

CEDAR CREEK NURSING AND REHABILITATION CENTER
159 MONTAGUE AVE
BANDERA **TX** 78003

Phone (830) 460-3767 **Fax** (830) 796-4791

TOTAL Lic Capacity: 62 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

BANDERA I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **BASTROP** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 103892

BASTROP LOST PINES NURSING AND REHABILITATION CENTER
430 OLD AUSTIN HWY
BASTROP **TX** 78602

Phone (512) 321-3527 **Fax** (512) 321-3607

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SMITHVILLE HOSPITAL AUTHORITY
800 HIGHWAY 71 EAST
SMITHVILLE TX 78957

PHONE: (512) 237-5792 **FAX:** (512) 660-5797
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BASTROP** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004874

BASTROP NURSING CENTER
400 OLD AUSTIN HWY
BASTROP **TX** 78602

Phone (512) 321-2529 **Fax** (512) 321-6878

TOTAL Lic Capacity: 96 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

SSC BASTROP OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 829-5100
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **BASTROP** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005247

SILVER PINES NURSING AND REHABILITATION LP
503 OLD AUSTIN HIGHWAY
BASTROP **TX** 78602

Phone (512) 321-6220 **Fax** (512) 321-6616

TOTAL Lic Capacity: 120 **TITLE 18:** 53 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

SILVER PINES NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2017

County **BASTROP** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 103284

ELGIN NURSING AND REHABILITATION CENTER
1373 NORTH AVENUE C
ELGIN **TX** 78621

Phone (512) 285-2457 **Fax** (512) 285-2459

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SMITHVILLE HOSPITAL AUTHORITY
800 HIGHWAY 71 EAST
SMITHVILLE TX 78957

PHONE: (512) 237-5792 **FAX:** (512) 660-5797
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BASTROP** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004468

TOWERS NURSING HOME
907 GARWOOD
SMITHVILLE **TX** 78957

Phone (512) 237-4606 **Fax** (512) 360-4035

TOTAL Lic Capacity: 114 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

SMITHVILLE HOSPITAL AUTHORITY
800 HIGHWAY 71 EAST
SMITHVILLE TX 78957

PHONE: (512) 237-5792 **FAX:** (512) 660-5797
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/27/2019

County **BAYLOR** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004421

SEYMOUR REHABILITATION AND HEALTHCARE
1110 WESTVIEW DR
SEYMOUR **TX** 76380-3965

Phone (940) 889-3176 **Fax** (940) 889-8806

TOTAL Lic Capacity: 90 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

BAYLOR COUNTY HOSPITAL DISTRICT
200 STADIUM DR
SEYMOUR TX 76380

PHONE: (940) 889-5572 **FAX:** (940) 888-1983
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **BEE** Reg Svcs: TEAM X Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004458

HACIENDA OAKS AT BEEVILLE
4713 BUSINESS 181 N
BEEVILLE **TX** 78102

Phone (361) 358-5612 **Fax** (361) 358-0128

TOTAL Lic Capacity: 101 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS IX LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 930-8110 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2019

County **BEE** Reg Svcs: TEAM X Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004950

WOODRIDGE NURSING & REHABILITATION
600 S HILLSIDE DR
BEEVILLE **TX** 78102

Phone (361) 358-8880 **Fax** (361) 358-8153

TOTAL Lic Capacity: 120 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004273

WILL-O-BELL
412 N DALTON
BARTLETT **TX** 76511

Phone (254) 527-3371 **Fax** (254) 527-3173

TOTAL Lic Capacity: 90 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

WOB FACILITY MANAGEMENT LLC
412 N DALTON ST
BARTLETT TX 76511

PHONE: (254) 527-3371 **FAX:** (254) 527-3173
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004401

CREEKSIDE TERRACE REHABILITATION
1555 POWELL AVENUE
BELTON **TX** 76513

Phone (254) 831-6200 **Fax** (254) 831-6202

TOTAL Lic Capacity: 126 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

CRESTVIEW MANOR NURSING AND REHABILITATION CENTER LLC
1555 POWELL AVE
BELTON TX 76513

PHONE: (254) 939-9327 **FAX:** (254) 933-9730
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 005235

PARK PLACE MANOR INC
810 E 13TH AVE
BELTON **TX** 76513

Phone (254) 939-1876 **Fax** (254) 939-2515

TOTAL Lic Capacity: 114 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 114

Owner Information

PARK PLACE MANOR INC
810 EAST 13TH AVE
BELTON TX 76513

PHONE: (254) 939-1876 **FAX:** (254) 939-2515
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2019

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 000232

INDIAN OAKS LIVING CENTER
415 INDIAN OAKS DR
HARKER HEIGHTS **TX** 76548

Phone (254) 699-5051 **Fax** (254) 699-5132

TOTAL Lic Capacity: 199 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 187

Owner Information

PM MANAGEMENT - KILLEEN II NC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004288

THE ROSEWOOD RETIREMENT COMMUNITY
5700 E CENTRAL TEXAS EXPWY
KILLEEN **TX** 76543

Phone (254) 690-6169 **Fax** (254) 699-2962

TOTAL Lic Capacity: 64 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

PM MANAGEMENT - KILLEEN I NC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7703 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 000103

BROOKDALE MERIDIAN TEMPLE
4312 S 31ST ST
TEMPLE **TX** 76502

Phone (254) 771-1226 **Fax** (254) 774-7472

TOTAL Lic Capacity: 60 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

S-H THIRTY-FIVE OPCO-TEMPLE MERIDIAN LLC
6737 W WASHINGTON ST ,STE 2300
MILWAUKEE WI 53214

PHONE: (414) 918-5000 **FAX:** (414) 918-5050
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/30/2019

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 103396

CORNERSTONE GARDENS LLP
763 MARLANDWOOD RD
TEMPLE **TX** 76505

Phone (254) 771-5950 **Fax** (254) 771-5921

TOTAL Lic Capacity: 130 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

CORNERSTONE GARDENS LLP
7150 GANTT ACCESS
AZLE TX 76020

PHONE: (817) 444-2516 **FAX:** (817) 444-5443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/17/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004748

REGENCY MANOR HEALTHCARE CENTER
3011 W ADAMS AVE
TEMPLE **TX** 76504

Phone (254) 773-1626 **Fax** (254) 770-3074

TOTAL Lic Capacity: 118 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 104

Owner Information

GOODALL-WITCHER HOSPITAL AUTHORITY
101 POSEY AVE
CLIFTON TX 76634

PHONE: (254) 675-8322 **FAX:** (254) 675-2246
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 009003

SCOTT AND WHITE MEMORIAL HOSPITAL
2401 SOUTH 31ST ST
TEMPLE **TX** 76504

Phone (254) 771-8200 **Fax**

TOTAL Lic Capacity: 29 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SCOTT & WHITE CLINIC
2401 2 31ST ST
TEMPLE TX 76508

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 005132

SENIOR CARE OF MARLANDWOOD EAST
1511 MARLANDWOOD RD
TEMPLE **TX** 76502
Phone (254) 899-6500 **Fax** (254) 899-6599

TOTAL Lic Capacity: 138 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 138

Owner Information

MARLANDWOOD EAST SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004785

SENIOR CARE OF MARLANDWOOD WEST
1700 MARLANDWOOD RD
TEMPLE **TX** 76502
Phone (254) 743-6200 **Fax** (254) 773-3695

TOTAL Lic Capacity: 104 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

MARLANDWOOD WEST SCC LLC
600 N PEARL ST SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 005268

SENIOR CARE OF WESTERN HILLS
512 DRAPER DR
TEMPLE **TX** 76504
Phone (254) 742-7500 **Fax** (254) 742-7599

TOTAL Lic Capacity: 120 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

WESTERN HILLS SCC LLC
600 PEARL ST SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BELL** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005395

SENIOR CARE OF WESTON INN
2505 S 37TH ST
TEMPLE **TX** 76504
Phone (254) 298-7300 **Fax** (254) 742-0000

TOTAL Lic Capacity: 120 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

WESTON INN SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004260

WELLINGTON REHABILITATION AND HEALTHCARE
1802 S 31ST
TEMPLE **TX** 76504
Phone (254) 778-4231 **Fax** (254) 778-2877

TOTAL Lic Capacity: 124 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

WELLINGTON HEALTHCARE INC
1802 S 31ST
TEMPLE TX 76504
PHONE: (254) 778-4231 **FAX:** (254) 778-2877
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **BELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 050746

WILLIAM R COURTNEY TEXAS STATE VETERANS HOME
1424 MARTIN LUTHER KING JR LN
TEMPLE **TX** 76504-5941
Phone (254) 791-8280 **Fax** (254) 791-0262

TOTAL Lic Capacity: 160 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 32 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873
PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/21/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005343

ROSEWOOD REHABILITATION AND CARE CENTER
7700 MESQUITE PASS
CONVERSE **TX** 78109

Phone (210) 650-0551 **Fax** (210) 650-4472

TOTAL Lic Capacity: 100 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

MCCULLOCH COUNTY HOSPITAL DISTRICT
2008 NINE ROAD
BRADY TX 76825

PHONE: (325) 597-2901 **FAX:** (325) 597-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004579

ALAMO HEIGHTS HEALTH AND REHABILITATION CENTER
8223 BROADWAY
SAN ANTONIO **TX** 78209

Phone (210) 828-0606 **Fax** (210) 826-7766

TOTAL Lic Capacity: 237 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 199

Owner Information

ALAMO HEIGHTS HEALTH CARE LLC
8223 BROADWAY
SAN ANTONIO TX 78209

PHONE: (210) 828-0606 **FAX:** (210) 826-7766
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004721

BLANCO VILLA NURSING AND REHABILITATION LP
8020 BLANCO RD
SAN ANTONIO **TX** 78216

Phone (210) 344-4553 **Fax** (210) 366-3728

TOTAL Lic Capacity: 143 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

BLANCO VILLA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000260

BROOKDALE ALAMO HEIGHTS
855 E BASSE RD
SAN ANTONIO **TX** 78209

Phone (210) 930-1040 **Fax** (210) 930-1844

TOTAL Lic Capacity: 46 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

S-H OPCO LINCOLN HEIGHTS LLC
6737 W WASHINGTON ST ,STE 2300
MILWAUKEE WI 53214

PHONE: (414) 918-5000 **FAX:** (414) 918-6076
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 08/29/2018

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000107

BROOKDALE PATRIOT HEIGHTS
5000 FAWN MEADOW
SAN ANTONIO **TX** 78240

Phone (210) 696-6005 **Fax** (210) 641-7881

TOTAL Lic Capacity: 74 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 7

Owner Information

BLC-PATRIOT HEIGHTS LLC
111 WESTWOOD PLACE ,STE 400
BRENTWOOD TN 37027

PHONE: (210) 696-6005 **FAX:** (210) 641-7881
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/06/2017

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004795

BUENA VIDA NURSING AND REHAB-SAN ANTONIO
5027 PECAN GROVE
SAN ANTONIO **TX** 78222

Phone (210) 333-6815 **Fax** (210) 333-7400

TOTAL Lic Capacity: 222 **TITLE 18:** 64 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 158

Owner Information

PINNACLE HEALTH FACILITIES XXII LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 105727

CORONADO AT STONE OAK
19638 STONE OAK PARKWAY
SAN ANTONIO **TX** 78258

Phone (210) 402-5750 **Fax** (210) 402-5751

TOTAL Lic Capacity: 112 **TITLE 18:** 83 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 29

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004641

GOLDEN ESTATES REHABILITATION CENTER
130 SPENCER LN
SAN ANTONIO **TX** 78201-2163

Phone (210) 736-4544 **Fax** (210) 732-4035

TOTAL Lic Capacity: 93 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

GOLDEN REHABILITATION CENTER LLC
1630 LOCK HILL SELMA ,STE 230
SAN ANTONIO TX 78213

PHONE: (210) 525-8802 **FAX:** (210) 525-8806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005254

HEARTLAND HEALTH CARE CENTER - SAN ANTONIO
ONE HEARTLAND DR
SAN ANTONIO **TX** 78247

Phone (210) 653-1219 **Fax** (210) 653-8977

TOTAL Lic Capacity: 162 **TITLE 18:** 75 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

HEARTLAND OF SAN ANTONIO TX LLC DBA HCR HEARTLAND OF SAN ANTONIO TX
333 N SUMMIT ST
TOLEDO OH 43604

PHONE: (419) 252-5500 **FAX:** (877) 385-9446
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2018

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004159

HIGHLAND NURSING CENTER
5819 PECAN VALLEY DR
SAN ANTONIO **TX** 78223

Phone (210) 532-1911 **Fax** (210) 534-9774

TOTAL Lic Capacity: 59 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 59
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SAN ANTONIO HEALTH SERVICE CORPORATION
5819 PECAN VALLEY DR
SAN ANTONIO TX 78223

PHONE: (210) 532-1911 **FAX:** (210) 534-9774
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 01/16/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102785

HUEBNER CREEK HEALTH & REHABILITATION CENTER
8306 HUEBNER RD
SAN ANTONIO **TX** 78240

Phone (210) 691-3111 **Fax** (210) 691-3118

TOTAL Lic Capacity: 146 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

BEXAR I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004905

INSPIRATION HILLS REHABILITATION CENTER
1939 BANDERA RD
SAN ANTONIO **TX** 78228

Phone (210) 434-0671 **Fax** (210) 432-0506

TOTAL Lic Capacity: 134 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

THE WILLIAMSBURG CARE COMPANY LP
105 N TRENTON ST
RUSTON LA 71270

PHONE: (318) 255-1514 **FAX:** (318) 255-4142
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2018

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 105330

LAS COLINAS OF WESTOVER
9738 WESTOVER HILLS BLVD
SAN ANTONIO **TX** 78251

Phone (210) 305-5730 **Fax** (210) 305-5731

TOTAL Lic Capacity: 140 **TITLE 18:** 70 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

9738 WESTOVER HILLS BOULEVARD OPERATIONS LLC
9738 WESTOVER HILLS BLVD
SAN ANTONIO TX 78251

PHONE: (610) 925-1042 **FAX:** (610) 347-4175
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104955

LEGEND OAKS HEALTHCARE AND REHABILITATION - WEST SAN ANTONIO
222 BERTETTI DR
SAN ANTONIO **TX** 78227

Phone (210) 673-1700 **Fax** (210) 673-1702

TOTAL Lic Capacity: 124 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

BERTETTI HEALTHCARE INC
222 BERTETTI DRIVE
SAN ANTONIO TX 78227-3950

PHONE: (210) 673-1700 **FAX:** (210) 673-1702
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102734

LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER - SAN ANTONIO
2003 W HUTCHINS PLACE
SAN ANTONIO **TX** 78224

Phone (210) 927-0800 **Fax** (210) 927-0806

TOTAL Lic Capacity: 126 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

HUTCHINS HEALTHCARE INC
2003 W HUTCHINS PLACE
SAN ANTONIO TX 78224-1368

PHONE: (210) 927-0800 **FAX:** (210) 927-0806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005313

MCCULLOUGH HALL NURSING CENTER INC
603 S W 24TH ST
SAN ANTONIO **TX** 78207

Phone (210) 435-7711 **Fax** (210) 433-6600

TOTAL Lic Capacity: 51 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 51

Owner Information

MCCULLOUGH HALL NURSING CENTER INC
603 SW 24TH ST
SAN ANTONIO TX 78207

PHONE: (210) 435-7711 **FAX:** (210) 433-6600
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/03/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004155

MEMORIAL MEDICAL NURSING CENTER
307 W CYPRESS ST
SAN ANTONIO **TX** 78212

Phone (210) 223-5521 **Fax** (210) 223-1691

TOTAL Lic Capacity: 135 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 135

Owner Information

SSC SAN ANTONIO MEMORIAL OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005304

MERIDIAN CARE
7181 CRESTWAY DR
SAN ANTONIO **TX** 78239-3002

Phone (210) 599-3005 **Fax** (210) 653-0218

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

RJ MERIDIAN CARE OF SAN ANTONIO LTD
25009 OAKHURST DR
SPRING TX 77386

PHONE: (281) 465-0636 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005058

MERIDIAN CARE AT GRAYSON SQUARE
815 E GRAYSON ST
SAN ANTONIO **TX** 78208
Phone (210) 226-8181 **Fax** (210) 226-9804

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

RJ MERIDIAN CARE OF SAN ANTONIO III LLC
25009 OAKHURST DR
SPRING TX 77386
PHONE: (281) 465-0738 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004473

MERIDIAN CARE MONTE VISTA
616 W RUSSELL PL
SAN ANTONIO **TX** 78212
Phone (210) 735-9233 **Fax** (210) 735-0164

TOTAL Lic Capacity: 106 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

RJ MERIDIAN CARE ALTA VISTA LLC
25009 OAKHURST DR
SPRING TX 77386-1975
PHONE: (281) 465-0738 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/08/2018

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004754

MESA VISTA INN HEALTH CENTER
5756 N KNOLL DR
SAN ANTONIO **TX** 78240
Phone (210) 321-5200 **Fax** (210) 321-5299

TOTAL Lic Capacity: 144 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

PM MANAGEMENT-BABCOCK NC LLC
600 NORTH PEARL ST. STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004615

MORNINGSIDE MANOR
602 BABCOCK RD
SAN ANTONIO **TX** 78201-3101
Phone (210) 731-1000 **Fax** (210) 731-1050

TOTAL Lic Capacity: 170 **TITLE 18:** 91 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

MORNINGSIDE MINISTRIES
700 BABCOCK RD
SAN ANTONIO TX 78201-2600
PHONE: (210) 734-1000 **FAX:** (210) 734-1111
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 101669

MYSTIC PARK NURSING & REHAB CENTER
8503 MYSTIC PARK
SAN ANTONIO **TX** 78254
Phone (210) 256-0906 **Fax** (210) 256-0925

TOTAL Lic Capacity: 125 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 125

Owner Information

MYSTIC PARK SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004107

NORMANDY TERRACE NURSING & REHABILITATION CENTER
841 RICE RD
SAN ANTONIO **TX** 78220-0110
Phone (210) 648-0101 **Fax** (210) 648-4041

TOTAL Lic Capacity: 320 **TITLE 18:** 69 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 251

Owner Information

DIVERSICARE NORMANDY TERRACE LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926
PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2017

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005147

NORTHEAST REHABILITATION AND HEALTHCARE CENTER
603 CORINNE ST
SAN ANTONIO **TX** 78218

Phone (210) 824-7331 **Fax** (210) 824-1334

TOTAL Lic Capacity: 120 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

SALADO CREEK SENIOR CARE INC
603 CORRINE
SAN ANTONIO TX 78218

PHONE: (210) 824-7331 **FAX:** (210) 824-1334
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/31/2017

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005207

NORTHGATE HEALTH AND REHABILITATION CENTER
5757 N KNOLL
SAN ANTONIO **TX** 78240

Phone (210) 699-8535 **Fax** (210) 690-1110

TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004353

OAK PARK NURSING AND REHABILITATION CENTER
7302 OAK MANOR DR
SAN ANTONIO **TX** 78229

Phone (210) 344-8537 **Fax** (210) 344-4645

TOTAL Lic Capacity: 170 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 136

Owner Information

PINNACLE HEALTH FACILITIES XX LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 100297

PARAMOUNT SENIOR CARE CENTERS AT SAN ANTONIO
5437 EISENHAUER RD
SAN ANTONIO **TX** 78218

Phone (210) 646-9576 **Fax** (210) 653-3695

TOTAL Lic Capacity: 150 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 145

Owner Information

PRESIDENTIAL SCC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000195

PARKLANE WEST HEALTHCARE CENTER
2 TOWERS PARK LN
SAN ANTONIO **TX** 78209

Phone (210) 829-1400 **Fax** (210) 841-7741

TOTAL Lic Capacity: 124 **TITLE 18:** 112 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 12

Owner Information

ARC PARKLANE INC
111 WESTWOOD PL ,STE 400
BRENTWOOD TN 37027

PHONE: (615) 221-2250 **FAX:** (615) 221-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/25/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103740

POWERBACK REHABILITATION SAN ANTONIO
5423 HAMILTON WOLFE RD
SAN ANTONIO **TX** 78240

Phone (210) 694-9494 **Fax** (866) 903-0206

TOTAL Lic Capacity: 60 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

5423 HAMILTON WOLFE ROAD OPERATIONS LLC
211 E 7TH STREET SUITE 260
AUSTIN TX 78701-3218

PHONE: (610) 925-1042 **FAX:** (610) 347-4175
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 05/01/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 100670

REGENT CARE AT MEDICAL CENTER
3935 MEDICAL DR
SAN ANTONIO **TX** 78229

Phone (210) 614-4888 **Fax** (210) 614-6454

TOTAL Lic Capacity: 134 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

REGENT CARE CENTER OF SAN ANTONIO III LIMITED PARTNERSHIP
2302 POST OFFICE ST ,STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 765-9703
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/04/2018

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 050680

REGENT CARE CENTER OAKWELL FARMS
8501 LAURENS LN
SAN ANTONIO **TX** 78218

Phone (210) 804-1223 **Fax** (210) 804-1279

TOTAL Lic Capacity: 194 **TITLE 18:** 81 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

REGENT CARE CENTER OF SAN ANTONIO II LIMITED PARTNERSHIP
2302 POSTOFFICE ST STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005337

REGENT CARE CENTER OF SAN ANTONIO
16400 BLANCO RD
SAN ANTONIO **TX** 78232

Phone (210) 408-1212 **Fax** (210) 493-5915

TOTAL Lic Capacity: 128 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

REGENT CARE CENTER OF SAN ANTONIO LIMITED PARTNERSHIP
2302 POSTOFFICE ST ,STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 770-0233
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/28/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004073

RETAMA MANOR NURSING CENTER/SAN ANTONIO NORTH
501 OGDEN
SAN ANTONIO **TX** 78212

Phone (210) 225-4588 **Fax** (210) 225-2336

TOTAL Lic Capacity: 132 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004944

RETAMA MANOR NURSING CENTER/SAN ANTONIO WEST
636 CUPPLES RD
SAN ANTONIO **TX** 78237

Phone (210) 434-0611 **Fax** (210) 434-9804

TOTAL Lic Capacity: 139 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SSC SAN ANTONIO WEST OPERATING COMPANY LLC
636 CUPPLES RD.
SAN ANTONIO TX 78236

PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004417

RIVER CITY CARE CENTER
921 NOLAN ST
SAN ANTONIO **TX** 78202

Phone (210) 226-6397 **Fax** (210) 226-8074

TOTAL Lic Capacity: 100 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

GRUENEPOINTE 1 RIVER CITY, LLC
8502 HUEBNER ROAD, SUITE 400
SAN ANTONIO TX 78240

PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004090

SAINT FRANCIS NURSING HOME
630 W WOODLAWN AVE
SAN ANTONIO **TX** 78212

Phone (210) 736-3177 **Fax** (210) 738-2221

TOTAL Lic Capacity: 143 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 143
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

THE SERAPHIC SISTERS INC
630 W WOODLAWN AVE
SAN ANTONIO TX 78212

PHONE: (210) 736-3177 **FAX:** (210) 738-2221
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 05/01/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005327

SAN ANTONIO RESIDENCE AND REHABILITATION CENTER
7703 BRIARIDGE
SAN ANTONIO **TX** 78230

Phone (210) 341-6121 **Fax** (210) 341-1298

TOTAL Lic Capacity: 106 **TITLE 18:** 74 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 32

Owner Information

SAN ANTONIO SNF MANAGEMENT LLC
7703 BRIARIDGE
SAN ANTONIO TX 78230

PHONE: (210) 341-6121 **FAX:** (210) 341-1298
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004179

SAN JOSE NURSING CENTER
406 SHARMAIN PL
SAN ANTONIO **TX** 78221

Phone (210) 924-8136 **Fax** (210) 924-5798

TOTAL Lic Capacity: 70 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 70
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SAN ANTONIO HEALTH SERVICE CORPORATION
5819 PECAN VALLEY DR
SAN ANTONIO TX 78223

PHONE: (210) 532-1911 **FAX:** (210) 534-9774
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 11/20/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005211

SAN PEDRO MANOR
515 W ASHBY PL
SAN ANTONIO **TX** 78212

Phone (210) 732-5181 **Fax** (210) 737-6721

TOTAL Lic Capacity: 150 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 134

Owner Information

SOUTHWEST LTC-SAN PEDRO LTD
1518 LEGACY DRIVE ,STE 110
FRISCO TX 75034

PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 105340

SCC AT HUNTERS POND REHABILITATION AND HEALTHCARE CENTER
9903 HUNTERS POND
SAN ANTONIO **TX** 78224

Phone (210) 477-2200 **Fax** (210) 477-2201

TOTAL Lic Capacity: 128 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

HUNTERS POND SCC LLC
1717 W 5TH ST ,STE 450
AUSTIN TX 78703

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104259

SCC AT PECAN VALLEY REHABILITATION AND HEALTHCARE CENTER
3838 E SOUTHCROSS BLVD
SAN ANTONIO **TX** 78222

Phone (210) 581-2273 **Fax** (210) 572-6994

TOTAL Lic Capacity: 124 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

PECAN VALLEY SCC LLC
1717 W 6TH ST ,STE 450
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (877) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104747

SCC AT WESTOVER HILLS REHABILITATION AND HEALTHCARE CENTER
9922 STATE HWY. 151
SAN ANTONIO **TX** 78251
Phone (210) 546-2273 **Fax** (210) 546-2274

TOTAL Lic Capacity: 124 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

WESTOVER HILLS SCC LLC
1717 W. 6TH STREET ,STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (877) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005109

SENIOR CARE OF WINDCREST
8800 FOURWINDS DR
SAN ANTONIO **TX** 78239
Phone (210) 637-2700 **Fax** (210) 637-2799

TOTAL Lic Capacity: 180 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

WINDCREST SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005021

SENIOR CARE OF WURZBACH
8300 WURZBACH RD
SAN ANTONIO **TX** 78229
Phone (210) 617-2200 **Fax** (210) 616-0369

TOTAL Lic Capacity: 140 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

WURZBACH SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005206

SILVER CREEK MANOR
9014 TIMBER PATH
SAN ANTONIO **TX** 78250
Phone (210) 523-2455 **Fax** (210) 523-7733

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SSC SAN ANTONIO SILVER CREEK OPERATING COMPANY LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 393-8054
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103095

SONTERRA HEALTH CENTER
18514 SONTERRA PLACE
SAN ANTONIO **TX** 78258
Phone (210) 545-4800 **Fax** (210) 679-4950

TOTAL Lic Capacity: 124 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

BRACKENRIDGE HEALTHCARE INC
18514 SONTERRA PLACE
SAN ANTONIO TX 78258-4263
PHONE: (210) 545-4800 **FAX:** (210) 679-4950
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 106081

SORRENTO
2739 BABCOCK
SAN ANTONIO **TX** 78229
Phone (210) 616-3250 **Fax** (210) 616-3251

TOTAL Lic Capacity: 112 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

SORRENTO CONTINUING CARE CENTER LTD. CO
2537 GOLDEN BEAR DRIVE
CARROLLTON TX 75006
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/21/2019

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005076

SOUTHEAST NURSING & REHABILITATION CENTER
4302 E SOUTHCROSS BLVD
SAN ANTONIO **TX** 78222

Phone (210) 333-1223 **Fax** (210) 333-2134

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

SOUTHEAST SNF LLC
4302 E SOUTHCROSS BLVD
SAN ANTONIO TX 78222

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 101364

STONE OAK CARE CENTER
505 MADISON OAK DR
SAN ANTONIO **TX** 78258

Phone (210) 481-9000 **Fax** (210) 481-9001

TOTAL Lic Capacity: 152 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 145

Owner Information

BEXAR COUNTY HOSPITAL DISTRICT
4502 MEDICAL DR ,MS
SAN ANTONIO TX 78229

PHONE: (210) 358-2000 **FAX:** (210) 358-4020
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004354

STONEBROOK MANOR AT BROADWAY
1841 FLAMINGO
SAN ANTONIO **TX** 78209

Phone (210) 824-5324 **Fax** (210) 824-5360

TOTAL Lic Capacity: 86 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

STONEBROOK MANOR SNF LLC
1841 FLAMINGO ST
SAN ANTONIO TX 78209

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005233

SUNRISE NURSING AND REHABILITATION CENTER
50 BRIGGS ST
SAN ANTONIO **TX** 78224

Phone (210) 921-0184 **Fax** (210) 927-2209

TOTAL Lic Capacity: 119 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

SUNRISE NURSING CARE CENTER LLC
50 BRIGGS ST
SAN ANTONIO TX 78224

PHONE: (773) 793-0167 **FAX:** (773) 913-0386
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/16/2018

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000163

THE ARMY RESIDENCE COMMUNITY HEALTH CARE CENTER
7400 CRESTWAY DR
SAN ANTONIO **TX** 78239

Phone (210) 646-5200 **Fax** (210) 646-5395

TOTAL Lic Capacity: 91 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 79 **TITLE 18/19:** 0

Owner Information

THE ARMY RETIREMENT RESIDENCE FOUNDATION SAN ANTONIO INC
7400 CRESTWAY DR
SAN ANTONIO TX 78239

PHONE: (210) 646-5300 **FAX:** (210) 646-5395
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 01/23/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004727

THE ATRIUM REHABILITATION CENTER
7602 LOUIS PASTEUR ST
SAN ANTONIO **TX** 78229

Phone (210) 614-9974 **Fax** (210) 616-0151

TOTAL Lic Capacity: 87 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

THE FREDERICKSBURG CARE COMPANY LP
105 N TRENTON ST
RUSTON LA 71270

PHONE: (318) 255-1514 **FAX:** (318) 255-4142
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2018

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005124

THE CHANDLER ESTATE IN LAUREL HEIGHTS
1502 HOWARD ST
SAN ANTONIO **TX** 78212-3444
Phone (210) 737-5100 **Fax** (210) 737-5157
TOTAL Lic Capacity: 113 **TITLE 18:** 48 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

MORNINGSIDE MINISTRIES
700 BABCOCK RD
SAN ANTONIO TX 78201-2600
PHONE: (210) 734-1000 **FAX:** (210) 734-1111
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/08/2019

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000220

THE FORUM AT LINCOLN HEIGHTS
311 W NOTTINGHAM
SAN ANTONIO **TX** 78209
Phone (210) 824-2314 **Fax** (210) 824-6556
TOTAL Lic Capacity: 60 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FIVE STAR LINCOLN HEIGHTS LLC
311 W NOTTINGHAM
SAN ANTONIO TX 78209
PHONE: (210) 824-2314 **FAX:** (210) 824-6556
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/01/2018

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103837

THE HEIGHTS ON HUEBNER
10127 HUEBNER RD
SAN ANTONIO **TX** 78240-1320
Phone (210) 858-0828 **Fax** (210) 858-0838
TOTAL Lic Capacity: 120 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

BEXAR COUNTY HOSPITAL DISTRICT
4502 MEDICAL DR ,MS
SAN ANTONIO TX 78229
PHONE: (210) 358-2000 **FAX:** (210) 358-4020
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000104

THE MISSION AT BLUE SKIES OF TEXAS EAST
4949 RAVENSWOOD DR
SAN ANTONIO **TX** 78227
Phone (210) 673-0325 **Fax** (210) 568-5179
TOTAL Lic Capacity: 80 **TITLE 18:** 80 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BST HEALTH SERVICES CORP
12455 FREEDOM WAY
SAN ANTONIO TX 78245
PHONE: (210) 838-6332 **FAX:** (210) 838-6315
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104934

THE RIO AT MISSION TRAILS
6211 S NEW BRAUNFELS AVE
SAN ANTONIO **TX** 78223
Phone (210) 531-0569 **Fax** (210) 531-0495
TOTAL Lic Capacity: 124 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

GRUENEPOINTE 1 CASA RIO LLC
8502 HUEBNER RD ,STE 400
SAN ANTONIO TX 78240
PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004373

THE SARAH ROBERTS FRENCH HOME
1315 TEXAS AVE
SAN ANTONIO **TX** 78201
Phone (210) 736-4238 **Fax** (210) 737-7151
TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 60
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

THE SARAH ROBERTS FRENCH HOME
1315 TEXAS AVE
SAN ANTONIO TX 78201
PHONE: (210) 736-4238 **FAX:** (210) 737-7151
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 08/26/2017

County **BEXAR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000204

THE VILLAGE AT INCARNATE WORD
4707 BROADWAY
SAN ANTONIO **TX** 78209-6200

Phone (210) 829-7561 **Fax** (210) 829-1601

TOTAL Lic Capacity: 62 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 62 **TITLE 18/19:** 0

Owner Information

INCARNATE WORD RETIREMENT COMMUNITY INC
4707 BROADWAY
SAN ANTONIO TX 78209-6200

PHONE: (210) 829-7561 **FAX:** (210) 829-1601
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 06/12/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000182

THE VISTA AT BLUE SKIES OF TEXAS WEST
5100 JOHN D RYAN BLVD
SAN ANTONIO **TX** 78245

Phone (210) 568-3401 **Fax** (210) 677-0349

TOTAL Lic Capacity: 64 **TITLE 18:** 64 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BST HEALTH SERVICES CORP
12455 FREEDOM WAY
SAN ANTONIO TX 78245

PHONE: (210) 838-6332 **FAX:** (210) 838-6315
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 105220

TRISUN CARE CENTER - LAKESIDE
8707 LAKESIDE PARKWAY
SAN ANTONIO **TX** 78245

Phone (210) 510-3200 **Fax** (210) 645-6089

TOTAL Lic Capacity: 120 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 95

Owner Information

PM MANAGEMENT - SAN ANTONIO NC LLC
600 NORTH PEARL STREET ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **BEXAR** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102420

WARM SPRINGS REHABILITATION HOSPITAL OF SAN ANTONIO LLC
5101 MEDICAL DR
SAN ANTONIO **TX** 78229

Phone (210) 616-0100 **Fax**

TOTAL Lic Capacity: 10 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

POST ACUTE MEDICAL AT SAN ANTONIO LLC
909 NE LOOP 410 STE 500
SAN ANTONIO TX 78209

PHONE: (210) 832-2350 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **BEXAR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 106546

WINDEMERE AT WESTOVER HILLS
11106 CHRISTUS HILLS
SAN ANTONIO **TX** 78251

Phone (210) 536-0224 **Fax** (210) 536-0229

TOTAL Lic Capacity: 112 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 41
PRIVATE Beds: 71 **TITLE 18/19:** 0

Owner Information

WESTOVER CONTINUING CARE CENTER LTD CO
2537 GOLDEN BEAR DR
CARROLLTON TX 75006

PHONE: (214) 954-4114 **FAX:** (214) 880-0053
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005051

WINDSOR MISSION OAKS
3030 S ROOSEVELT AVE
SAN ANTONIO **TX** 78214

Phone (210) 924-8151 **Fax** (210) 924-2208

TOTAL Lic Capacity: 150 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 148

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **BEXAR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 106667

TRUCARE LIVING CENTERS - SELMA
16550 RETAMA PARKWAY
SELMA **TX** 78154

Phone (210) 886-8393 **Fax** (210) 886-8411

TOTAL Lic Capacity: 128 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 112
PRIVATE Beds: 16 **TITLE 18/19:** 0

Owner Information

SELMA MANAGEMENT,LLC
8520 S. 36TH TERRACE
FORT SMITH AR 72908

PHONE: (479) 410-1740 **FAX:** (479) 410-1596
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/14/2017

County **BLANCO** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 004342

LIVE OAK MEDICAL CENTER
618 LIVE OAK ST
BLANCO **TX** 78606

Phone (830) 833-4567 **Fax** (830) 833-0466

TOTAL Lic Capacity: 63 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 58
PRIVATE Beds: 5 **TITLE 18/19:** 0

Owner Information

R L TOMS INC
PO BOX 356
BLANCO TX 78606

PHONE: (830) 833-4567 **FAX:** (830) 868-4095
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 10/01/2018

County **BLANCO** Reg Svcs: TEAM Z Region 07 - AUSTIN

Facility Information: **Facility ID:** 004903

LBJ MEDICAL CENTER
206 HALEY RD
JOHNSON CITY **TX** 78636

Phone (830) 868-4093 **Fax** (830) 868-4095

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 57
PRIVATE Beds: 3 **TITLE 18/19:** 0

Owner Information

R L TOMS INC
PO BOX 356
BLANCO TX 78606

PHONE: (830) 833-4567 **FAX:** (830) 868-4095
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 11/04/2016

County **BOSQUE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005354

CLIFTON NURSING AND REHABILITATION LP
1000 FM 3220
CLIFTON **TX** 76634

Phone (254) 675-2828 **Fax** (254) 675-2929

TOTAL Lic Capacity: 112 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

CLIFTON NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BOSQUE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005355

GOODALL WITCHER NURSING FACILITY
101 POSEY AVE
CLIFTON **TX** 76634

Phone (254) 675-8322 **Fax** (254) 675-2246

TOTAL Lic Capacity: 43 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 41
PRIVATE Beds: 2 **TITLE 18/19:** 0

Owner Information

GOODALL-WITCHER HOSPITAL AUTHORITY
101 POSEY AVE
CLIFTON TX 76634

PHONE: (254) 675-8322 **FAX:** (254) 675-2246
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 12/01/2019

County **BOSQUE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004059

SUNSET HOME
1800 WEST 9TH ST
CLIFTON **TX** 76634-0071

Phone (254) 675-8637 **Fax** (254) 675-3248

TOTAL Lic Capacity: 128 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

GOODALL-WITCHER HOSPITAL AUTHORITY
101 POSEY AVE
CLIFTON TX 76634

PHONE: (254) 675-8322 **FAX:** (254) 675-2246
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **BOSQUE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004434

THE HILLTOP ON MAIN
1015 N MAIN
MERIDIAN **TX** 76665
Phone (254) 435-2357 **Fax** (254) 435-6172

TOTAL Lic Capacity: 94 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

MSL MERIDIAN LLC
1015 N MAIN
MERIDIAN TX 76665
PHONE: (254) 523-7370 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **BOSQUE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004824

VALLEY MILLS NURSING AND REHABILITATION LP
101 W. AVENUE E
VALLEY MILLS **TX** 76689
Phone (254) 932-6288 **Fax** (254) 932-6286

TOTAL Lic Capacity: 61 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 37

Owner Information

VALLEY MILLS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004553

PONDEROSA NURSING AND REHABILITATION
12520 FM 1840
DEKALB **TX** 75559
Phone (903) 667-2572 **Fax** (903) 667-5589

TOTAL Lic Capacity: 110 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

DEKALB GREENLAW HEALTH CARE LLC
12520 FM 1840
DEKALB TX 75559
PHONE: (903) 882-4745 **FAX:** (903) 882-4851
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2017

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004185

NEW BOSTON HEALTHCARE CENTER
210 RICE ST
NEW BOSTON **TX** 75570
Phone (903) 628-6615 **Fax** (903) 900-4411

TOTAL Lic Capacity: 116 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

INSPIRE NEW BOSTON LLC
210 RICE ST
NEW BOSTON TX 75570
PHONE: (903) 628-6615 **FAX:** (903) 900-4411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/27/2017

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004848

CHRISTIAN CARE CENTER
1008 CITIZENS TRAIL
TEXARKANA **TX** 75501
Phone (903) 838-9526 **Fax** (903) 831-7697

TOTAL Lic Capacity: 114 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

HMS HOLDINGS AT TEXARKANA LLC
24616 KINGSLAND BLVD
KATY TX 77494
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/16/2018

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 000283

CORNERSTONE RETIREMENT COMMUNITY
4100 MOORES LN
TEXARKANA **TX** 75503
Phone (903) 832-5515 **Fax** (903) 832-5553

TOTAL Lic Capacity: 40 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 4

Owner Information

M R C CORNERSTONE
1440 LAKE FRONT CIRCLE ,STE 110
THE WOODLANDS TX 77380
PHONE: (281) 363-2600 **FAX:** (281) 292-6360
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/24/2018

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005150

EDGEWOOD MANOR
4925 ELIZABETH ST
TEXARKANA **TX** 75503

Phone (903) 793-4645 **Fax** (903) 793-3956

TOTAL Lic Capacity: 120 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

PINNACLE HEALTH FACILITIES XXVII LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005345

HERITAGE PLAZA NURSING CENTER
600 W 52ND ST
TEXARKANA **TX** 75501

Phone (903) 792-6700 **Fax** (903) 792-6216

TOTAL Lic Capacity: 95 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

HERITAGE SNF LP
1500 WATERS RIDGE DRIVE
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4805
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 101006

MSHC THE WATERTON AT COWHORN CREEK LLC
5524 COWHORN CREEK
TEXARKANA **TX** 75503

Phone (903) 223-1188 **Fax** (903) 838-1229

TOTAL Lic Capacity: 76 **TITLE 18:** 45 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 31

Owner Information

MSHC THE WATERTON AT COWHORN CREEK LLC
4939 ELIZABETH
TEXARKANA TX 75503

PHONE: (903) 534-6221 **FAX:** (903) 534-4705
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005346

REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER
1401 HAMPTON RD
TEXARKANA **TX** 75503

Phone (903) 792-7994 **Fax** (903) 792-8583

TOTAL Lic Capacity: 129 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

REUNION SNF, LP
1500 WATERS RIDGE DRIVE
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **BOWIE** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005182

THE VILLA AT TEXARKANA
4920 ELIZABETH ST
TEXARKANA **TX** 75503

Phone (903) 792-3812 **Fax** (903) 792-9661

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 14 **TITLE 18/19:** 106

Owner Information

TEXARKANA SNF LLC
4920 ELIZABETH ST
TEXARKANA TX 75503

PHONE: (718) 382-1313 **FAX:** (718) 879-6471
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004705

LAUREL COURT
3830 MUSTANG ROAD
ALVIN **TX** 77511

Phone (281) 585-8484 **Fax** (281) 824-0217

TOTAL Lic Capacity: 125 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

SWEENY HOSPITAL DISTRICT
305 NORTH MCKINNEY
SWEENY TX 77480

PHONE: (979) 548-1598 **FAX:** (979) 548-1595
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005035

WINCHESTER LODGE HEALTHCARE CENTER
1112 SMITH DR
ALVIN **TX** 77511

Phone (281) 331-6125 **Fax** (281) 331-2363

TOTAL Lic Capacity: 94 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

SSC ALVIN OPERATING COMPANY LLC
1112 SMITH DRIVE
ALVIN TX 77511

PHONE: (770) 829-5100 **FAX:** (770) 393-8054
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004261

COUNTRY VILLAGE CARE, INC
721 W MULBERRY
ANGLETON **TX** 77515

Phone (979) 849-8281 **Fax** (979) 849-0249

TOTAL Lic Capacity: 136 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

COUNTRY VILLAGE CARE INC
721 W MULBERRY
ANGLETON TX 77515

PHONE: (979) 849-8281 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/28/2019

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004842

CYPRESS WOODS CARE CENTER
135 1/2 HOSPITAL DR
ANGLETON **TX** 77515

Phone (979) 849-8221 **Fax** (979) 864-4106

TOTAL Lic Capacity: 105 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

ANGLETON HEALTH FACILITIES LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (970) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004663

CREEKSIDE VILLAGE HEALTHCARE
914 N BRAZOSPORT BLVD
CLUTE **TX** 77531

Phone (979) 265-4794 **Fax** (979) 265-4898

TOTAL Lic Capacity: 119 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

SUNSET NURSING HOME INC
550 CR 830 A
FREEPORT TX 77541

PHONE: (979) 230-0407 **FAX:** (979) 233-2604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004340

WOODLAKE NURSING HOME
603 E PLANTATION RD
CLUTE **TX** 77531

Phone (979) 265-4221 **Fax** (979) 265-7348

TOTAL Lic Capacity: 93 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

WOODLAKE NURSING HOME LLC
603 E PLANTATION RD
CLUTE TX 77531

PHONE: (410) 773-1000 **FAX:** (410) 773-1321
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BRAZORIA** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005139

LAKE JACKSON HEALTHCARE CENTER
413 GARLAND DR
LAKE JACKSON **TX** 77566

Phone (979) 297-3266 **Fax** (979) 297-3955

TOTAL Lic Capacity: 120 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

SWEENY HOSPITAL DISTRICT
305 NORTH MCKINNEY
SWEENY TX 77480

PHONE: (979) 548-1598 **FAX:** (979) 548-1595
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **BRAZORIA** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005369

OAK VILLAGE HEALTHCARE
204 OAK DRIVE SOUTH
LAKE JACKSON **TX** 77566

Phone (979) 297-0425 **Fax** (979) 299-0042

TOTAL Lic Capacity: 74 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 19

Owner Information

SUNSET NURSING HOME INC
550 CR 830 A
FREEPORT TX 77541

PHONE: (979) 230-0407 **FAX:** (979) 233-2604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103557

THE COLONNADES AT REFLECTION BAY
12001 SHADOW CREEK PARKWAY
PEARLAND **TX** 77584

Phone (713) 434-3800 **Fax** (713) 434-3801

TOTAL Lic Capacity: 180 **TITLE 18:** 88 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

SWEENY HOSPITAL DISTRICT
305 NORTH MCKINNEY
SWEENY TX 77480

PHONE: (979) 548-1598 **FAX:** (979) 548-1595
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103462

TUSCANY VILLAGE
2750 MILLER RANCH RD
PEARLAND **TX** 77584

Phone (713) 770-5300 **Fax** (713) 770-5301

TOTAL Lic Capacity: 121 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

LINBAR ENTERPRISES LLC
411 ALABAMA AVENUE
LEAGUE CITY TX 77573

PHONE: (281) 332-9588 **FAX:** (281) 316-2715
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/03/2018

County **BRAZORIA** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005065

WINDSONG VILLAGE CONVALESCENT CENTER INC
3400 E WALNUT
PEARLAND **TX** 77581

Phone (281) 485-2776 **Fax** (281) 485-6729

TOTAL Lic Capacity: 138 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 138

Owner Information

PEARLAND CONVALESCENT CENTER INC
3400 E WALNUT
PEARLAND TX 77581

PHONE: (281) 485-2776 **FAX:** (281) 485-6729
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **BRAZORIA** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005017

SWEENY HOUSE
109 N MCKINNEY
SWEENY **TX** 77480

Phone (979) 548-3383 **Fax** (979) 548-4701

TOTAL Lic Capacity: 94 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 90

Owner Information

SSC SWEENY OPERATING COMPANY LLC
109 N MCKINNEY ST
SWEENY TX 77480

PHONE: (770) 829-5100 **FAX:** (770) 393-8054
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/30/2019

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004350

CRESTVIEW RETIREMENT COMMUNITY
2505 E VILLA MARIA RD
BRYAN **TX** 77802

Phone (979) 776-4778 **Fax** (979) 774-7579

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

MRC CRESTVIEW
1440 LAKE FRONT CIR ,STE 110
THE WOODLANDS TX 77380

PHONE: (281) 363-2600 **FAX:** (281) 292-6360
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 104695

ISLE AT WATERCREST - BRYAN
4091 EASTCHESTER DRIVE
BRYAN **TX** 77802
Phone (979) 774-3401 **Fax** (979) 774-3021

TOTAL Lic Capacity: 36 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 36 **TITLE 18/19:** 0

Owner Information

CHP ISLE AT WATERCREST-BRYAN TX TENANT CORP
4091 EASTCHESTER DRIVE
BRYAN TX 77802
PHONE: (979) 774-3401 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/21/2018

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 101864

LAMPSTAND NURSING AND REHABILITATION LP
2001 E 29TH ST
BRYAN **TX** 77802
Phone (979) 822-6611 **Fax** (979) 822-0462

TOTAL Lic Capacity: 140 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

LAMPSTAND NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004431

SHERWOOD HEALTH CARE INC
2817 KENT STREET
BRYAN **TX** 77802
Phone (979) 776-7521 **Fax** (979) 774-0161

TOTAL Lic Capacity: 124 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 7 **TITLE 18/19:** 117

Owner Information

SHERWOOD HEALTH CARE INC
1401 MEMORIAL DR
BRYAN TX 77802
PHONE: (979) 776-7521 **FAX:** (979) 774-7118
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/21/2017

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005393

ST JOSEPH MANOR
2333 MANOR DR
BRYAN **TX** 77802
Phone (979) 821-7330 **Fax** (979) 821-7301

TOTAL Lic Capacity: 81 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 26

Owner Information

BURLESON COUNTY HOSPITAL DISTRICT
1108 WOODSON DRIVE
CALDWELL TX 77836
PHONE: (409) 567-3244 **FAX:** (409) 567-3255
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2018

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004952

FORTRESS NURSING AND REHABILITATION LP
1105 ROCK PRAIRIE RD
COLLEGE STATION **TX** 77845
Phone (979) 694-2200 **Fax** (979) 696-6206

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

FORTRESS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **BRAZOS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005050

MAGNIFIED NURSING AND REHABILITATION LP
1115 ANDERSON
COLLEGE STATION **TX** 77840
Phone (979) 693-1515 **Fax** (979) 696-0462

TOTAL Lic Capacity: 126 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

MAGNIFIED NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **BROOKS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004951

FALFURRIAS NURSING AND REHABILITATION LP
1301 S TERRELL ST
FALFURRIAS **TX** 78355
Phone (361) 325-3658 **Fax** (361) 325-3819

TOTAL Lic Capacity: 96 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 71

Owner Information

FALFURRIAS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004498

BANGS NURSING HOME
1105 FITZGERALD
BANGS **TX** 76823
Phone (325) 752-6321 **Fax** (325) 752-6076

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

SSC BANGS OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004881

BROWNWOOD NURSING AND REHABILITATION LP
101 MILLER DR
BROWNWOOD **TX** 76801
Phone (325) 643-9555 **Fax** (325) 643-9519

TOTAL Lic Capacity: 128 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

BROWNWOOD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 009061

BROWNWOOD REGIONAL MEDICAL CENTER SNF
1501 BURNET DRIVE
BROWNWOOD **TX** 76801
Phone (325) 646-8541 **Fax** (325) 646-5459

TOTAL Lic Capacity: 18 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BROWNWOOD HOSPITAL
PO BOX 760
BROWNWOOD TX 76804
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004124

CARE NURSING & REHABILITATION
200 COUNTY RD 616
BROWNWOOD **TX** 76802-9099
Phone (325) 646-5521 **Fax** (325) 643-2790

TOTAL Lic Capacity: 97 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

BROWNWOOD III ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004266

CROSS COUNTRY HEALTHCARE CENTER
1514 INDIAN CREEK RD
BROWNWOOD **TX** 76801
Phone (325) 646-6529 **Fax** (325) 646-4521

TOTAL Lic Capacity: 112 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 18 **TITLE 18/19:** 70

Owner Information

BALLINGER MEMORIAL HOSPITAL DISTRICT
608 AVE B
BALLINGER TX 76821
PHONE: (325) 365-2531 **FAX:** (325) 365-5689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005248

OAK RIDGE MANOR
2501 MORRIS SHEPPARD DR
BROWNWOOD **TX** 76801

Phone (325) 643-2746 **Fax** (325) 646-3702

TOTAL Lic Capacity: 114 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

BROWNWOOD II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 104537

SENIOR CARE OF BROWNWOOD
2700 MEMORIAL PARK DR
BROWNWOOD **TX** 76801

Phone (325) 643-9801 **Fax** (325) 646-9359

TOTAL Lic Capacity: 90 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

BROWNWOOD SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7703 **FAX:** (214) 252-7704
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/02/2018

County **BROWN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005309

SONGBIRD LODGE
2500 SONGBIRD CIR
BROWNWOOD **TX** 76801

Phone (325) 646-4750 **Fax** (325) 643-5250

TOTAL Lic Capacity: 121 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

GRUENEPOINTE 1 BROWNWOOD LLC
8502 HUEBNER ROAD, SUITE 400
SAN ANTONIO TX 78240

PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **BURLESON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005396

BURLESON ST JOSEPH MANOR
1022 PRESIDENTIAL CORRIDOR HWY 21 E
CALDWELL **TX** 77836

Phone (979) 567-0920 **Fax** (979) 567-4811

TOTAL Lic Capacity: 112 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

BURLESON COUNTY HOSPITAL DISTRICT
1108 WOODSON DRIVE
CALDWELL TX 77836

PHONE: (409) 567-3244 **FAX:** (409) 567-3255
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2018

County **BURLESON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 103889

COPPERAS HOLLOW NURSING & REHABILITATION CENTER
345 COUNTRY CLUB DR
CALDWELL **TX** 77836

Phone (979) 567-4300 **Fax** (979) 567-4315

TOTAL Lic Capacity: 90 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **BURNET** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004522

BERTRAM NURSING AND REHAB CENTER
540 HWY 29 E
BERTRAM **TX** 78605-0209

Phone (512) 355-2116 **Fax** (512) 355-2092

TOTAL Lic Capacity: 74 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

SHADY SHORES OF BERTRAM LLC
320 EAGLE DRIVE #201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **BURNET** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004538

OAKS NURSING CENTER
507 W JACKSON ST
BURNET **TX** 78611

Phone (512) 756-6044 **Fax** (512) 756-2646

TOTAL Lic Capacity: 112 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

MCCULLOCH COUNTY HOSPITAL DISTRICT
2008 NINE ROAD
BRADY TX 76825

PHONE: (325) 597-2901 **FAX:** (325) 597-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **BURNET** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 103751

GRANITE MESA HEALTH CENTER
1401 MAX COPELAND DR
MARBLE FALLS **TX** 78654-4665

Phone (830) 693-0022 **Fax** (830) 693-2322

TOTAL Lic Capacity: 124 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

COPELAND HEALTHCARE INC
1401 MAX COPELAND DRIVE
MARBLE FALLS TX 78654-4665

PHONE: (949) 540-1249 **FAX:** (949) 540-1966
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **CALDWELL** Reg Svcs: TEAM Y Region 07 - AUSTIN

Facility Information: **Facility ID:** 004891

CHISOLM TRAIL NURSING AND REHABILITATION CENTER
107 N MEDINA
LOCKHART **TX** 78644

Phone (512) 398-5213 **Fax** (512) 398-9458

TOTAL Lic Capacity: 96 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

DIVERSICARE CHISOLM LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **CALDWELL** Reg Svcs: TEAM Y Region 07 - AUSTIN

Facility Information: **Facility ID:** 004121

PARKVIEW NURSING AND REHABILITATION CENTER
1501 S MAIN ST
LOCKHART **TX** 78644

Phone (512) 398-2362 **Fax** (512) 398-2493

TOTAL Lic Capacity: 118 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 10 **TITLE 18/19:** 108

Owner Information

PINNACLE HEALTH FACILITIES XIX LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **CALDWELL** Reg Svcs: TEAM V Region 07 - AUSTIN

Facility Information: **Facility ID:** 004820

HILLCREST MANOR NURSING AND REHABILITATION CENTER
208 MAPLE ST
LULING **TX** 78648

Phone (830) 875-5219 **Fax** (830) 875-2919

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

DIVERSICARE HILLCREST LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **CALDWELL** Reg Svcs: TEAM V Region 07 - AUSTIN

Facility Information: **Facility ID:** 004177

LULING CARE CENTER
501 W AUSTIN ST
LULING **TX** 78648

Phone (830) 875-5628 **Fax** (830) 875-5302

TOTAL Lic Capacity: 56 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 54

Owner Information

LULING CARE NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **CALDWELL** Reg Svcs: TEAM X Region 07 - AUSTIN

Facility Information: **Facility ID:** 005045

MAGNOLIA LIVING AND REHABILITATION
1105 N MAGNOLIA
LULING **TX** 78648

Phone (830) 875-5606 **Fax** (830) 875-5857

TOTAL Lic Capacity: 90 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

GONZALES HEALTHCARE SYSTEMS
1110 N SARAH DEWITT DR
GONZALES TX 78629

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **CALHOUN** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004259

PORT LAVACA NURSING AND REHABILITATION CENTER
524 VILLAGE RD
PORT LAVACA **TX** 77979

Phone (361) 552-3741 **Fax** (361) 552-5808

TOTAL Lic Capacity: 150 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 150

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901

PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **CALLAHAN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004247

HOMESTEAD NURSING AND REHABILITATION OF BAIRD
224 E 6TH ST
BAIRD **TX** 79504

Phone (325) 854-1429 **Fax** (325) 854-2030

TOTAL Lic Capacity: 74 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 12 **TITLE 18/19:** 46

Owner Information

BAIRD NURSING OPERATIONS, LLC
306 W 7TH STREET SUITE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **CALLAHAN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004395

CLYDE NURSING CENTER
806 STEPHENS ST
CLYDE **TX** 79510

Phone (325) 893-4288 **Fax** (325) 893-2568

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067

PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004700

ALTA VISTA REHABILITATION AND HEALTHCARE
510 PAREDES LINE RD
BROWNSVILLE **TX** 78521

Phone (956) 546-5358 **Fax** (956) 546-2487

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

BROWNSVILLE CARE ASSOCIATES INC DBA ALTA VISTA REHABILITATION AND HEA
510 PAREDES LINE RD
BROWNSVILLE TX 78521

PHONE: (956) 546-5358 **FAX:** (956) 546-2487
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102455

BROWNSVILLE NURSING AND REHABILITATION CENTER
320 LORENALY DR
BROWNSVILLE **TX** 78520

Phone (956) 350-2252 **Fax** (956) 350-2256

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

REGENCY IHS OF BROWNSVILLE LLC
1422 CLARKVIEW RD
BALTIMORE MD 21209

PHONE: (410) 513-8738 **FAX:** (443) 761-6438
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/22/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005259

EBONY LAKE NURSING AND REHABILITATION CENTER
1001 CENTRAL BLVD
BROWNSVILLE **TX** 78520
Phone (956) 541-0917 **Fax** (956) 541-2860
TOTAL Lic Capacity: 122 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

REGENCY IHS OF EBONY LAKE LLC
1422 CLARKVIEW RD
BALTIMORE MD 21209
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/22/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005002

SCC AT VALLEY GRANDE
901 WILDROSE LN
BROWNSVILLE **TX** 78520
Phone (956) 546-4568 **Fax** (956) 546-2517
TOTAL Lic Capacity: 180 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 72
PRIVATE Beds: 24 **TITLE 18/19:** 84

Owner Information

VALLEY GRANDE SCC LLC
1717 W 6TH ST STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (817) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005282

SPANISH MEADOWS
440 E RUBEN TORRES BLVD
BROWNSVILLE **TX** 78520
Phone (956) 546-7378 **Fax** (956) 546-8562
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 119

Owner Information

EMPIRE SPANISH MEADOWS LTD
25009 OAKHURST DR.
SPRING TX 77386
PHONE: (281) 465-0636 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 106540

THE RIO AT FOX HOLLOW
310 AMERICA DRIVE
BROWNSVILLE **TX** 78526
Phone (956) 574-3400 **Fax** (956) 574-3300
TOTAL Lic Capacity: 126 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

RIO AT FOX HOLLOW LLC
8820 HORIZON BLVD NE
ALBUQUERQUE NM 87113
PHONE: (505) 980-4582 **FAX:** (505) 980-9565
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/13/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 000154

GOLDEN PALMS RETIREMENT & HEALTH CENTER
2101 TREASURE HILLS BLVD
HARLINGEN **TX** 78550
Phone (956) 430-3100 **Fax** (956) 430-3175
TOTAL Lic Capacity: 60 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

GOLDEN PALMS OPERATING COMPANY LLC
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005358

HARLINGEN NURSING AND REHABILITATION CENTER
3810 HALE ST
HARLINGEN **TX** 78550
Phone (956) 412-8660 **Fax** (956) 412-8687
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

REGENCY IHS OF HARLINGEN, LLC
1422 CLARKVIEW ROAD
BALTIMORE MD 21209
PHONE: (410) 513-8738 **FAX:** (443) 761-6438
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/22/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004983

LA HACIENDA HEALTHCARE
2204 PEASE ST
HARLINGEN **TX** 78550

Phone (956) 425-2812 **Fax** (956) 428-4528

TOTAL Lic Capacity: 120 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS II LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004718

RETAMA MANOR NURSING CENTER/HARLINGEN
820 CAMELOT
HARLINGEN **TX** 78550

Phone (956) 423-2663 **Fax** (956) 421-2956

TOTAL Lic Capacity: 154 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 154

Owner Information

SSC HARLINGEN OPERATING COMPANY LLC
ONE RAVINA DRIVE ,SUITE 1500
ATLANTA GA 30346

PHONE: (678) 443-7000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004745

VERANDA REHABILITATION AND HEALTHCARE
4301 S EXPRESSWAY 83
HARLINGEN **TX** 78550

Phone (956) 423-4959 **Fax** (956) 423-7602

TOTAL Lic Capacity: 100 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

HARLINGEN HEALTHCARE INC DBA VERANDA REHABILITATION AND HEALTHCARE
4301 S EXPRESSWAY 83
HARLINGEN TX 78550

PHONE: (956) 423-4959 **FAX:** (956) 423-7602
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **CAMERON** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004539

WINDSOR ATRIUM
1814 ATRIUM PLACE
HARLINGEN **TX** 78550

Phone (956) 230-2300 **Fax** (956) 230-0222

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

ATRIUM POST-ACUTE HEALTHCARE LTD
101 W GOODWIN AVE ,STE 600
VICTORIA TX 77901

PHONE: (361) 576-0694 **FAX:** (361) 576-5484
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/22/2017

County **CAMP** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004749

PITTSBURG NURSING CENTER
123 PECAN GROVE
PITTSBURG **TX** 75686

Phone (903) 856-3633 **Fax** (903) 856-6497

TOTAL Lic Capacity: 104 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 103

Owner Information

PITTSBURG SENIOR CARE LLC
6813 CACTUS DR
WACO TX 76712

PHONE: (254) 399-6788 **FAX:** (254) 772-1110
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **CASS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004376

GOLDEN VILLA
1104 S WILLIAM ST
ATLANTA **TX** 75551

Phone (903) 796-0290 **Fax** (903) 796-3976

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **CASS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004798

ROSE HAVEN RETREAT
200 LIVE OAK ST
ATLANTA **TX** 75551

Phone (903) 796-4127 **Fax** (903) 796-2991

TOTAL Lic Capacity: 108 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 69

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/22/2018

County **CASS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004969

HUGHES SPRINGS LTC PARTNERS INC
215 HIGHWAY 161 SOUTH
HUGHES SPRINGS **TX** 75656

Phone (903) 639-2561 **Fax** (903) 639-7348

TOTAL Lic Capacity: 69 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

HUGHES SPRINGS LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,# 1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-3161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **CASS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004959

THE SPRINGS
704 N TAYLOR RD
HUGHES SPRINGS **TX** 75656

Phone (903) 639-2531 **Fax** (903) 639-1763

TOTAL Lic Capacity: 60 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

J ORI LLC
507 E WM WATSON BLVD
DAINGERFIELD TX 75638

PHONE: (903) 746-5369 **FAX:** (903) 645-2288
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **CASS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004617

LINDEN HEALTHCARE CENTER
1201 W HOUSTON ST
LINDEN **TX** 75563

Phone (903) 756-5537 **Fax** (903) 756-5938

TOTAL Lic Capacity: 131 **TITLE 18:** 68 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

NEXION HEALTH AT LINDEN INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **CASTRO** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004948

CAMBRIDGE LTC PARTNERS INC
1621 BUTLER
DIMMITT **TX** 79027

Phone (806) 647-3117 **Fax** (806) 647-5212

TOTAL Lic Capacity: 114 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

CAMBRIDGE LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,# 1004
THE WOODLANDS TX 77381

PHONE: (832) 489-9944 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **CHAMBERS** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 005394

ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE
1215 HIGHWAY 124
WINNIE **TX** 77665

Phone (409) 296-8200 **Fax** (409) 296-8212

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CHAMBERS COUNTY
404 WASHINGTON AVE
ANAHUAC TX 77514

PHONE: (409) 267-2440 **FAX:** (409) 267-4453
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **CHEROKEE** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005275

BONNER STREET PLAZA HEALTHCARE & REHABILITATION
421 S BONNER
JACKSONVILLE **TX** 75766
Phone (903) 586-9871 **Fax** (903) 586-5866

TOTAL Lic Capacity: 84 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

SOUTHWEST LTC - BONNER LLC
1518 LEGACY DRIVE ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **CHEROKEE** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004986

GARDENDALE REHABILITATION AND NURSING CENTER
1521 E RUSK
JACKSONVILLE **TX** 75766
Phone (903) 586-3626 **Fax** (903) 586-2133

TOTAL Lic Capacity: 120 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **CHEROKEE** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004369

JACKSONVILLE HEALTHCARE CENTER
305 BONITA ST
JACKSONVILLE **TX** 75766
Phone (903) 586-3616 **Fax** (903) 586-7497

TOTAL Lic Capacity: 53 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418
PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **CHEROKEE** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 102529

SENIOR CARE OF JACKSONVILLE
810 BELAIRE STREET
JACKSONVILLE **TX** 75766-9045
Phone (903) 589-5300 **Fax** (903) 589-5335

TOTAL Lic Capacity: 101 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

JACKSONVILLE SCC LLC
600 PEARL ST SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **CHEROKEE** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004803

TWIN OAKS HEALTH AND REHABILITATION CENTER
1123 N BOLTON ST
JACKSONVILLE **TX** 75766
Phone (903) 586-9031 **Fax** (903) 586-2160

TOTAL Lic Capacity: 120 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 99

Owner Information

JACKSONVILLE III ENTERPRISES LLC
1701 RIVER RUN ,SUITE 304
FORT WORTH TX 76107
PHONE: (817) 348-8969 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **CHEROKEE** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 004304

CHEROKEE TRAILS NURSING HOME
330 E BAGLEY RD
RUSK **TX** 75785-9603
Phone (903) 683-5438 **Fax** (903) 683-8418

TOTAL Lic Capacity: 140 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

RUSK NURSING & REHAB CENTER LLC
6813 CACTUS DR
WACO TX 76712
PHONE: (254) 399-6788 **FAX:** (254) 772-1110
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **CHEROKEE** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005238

THE ARBORS HEALTHCARE AND REHABILITATION CENTER
1884 LOOP 343 WEST
RUSK **TX** 75785
Phone (903) 683-1042 **Fax** (903) 683-3834
TOTAL Lic Capacity: 110 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

RUSK I ENTERPRISES LLC
1884 LOOP 343 WEST
RUSK TX 75785
PHONE: (903) 683-1042 **FAX:** (903) 683-3834
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **CHEROKEE** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005169

WELLS LTC PARTNERS INC
46 MAY STREET
WELLS **TX** 75976
Phone (936) 867-4707 **Fax** (936) 867-4709
TOTAL Lic Capacity: 90 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

WELLS LTC PARTNERS INC
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381
PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **CHILDRESS** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005040

CHILDRESS HEALTHCARE CENTER
1200 7TH ST NW
CHILDRESS **TX** 79201-1025
Phone (940) 937-8668 **Fax** (940) 937-8772
TOTAL Lic Capacity: 120 **TITLE 18:** 65 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320
PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **CLAY** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004384

GRACE CARE CENTER OF HENRIETTA
807 W BOIS D ARC
HENRIETTA **TX** 76365-0587
Phone (940) 538-4303 **Fax** (940) 538-5576
TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **COKE** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004900

BRONTE HEALTH AND REHAB CENTER
900 S STATE ST
BRONTE **TX** 76933
Phone (325) 473-3621 **Fax** (325) 473-2423
TOTAL Lic Capacity: 62 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

EAST COKE COUNTY HOSPITAL DISTRICT
PO BOX M
BRONTE TX 76933
PHONE: (915) 473-3621 **FAX:** (915) 473-3472
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/15/2019

County **COKE** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004095

ROBERT LEE CARE CENTER
307 WEST 8TH ST
ROBERT LEE **TX** 76945
Phone (325) 453-2511 **Fax** (325) 453-4338
TOTAL Lic Capacity: 70 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 43

Owner Information

WEST COKE COUNTY HOSPITAL DISTRICT
307 W 8TH ST
ROBERT LEE TX 76945
PHONE: (325) 453-2511 **FAX:** (325) 453-4338
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/05/2017

County **COLEMAN** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004564

COLEMAN HEALTHCARE CENTER
2713 S COMMERCIAL AVE
COLEMAN **TX** 76834

Phone (325) 625-4105 **Fax** (325) 625-3114

TOTAL Lic Capacity: 54 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

BALLINGER MEMORIAL HOSPITAL DISTRICT
608 AVE B
BALLINGER TX 76821

PHONE: (325) 365-2531 **FAX:** (325) 365-5689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2018

County **COLEMAN** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004161

HOLIDAY HILL INC
245 STATE HWY #153 WEST
COLEMAN **TX** 76834

Phone (325) 625-4157 **Fax** (325) 625-5306

TOTAL Lic Capacity: 108 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 20 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

HOLIDAY HILL INC
PO BOX 392
COLEMAN TX 76834

PHONE: (325) 625-4157 **FAX:** (325) 625-2953
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103963

THE BELMONT AT TWIN CREEKS
999 RAINTREE CIRCLE
ALLEN **TX** 75013

Phone (972) 390-8088 **Fax** (972) 390-8089

TOTAL Lic Capacity: 112 **TITLE 18:** 81 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 31

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/26/2019

County **COLLIN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 100624

VICTORIA GARDENS OF ALLEN
310 S JUPITER
ALLEN **TX** 75002

Phone (972) 727-5850 **Fax** (972) 727-5625

TOTAL Lic Capacity: 120 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

PM MANAGEMENT-ALLEN NC LLC
1717 W. 6TH ST. STE. 450
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **COLLIN** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101456

SETTLERS RIDGE CARE CENTER
1280 SETTLERS RIDGE RD
CELINA **TX** 75009

Phone (972) 382-8600 **Fax** (972) 382-8606

TOTAL Lic Capacity: 128 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **COLLIN** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105276

CONTINUING CARE AT HIGHLAND SPRINGS
7910 FRANKFORD ROAD
DALLAS **TX** 75252

Phone (972) 656-3500 **Fax** (972) 656-3435

TOTAL Lic Capacity: 44 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 4

Owner Information

HIGHLAND SPRINGS INC
8000 FRANKFORD ROAD
DALLAS TX 75252

PHONE: (972) 232-8005 **FAX:** (972) 232-8002
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/12/2019

County **COLLIN** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104653

KINDRED HOSPITAL - DALLAS
9525 GREENVILLE AVE
DALLAS **TX** 75243
Phone (214) 355-2600 **Fax**

TOTAL Lic Capacity: 36 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

KINDRED HOSPITALS LIMITED PARTNERSHIP
680 S 4TH ST
LOUISVILLE KY 40202
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **COLLIN** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105087

THE HILLCREST OF NORTH DALLAS
18648 HILLCREST RD
DALLAS **TX** 75252
Phone (972) 517-7771 **Fax** (972) 517-7779

TOTAL Lic Capacity: 120 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

BROWNSVILLE LONG TERM CARE LLC
18648 HILLCREST RD
DALLAS TX 75252
PHONE: (972) 517-7771 **FAX:** (972) 517-7779
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/18/2018

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004668

HINTON HOME INC
205 BEECH ST
FARMERSVILLE **TX** 75442
Phone (972) 784-6191 **Fax** (972) 782-7851

TOTAL Lic Capacity: 74 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 74
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

HINTON HOME INC
205 BEECH ST
FARMERSVILLE TX 75442
PHONE: (972) 784-6191 **FAX:** (972) 782-7851
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 05/19/2019

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106305

LEXINGTON MEDICAL LODGE
2000 WEST AUDIE MURPHY PKWAY
FARMERSVILLE **TX** 75442
Phone (972) 784-7770 **Fax** (972) 784-6777

TOTAL Lic Capacity: 128 **TITLE 18:** 68 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/21/2018

County **COLLIN** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105619

STONEMERE REHABILITATION CENTER
11855 LEBANON ROAD
FRISCO **TX** 75035
Phone (469) 269-1000 **Fax** (469) 269-1040

TOTAL Lic Capacity: 136 **TITLE 18:** 119 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 17

Owner Information

STONEMERE REHABILITATION CENTER LLC
11855 LEBANON ROAD
FRISCO TX 75035
PHONE: (318) 255-1514 **FAX:** (318) 255-1517
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2018

County **COLLIN** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005399

VICTORIA GARDENS OF FRISCO
10700 ROLATER DR
FRISCO **TX** 75035
Phone (972) 712-8652 **Fax** (972) 712-8655

TOTAL Lic Capacity: 118 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

PM MANAGEMENT-FRISCO NC LLC
600 NORTH PEARL ST STE 1100
DALLAS TX 75201
PHONE: (214) 252-7703 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **COLLIN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102533

BAYBROOKE VILLAGE CARE AND REHAB CENTER
8300 ELDORADO PKWY WEST
MCKINNEY **TX** 75070

Phone (972) 548-9339 **Fax** (972) 569-9330

TOTAL Lic Capacity: 128 **TITLE 18:** 48 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **COLLIN** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105919

BELTERRA HEALTH & REHAB
2170 NORTH LAKE FOREST DRIVE
MCKINNEY **TX** 75071

Phone (972) 542-5500 **Fax** (972) 554-1470

TOTAL Lic Capacity: 103 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

BELTERRA HEALTH & REHAB LLC
2208 NORTH HIGHWAY 121 ,STE 180
BEDFORD TX 76021

PHONE: (817) 268-8103 **FAX:** (817) 282-5967
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/28/2018

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004600

MCKINNEY HEALTHCARE AND REHABILITATION CENTER
253 ENTERPRISE DR
MCKINNEY **TX** 75069

Phone (972) 542-2695 **Fax** (972) 542-2724

TOTAL Lic Capacity: 125 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

NEXION HEALTH AT MCKINNEY INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/02/2019

County **COLLIN** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004589

NORTH PARK HEALTH AND REHABILITATION CENTER
1720 N MCDONALD
MCKINNEY **TX** 75069

Phone (972) 562-7969 **Fax** (972) 569-3911

TOTAL Lic Capacity: 140 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 127

Owner Information

SSC MCKINNEY OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (678) 443-7000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005324

PARK MANOR OF MCKINNEY
1801 PEARSON AVE
MCKINNEY **TX** 75069

Phone (972) 562-8880 **Fax** (972) 562-9957

TOTAL Lic Capacity: 138 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 130

Owner Information

HMG PARK MANOR OF MCKINNEY LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105697

ACCEL AT WILLOW BEND
2620 COMMUNICATIONS PKWY
PLANO **TX** 75093

Phone (214) 380-0710 **Fax** (214) 501-4673

TOTAL Lic Capacity: 110 **TITLE 18:** 74 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 36

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **COLLIN** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005019

COLLINWOOD CARE CENTER
3100 S RIGSBEE RD
PLANO **TX** 75074
Phone (972) 423-6217 **Fax** (972) 881-7116
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

D S J HEALTHCARE INC
105 N TRENTON ST
RUSTON LA 71270
PHONE: (318) 255-1514 **FAX:** (318) 255-1517
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2020

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005102

HERITAGE MANOR HEALTHCARE RESIDENCE
1621 COIT RD
PLANO **TX** 75075
Phone (972) 596-7930 **Fax** (972) 867-6788
TOTAL Lic Capacity: 160 **TITLE 18:** 97 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

PLANO HEALTHCARE RESIDENCE OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230
PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005406

LIFE CARE CENTER OF PLANO
3800 W PARK BLVD
PLANO **TX** 75075-3542
Phone (972) 612-1700 **Fax** (972) 612-2233
TOTAL Lic Capacity: 120 **TITLE 18:** 103 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 17

Owner Information

PLANO MEDICAL INVESTORS LIMITED PARTNERSHIP
3570 KEITH ST NW
CLEVELAND TN 37312
PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/30/2019

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106263

THE HEALTHCARE RESORT OF PLANO
3325 WEST PLANO PARKWAY
PLANO **TX** 75075
Phone (972) 596-1260 **Fax** (972) 596-1395
TOTAL Lic Capacity: 70 **TITLE 18:** 63 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 7

Owner Information

OAK POINT HEALTHCARE INC
3325 W PLANO PKWY
PLANO TX 75075
PHONE: (972) 596-1260 **FAX:** (972) 596-1395
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/12/2017

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103427

THE LEGACY AT WILLOW BEND
6101 OHIO STE 500
PLANO **TX** 75024
Phone (972) 468-6300 **Fax** (214) 291-9882
TOTAL Lic Capacity: 60 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

THE LEGACY AT WILLOW BEND RETIREMENT COMMUNITY INC
6101 OHIO
PLANO TX 75024
PHONE: (972) 714-8922 **FAX:** (214) 291-9882
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 07/24/2018

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005130

THE PARK IN PLANO
3208 THUNDERBIRD LN
PLANO **TX** 75075
Phone (972) 422-2214 **Fax** (972) 424-2181
TOTAL Lic Capacity: 120 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

PLANO OPERATING COMPANY LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346
PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **COLLIN** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104410

SAN REMO
3550 N SHILOH RD
RICHARDSON **TX** 75082

Phone (972) 231-4810 **Fax** (972) 231-4813

TOTAL Lic Capacity: 112 **TITLE 18:** 77 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 35

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/26/2019

County **COLLIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102903

FOUNDERS PLAZA NURSING & REHAB
721 S HWY 78
WYLIE **TX** 75098

Phone (972) 303-8100 **Fax** (972) 442-2799

TOTAL Lic Capacity: 106 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

FOUNDERS PLAZA NURSING & REHABILITATION LP
801 A S HWY 78 ,STE 207
WYLIE TX 75098

PHONE: (972) 442-2900 **FAX:** (972) 442-2799
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/29/2018

County **COLLIN** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103476

GARNET HILL REHABILITATION AND SKILLED CARE
1420 MCCREARY RD
WYLIE **TX** 75098

Phone (972) 442-6776 **Fax** (972) 442-6011

TOTAL Lic Capacity: 128 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **COLLINGSWORTH** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004931

WELLINGTON CARE CENTER
1506 CHILDRESS ST
WELLINGTON **TX** 79095

Phone (806) 447-2777 **Fax** (806) 447-0719

TOTAL Lic Capacity: 76 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

WELLINGTON I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **COLORADO** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004430

COLUMBUS OAKS HEALTHCARE COMMUNITY
300 NORTH ST
COLUMBUS **TX** 78934

Phone (979) 732-2347 **Fax** (979) 732-3473

TOTAL Lic Capacity: 137 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 129

Owner Information

DHC OPCO-COLUMBUS LLC
300 N STREET
COLUMBUS TX 78934

PHONE: (979) 732-2347 **FAX:** (979) 732-3473
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **COLORADO** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103831

TRUCARE LIVING CENTERS-COLUMBUS
1511 MONTEZUMA STREET
COLUMBUS **TX** 78934

Phone (979) 733-0500 **Fax** (979) 733-0097

TOTAL Lic Capacity: 104 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

COLORADO COUNTY DEVELOPMENT GROUP LLC
8520 SOUTH 36TH TERRACE
FORT SMITH AR 72908

PHONE: (479) 410-1740 **FAX:** (479) 410-1596
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/30/2017

County **COLORADO** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105688

EAGLE LAKE NURSING AND REHABILITATION, LP
535 S AUSTIN ROAD
EAGLE LAKE **TX** 77434
Phone (979) 243-3910 **Fax** (979) 234-2926

TOTAL Lic Capacity: 80 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

EAGLE LAKE NURSING AND REHABILITATION LP
401 N ELM STREET
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **COLORADO** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004747

PARKVIEW MANOR NURSING AND REHABILITATION
206 N SMITH ST
WEIMAR **TX** 78962
Phone (979) 725-8564 **Fax** (979) 725-6673

TOTAL Lic Capacity: 94 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

WEIMAR LTC PARTNERS INC
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381
PHONE: (281) 441-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **COMAL** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004533

COLONIAL MANOR CARE CENTER
821 US HWY 81 W
NEW BRAUNFELS **TX** 78130
Phone (830) 625-7526 **Fax** (830) 620-0921

TOTAL Lic Capacity: 154 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 149

Owner Information

COLONIAL NEW BRAUNFELS CARE CENTER LLC
821 US HWY 81 W
NEW BRAUNFELS TX 78130
PHONE: (830) 625-7526 **FAX:** (830) 620-0921
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **COMAL** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004048

EDEN HOME INC
631 LAKEVIEW BLVD
NEW BRAUNFELS **TX** 78130
Phone (830) 625-6291 **Fax** (830) 620-7786

TOTAL Lic Capacity: 184 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

EDEN HOME INC
631 LAKEVIEW BLVD
NEW BRAUNFELS TX 78130
PHONE: (830) 625-6291 **FAX:** (830) 620-7786
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/14/2018

County **COMAL** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005243

KIRKWOOD MANOR
2590 LOOP 337 N
NEW BRAUNFELS **TX** 78130
Phone (830) 620-0509 **Fax** (830) 620-5148

TOTAL Lic Capacity: 162 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 162

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **COMAL** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 106222

LEGEND OAKS HEALTHCARE AND REHABILITATION - NEW BRAUNFELS
2468 FM 1101
NEW BRAUNFELS **TX** 78130
Phone (830) 420-6500 **Fax** (830) 448-0717

TOTAL Lic Capacity: 126 **TITLE 18:** 51 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

RIVERWALK HEALTHCARE INC
2468 FM 1101
NEW BRAUNFELS TX 78130-2636
PHONE: (830) 420-6500 **FAX:** (830) 448-0717
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **COMAL** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103443

SUNDANCE INN HEALTH CENTER
2034 SUNDANCE PKWY
NEW BRAUNFELS **TX** 78130

Phone (830) 221-1400 **Fax** (830) 643-0132

TOTAL Lic Capacity: 128 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

PM MANAGEMENT-NEW BRAUNFELS NC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **COMANCHE** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004230

WESTERN HILLS HEALTHCARE RESIDENCE
400 OLD SIDNEY RD
COMANCHE **TX** 76442

Phone (325) 356-2571 **Fax** (325) 356-2716

TOTAL Lic Capacity: 158 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 113

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **COMANCHE** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004922

DELEON NURSING AND REHABILITATION LP
809 E NAVARRO
DE LEON **TX** 76444

Phone (254) 893-2075 **Fax** (254) 893-5595

TOTAL Lic Capacity: 98 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

DELEON NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 387-5686
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **CONCHO** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005173

CONCHO HEALTH & REHABILITATION CENTER
613 EAKER ST
EDEN **TX** 76837

Phone (325) 869-5531 **Fax** (325) 869-5152

TOTAL Lic Capacity: 82 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

EDEN II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **COOKE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004562

GAINESVILLE CONVALESCENT CENTER
1900 O'NEAL ST
GAINESVILLE **TX** 76240

Phone (940) 665-2826 **Fax** (940) 668-1220

TOTAL Lic Capacity: 112 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

GAINESVILLE I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **COOKE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005292

PECAN TREE REHAB AND HEALTHCARE CENTER
1900 E CALIFORNIA ST
GAINESVILLE **TX** 76240

Phone (940) 668-6263 **Fax** (940) 665-0189

TOTAL Lic Capacity: 122 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

PECAN TREE SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **COOKE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004335

RENAISSANCE CARE CENTER
1400 BLACKSHILL DR
GAINESVILLE **TX** 76240

Phone (940) 665-5221 **Fax** (940) 665-0306

TOTAL Lic Capacity: 91 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/26/2019

County **COOKE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004863

RIVER VALLEY HEALTH & REHABILITATION CENTER
1907 REFINERY RD
GAINESVILLE **TX** 76240

Phone (940) 665-0386 **Fax** (940) 665-9314

TOTAL Lic Capacity: 116 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

RIVER VALLEY HEALTH CARE LLC
1907 REFINERY RD
GAINESVILLE TX 76240

PHONE: (940) 665-0386 **FAX:** (940) 665-9314
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **CORYELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 005154

COPPERAS COVE LTC PARTNERS INC
607 W AVE B
COPPERAS COVE **TX** 76522

Phone (254) 547-1033 **Fax** (254) 542-3506

TOTAL Lic Capacity: 124 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 109

Owner Information

COPPERAS COVE LTC PARTNERS INC
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **CORYELL** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004037

HILL COUNTRY REHAB AND NURSING CENTER
810 INDUSTRIAL AVE
COPPERAS COVE **TX** 76522

Phone (254) 547-9552 **Fax** (254) 547-9568

TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

PM MANAGEMENT - KILLEEN III NC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **CORYELL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005091

HILLSIDE MEDICAL LODGE
300 S. HIGHWAY 36 BYPASS
GATESVILLE **TX** 76528

Phone (254) 865-7575 **Fax** (254) 865-6344

TOTAL Lic Capacity: 128 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

SCC PARTNERS, INC.
4311 OAKLAWN #400
DALLAS TX 75219

PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **CORYELL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 100657

THE MEADOWS
110 CHICKTOWN RD
GATESVILLE **TX** 76528

Phone (254) 404-2500 **Fax** (254) 404-2506

TOTAL Lic Capacity: 90 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/02/2018

County **CRANE** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004272

CRANE NURSING & REHABILITATION CENTER
699 CAMPUS DR
CRANE **TX** 79731

Phone (432) 558-3400 **Fax** (432) 558-7577

TOTAL Lic Capacity: 110 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

MCCULLOCH COUNTY HOSPITAL DISTRICT
2008 NINE ROAD
BRADY TX 76825

PHONE: (325) 597-2901 **FAX:** (325) 597-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **CROCKETT** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005064

CROCKETT COUNTY CARE CENTER
103 N AVE H
OZONA **TX** 76943

Phone (325) 392-3096 **Fax** (325) 392-3553

TOTAL Lic Capacity: 56 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 54
PRIVATE Beds: 2 **TITLE 18/19:** 0

Owner Information

CROCKETT COUNTY
PO BOX 640
OZONA TX 76943

PHONE: (325) 392-3096 **FAX:** (325) 392-3553
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 07/02/2019

County **CROSBY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004370

CROSBYTON NURSING AND REHABILITATION CENTER
222 N FARMER
CROSBYTON **TX** 79322

Phone (806) 675-2342 **Fax** (806) 675-2258

TOTAL Lic Capacity: 53 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 39

Owner Information

CROSBYTON LONG TERM CARE LLC
222 N FARMER
CROSBYTON TX 79322

PHONE: (806) 675-2342 **FAX:** (806) 675-2258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **CROSBY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004332

RALLS NURSING HOME
1111 AVENUE P
RALLS **TX** 79357

Phone (806) 253-2596 **Fax** (806) 253-2749

TOTAL Lic Capacity: 46 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 39

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005105

BALCH SPRINGS NURSING HOME
4200 SHEPHERD LN
BALCH SPRINGS **TX** 75180

Phone (972) 286-0335 **Fax** (972) 286-7514

TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

BALCH SPRINGS SNF LLC
2225 E RANDOL MILL ,STE 630
ARLINGTON TX 76011-6307

PHONE: (817) 607-7400 **FAX:** (817) 640-5229
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005062

CARROLLTON HEALTH AND REHABILITATION CENTER
1618 KIRBY RD
CARROLLTON **TX** 75006

Phone (972) 245-1573 **Fax** (972) 245-6082

TOTAL Lic Capacity: 120 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

CARROLLTON HEIGHTS HEALTHCARE INC
1618 KIRBY RD
CARROLLTON TX 75006

PHONE: (972) 245-1573 **FAX:** (972) 245-6082
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005122

HERITAGE GARDENS REHABILITATION AND HEALTHCARE
2135 N DENTON DR
CARROLLTON **TX** 75006
Phone (972) 242-0666 **Fax** (972) 323-9279
TOTAL Lic Capacity: 150 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

SAVOY HEALTHCARE INC
2135 N DENTON DR
CARROLLTON TX 75006
PHONE: (972) 242-0666 **FAX:** (972) 323-9279
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102861

THE MADISON ON MARSH
2245 MARSH LN
CARROLLTON **TX** 75006
Phone (972) 416-1764 **Fax** (972) 416-5890
TOTAL Lic Capacity: 125 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005101

CEDAR HILL HEALTHCARE CENTER
230 S CLARK RD
CEDAR HILL **TX** 75104
Phone (972) 291-7877 **Fax** (972) 293-1273
TOTAL Lic Capacity: 120 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

SOUTHWEST LTC CEDAR HILL LLC
1518 LEGACY DRIVE ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **DALLAS** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102675

CRESTVIEW COURT
224 W PLEASANT RUN RD
CEDAR HILL **TX** 75104
Phone (972) 291-5977 **Fax** (972) 291-8801
TOTAL Lic Capacity: 125 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104250

SANDY LAKE REHABILITATION AND CARE CENTER
1410 E SANDY LAKE RD
COPPELL **TX** 75019
Phone (972) 304-4444 **Fax** (972) 462-6605
TOTAL Lic Capacity: 123 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

CARE INN OF SANGER LLC DBA SANGER CARE LLC
1410 E SANDY LAKE RD
COPPELL TX 75019
PHONE: (972) 304-4444 **FAX:** (972) 462-6605
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000108

AUTUMN LEAVES
1010 EMERALD ISLE DR
DALLAS **TX** 75218
Phone (214) 328-4161 **Fax** (214) 319-9184
TOTAL Lic Capacity: 75 **TITLE 18:** 75 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

LCS-AL LLC
CAPITAL SQUARE ,800 LOCUST ST, STE 820
DES MOINES IA 50309
PHONE: (515) 875-4651 **FAX:** (515) 875-4780
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 06/30/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104549

BRENTWOOD PLACE FOUR
3505 S BUCKNER BLVD BLDG 5
DALLAS **TX** 75227

Phone (214) 237-3250 **Fax** (214) 275-7618

TOTAL Lic Capacity: 90 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201

PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/20/2019

County **DALLAS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005126

BRENTWOOD PLACE ONE
3505 S BUCKNER BLVD BLDG 2
DALLAS **TX** 75227

Phone (214) 381-1815 **Fax** (214) 388-2643

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004988

BRENTWOOD PLACE THREE
3505 S BUCKNER BLVD BLDG 4
DALLAS **TX** 75227

Phone (214) 381-1815 **Fax** (214) 381-4454

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **DALLAS** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005148

BRENTWOOD PLACE TWO
3505 S BUCKNER BLVD BLDG 3
DALLAS **TX** 75227

Phone (214) 388-0519 **Fax** (214) 381-3767

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004640

C C YOUNG MEMORIAL HOME
4829 W LAWTHER DR
DALLAS **TX** 75214

Phone (214) 827-8080 **Fax** (214) 841-2890

TOTAL Lic Capacity: 134 **TITLE 18:** 70 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 46 **TITLE 18/19:** 18

Owner Information

C C YOUNG MEMORIAL HOME
4847 W LAWTHER DR ,STE 100
DALLAS TX 75214

PHONE: (214) 827-8080 **FAX:** (214) 841-2890
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/14/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 100717

CRYSTAL CREEK AT PRESTON HOLLOW
11409 N CENTRAL EXPWY
DALLAS **TX** 75243

Phone (214) 363-5100 **Fax** (214) 239-5133

TOTAL Lic Capacity: 142 **TITLE 18:** 94 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

CHG SENIOR LIVING PRESTON HOLLOW, LLC
227 E. EDGEWOOD DRIVE
FRIENDSWOOD TX 77546

PHONE: (281) 482-9700 **FAX:** (281) 482-9705
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004429

DIVERSICARE OF LAKE HIGHLANDS
9009 WHITE ROCK TR
DALLAS **TX** 75238
Phone (214) 348-8100 **Fax** (214) 343-3865
TOTAL Lic Capacity: 280 **TITLE 18:** 86 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 194

Owner Information

DIVERSICARE DOCTORS LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926
PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004117

GOLDEN ACRES LIVING AND REHABILITATION CENTER
2525 CENTERVILLE RD
DALLAS **TX** 75228-2634
Phone (214) 327-4503 **Fax** (214) 320-2683
TOTAL Lic Capacity: 264 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 229

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448
PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/20/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004284

GRACE PRESBYTERIAN VILLAGE
550 E ANN ARBOR AVE
DALLAS **TX** 75216
Phone (214) 376-1701 **Fax** (214) 376-4350
TOTAL Lic Capacity: 160 **TITLE 18:** 90 **ICF/IID:** 0
Cert Alzh Capacity: 65 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

GRACE PRESBYTERIAN MINISTRIES INC
550 E ANN ARBOR AVE
DALLAS TX 75216
PHONE: (214) 376-1701 **FAX:** (214) 376-8694
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/10/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000223

HEALTHCARE CENTER AT THE FORUM AT PARK LANE
7827 PARK LN
DALLAS **TX** 75225
Phone (214) 369-9905 **Fax** (214) 739-0422
TOTAL Lic Capacity: 90 **TITLE 18:** 90 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FS TENANT POOL III TRUST
400 CENTRE ST
NEWTON MA 02458
PHONE: (617) 796-8387 **FAX:** (617) 658-1435
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 01/11/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004609

JULIETTE FOWLER COMMUNITIES
1260 ABRAMS RD
DALLAS **TX** 75214
Phone (214) 827-0813 **Fax** (214) 818-0347
TOTAL Lic Capacity: 60 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 16

Owner Information

JULIETTE FOWLER HOMES INC
1234 ABRAMS RD
DALLAS TX 75214
PHONE: (214) 827-0813 **FAX:** (214) 827-7021
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/27/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104696

LAKEWEST REHABILITATION AND SKILLED CARE
2450 BICKERS ST
DALLAS **TX** 75212
Phone (214) 879-0888 **Fax** (214) 879-1090
TOTAL Lic Capacity: 118 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

LAKEWEST SNF OPERATIONS LLC
1500 WATERS RIDGE DR
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/05/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104749

MONARCH PAVILION REHABILITATION SUITES
6825 HARRY HINES BLVD
DALLAS **TX** 75235
Phone (214) 845-6200 **Fax** (214) 845-6400

TOTAL Lic Capacity: 150 **TITLE 18:** 63 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

THI OF SOUTH CAROLINA AT HILLTOP LLC
6825 HARRY HINES BLVD
DALLAS TX 75235
PHONE: (214) 845-5200 **FAX:** (214) 846-6400
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/18/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000295

PRESBYTERIAN VILLAGE NORTH SPECIAL CARE CTR
8600 SKYLINE DR
DALLAS **TX** 75243
Phone (214) 355-9600 **Fax** (214) 355-9050

TOTAL Lic Capacity: 234 **TITLE 18:** 234 **ICF/IID:** 0
Cert Alzh Capacity: 14 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

PRESBYTERIAN VILLAGE NORTH
8600 SKYLINE DR
DALLAS TX 75243
PHONE: (214) 355-9019 **FAX:** (214) 355-9050
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 01/01/2020

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105408

REMARKABLE HEALTHCARE OF DALLAS
3350 BONNIE VIEW ROAD
DALLAS **TX** 75216
Phone (214) 300-8023 **Fax** (866) 584-0247

TOTAL Lic Capacity: 150 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 130

Owner Information

REMARKABLE HEALTHCARE OF DALLAS LP
904 EMERALD BLVD
SOUTHLAKE TX 76092
PHONE: (817) 308-6226 **FAX:** (866) 584-0247
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/09/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005054

SENIOR CARE HEALTH AND REHABILITATION CENTER - DALLAS
2815 MARTIN LUTHER KING JR BLVD
DALLAS **TX** 75215
Phone (214) 421-2159 **Fax** (214) 428-2303

TOTAL Lic Capacity: 114 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

FAIRPARK SCC LLC
1717 W 6TH STREET ,STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (877) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **DALLAS** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000293

SIGNATURE POINTE
14655 PRESTON RD
DALLAS **TX** 75254
Phone (972) 726-7575 **Fax** (972) 726-9742

TOTAL Lic Capacity: 195 **TITLE 18:** 195 **ICF/IID:** 0
Cert Alzh Capacity: 39 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

LCS-SP LLC
CAPITAL SQUARE 400 LOCUST ST ,STE 820
DES MOINES IA 50309
PHONE: (515) 875-4671 **FAX:** (515) 875-4780
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 06/30/2018

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004755

SKYLINE NURSING CENTER
3326 BURGOYNE
DALLAS **TX** 75233
Phone (214) 330-9291 **Fax** (214) 331-2924

TOTAL Lic Capacity: 204 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 193

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **DALLAS** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004607

SOUTH DALLAS NURSING & REHABILITATION
3808 S CENTRAL EXPWY
DALLAS **TX** 75215
Phone (214) 428-2851 **Fax** (214) 428-4074

TOTAL Lic Capacity: 91 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

MODERN SENIOR LIVING LLC
3808 S CENTRAL EXPWY
DALLAS TX 75215
PHONE: (214) 428-2851 **FAX:** (214) 428-4074
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2017

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005127

THE HIGHLANDS OF DALLAS
9009 FOREST LN
DALLAS **TX** 75243
Phone (972) 783-1771 **Fax** (972) 783-1774

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

RIVERWOOD HEALTHCARE LLC
9009 FOREST LANE
DALLAS TX 75243
PHONE: (718) 382-1313 **FAX:** (718) 879-6471
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/16/2019

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004432

THE LENNWOOD NURSING AND REHABILITATION
8017 W VIRGINIA DR
DALLAS **TX** 75237
Phone (972) 709-1112 **Fax** (972) 709-6761

TOTAL Lic Capacity: 124 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DK LANCASTER LAND COMPANY LIMITED PARTNERSHIP
105 N TRENTON
RUSTON LA 71270
PHONE: (972) 234-8704 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/25/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005361

THE MEADOWS HEALTH AND REHABILITATION CENTER
8383 MEADOW RD
DALLAS **TX** 75231
Phone (214) 239-6000 **Fax** (214) 750-5795

TOTAL Lic Capacity: 186 **TITLE 18:** 74 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 110

Owner Information

SSC DALLAS OPERATING COMPANY LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 393-8054
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101024

THE PLAZA AT EDGEMERE
8502 EDGEMERE
DALLAS **TX** 75225
Phone (214) 615-7045 **Fax** (214) 615-7046

TOTAL Lic Capacity: 72 **TITLE 18:** 72 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

NORTHWEST SENIOR HOUSING CORPORATION
8502 EDGEMERE RD
DALLAS TX 75225
PHONE: (469) 576-1345 **FAX:** (214) 623-6115
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 08/08/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103496

THE REHABILITATION & WELLNESS CENTRE OF DALLAS LLC
4200 LIVE OAK ST
DALLAS **TX** 75204
Phone (214) 821-0050 **Fax** (214) 821-0051

TOTAL Lic Capacity: 136 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

THE REHABILITATION & WELLNESS CENTRE OF DALLAS LLC
4200 LIVE OAK STREET
DALLAS TX 75204
PHONE: (214) 821-0050 **FAX:** (214) 821-0051
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005087

THE RENAISSANCE AT KESSLER PARK
2428 BAHAMA DR
DALLAS **TX** 75211
Phone (214) 948-3811 **Fax** (214) 948-9651

TOTAL Lic Capacity: 135 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 135

Owner Information

RENAISSANCE SNF LLC
2428 BAHAMA DR
DALLAS TX 75211
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **DALLAS** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004035

THE VILLA AT MOUNTAIN VIEW
2918 DUNCANVILLE RD
DALLAS **TX** 75211
Phone (214) 467-7090 **Fax** (214) 467-7094

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000113

TRAYMORE NURSING CENTER
4315 HOPKINS AVE
DALLAS **TX** 75209
Phone (214) 358-3131 **Fax** (214) 358-0846

TOTAL Lic Capacity: 150 **TITLE 18:** 102 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

FOURSQUARE SNF INC
1413 E INTERSTATE 30 SUITE 7
GARLAND TX 75043
PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000114

TREEMONT HEALTHCARE AND REHABILITATION CENTER
5550 HARVEST HILL RD
DALLAS **TX** 75230
Phone (972) 661-1862 **Fax** (972) 980-6731

TOTAL Lic Capacity: 130 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

DIVERSICARE TREEMONT LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027
PHONE: (615) 771-7575 **FAX:** (615) 771-7409
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104467

VILLAGES OF LAKE HIGHLANDS
8615 LULLWATER DR
DALLAS **TX** 75238
Phone (214) 221-0444 **Fax** (214) 221-1568

TOTAL Lic Capacity: 92 **TITLE 18:** 77 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 15

Owner Information

JSC LAKE HIGHLANDS OPERATIONS LP
1500 WATERS RIDGE DR
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/19/2016

County **DALLAS** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000115

WALNUT PLACE
5515 GLEN LAKES DR
DALLAS **TX** 75231
Phone (214) 361-8923 **Fax** (214) 361-4782

TOTAL Lic Capacity: 308 **TITLE 18:** 177 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 100 **TITLE 18/19:** 31

Owner Information

LCS-WP LLC
CAPITAL SQUARE ,800 LOCUST ST STE 820
DES MOINES IA 50309
PHONE: (515) 875-4671 **FAX:** (515) 875-4780
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/30/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005116

DESOTO NURSING & REHABILITATION CENTER
1101 N HAMPTON RD
DESOTO **TX** 75115
Phone (972) 223-3944 **Fax** (972) 223-7456
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS IV LP
5420 W. PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005257

PARK MANOR HEALTH CARE & REHABILITATION
207 E PARKERVILLE RD
DESOTO **TX** 75115
Phone (972) 230-1000 **Fax** (972) 230-5509
TOTAL Lic Capacity: 150 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 129

Owner Information

SOUTHWEST LTC-PARK MANOR II LTD
1518 LEGACY DRIVE ,STE 110
DALLAS TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005373

WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS
941 SCOTLAND DR
DESOTO **TX** 75115
Phone (972) 572-6200 **Fax** (972) 572-9365
TOTAL Lic Capacity: 242 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 234

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **DALLAS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103341

DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER
419 S COCKRELL HILL RD
DUNCANVILLE **TX** 75116
Phone (972) 708-8800 **Fax** (972) 708-6184
TOTAL Lic Capacity: 124 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/21/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004512

THE LAURENWOOD NURSING AND REHABILITATION
330 W CAMP WISDOM RD
DUNCANVILLE **TX** 75116
Phone (972) 298-3398 **Fax** (972) 709-4090
TOTAL Lic Capacity: 103 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

DUNCANVILLE NURSING LTD
105 N TRENTON ST
RUSTON LA 71270
PHONE: (318) 255-1514 **FAX:** (318) 255-1517
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/11/2017

County **DALLAS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004285

ADVANCED HEALTH & REHAB CENTER OF GARLAND
505 W CENTERVILLE RD
GARLAND **TX** 75041-5498
Phone (972) 278-3566 **Fax** (972) 278-4695
TOTAL Lic Capacity: 202 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 166

Owner Information

GARLAND SNF LLC
505 W CENTERVILL RD
GARLAND TX 75041
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/12/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004436

GARLAND NURSING AND REHABILITATION LP
321 N SHILOH RD
GARLAND **TX** 75042
Phone (972) 276-9571 **Fax** (972) 272-8660

TOTAL Lic Capacity: 109 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

GARLAND NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004968

PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER
1525 PLEASANT VALLEY RD
GARLAND **TX** 75040
Phone (972) 496-8800 **Fax** (972) 495-3627

TOTAL Lic Capacity: 124 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

NEXION HEALTH AT GARLAND INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005113

SENIOR CARE BELTLINE
106 N BELTLINE RD
GARLAND **TX** 75040
Phone (972) 495-7700 **Fax** (972) 495-0863

TOTAL Lic Capacity: 120 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

BELTLINE SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102085

WINTERS PARK NURSING AND REHABILITATION CENTER
3737 N GARLAND AVENUE
GARLAND **TX** 75044
Phone (972) 495-7000 **Fax** (972) 495-5635

TOTAL Lic Capacity: 132 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

PM MANAGEMENT-GARLAND NC LLC
1717 W. 6TH ST. ,STE. 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005188

HERITAGE AT TURNER PARK HEALTH & REHAB
820 SMALL ST
GRAND PRAIRIE **TX** 75050
Phone (972) 262-1351 **Fax** (972) 642-8056

TOTAL Lic Capacity: 164 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 155

Owner Information

SOUTHWEST LTC-GRAND PRAIRIE LLC
1518 LEGACY DR ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **DALLAS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005073

METROPLEX NURSING AND REHABILITATION LP
658 SW 3RD ST
GRAND PRAIRIE **TX** 75051
Phone (972) 264-2464 **Fax** (972) 264-5447

TOTAL Lic Capacity: 150 **TITLE 18:** 57 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

METROPLEX NURSING AND REHABILITATION LP
658 SW THIRD ST
GRAND PRAIRIE TX 75051
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **DALLAS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004426

ASHFORD HALL
2021 SHOAF DR
IRVING **TX** 75061
Phone (972) 579-1919 **Fax** (972) 721-1361

TOTAL Lic Capacity: 330 **TITLE 18:** 124 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 206

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/16/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005141

AVANTE REHABILITATION CENTER
225 N SOWERS RD
IRVING **TX** 75061
Phone (972) 253-4173 **Fax** (972) 254-7403

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

OXBOW HEALTHCARE LLC
225 N SOWERS RD
IRVING TX 75061
PHONE: (972) 253-4173 **FAX:** (972) 254-7403
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/06/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004884

IRVING NURSING AND REHABILITATION LP
619 N BRITAIN RD
IRVING **TX** 75061
Phone (972) 785-9300 **Fax** (972) 785-9314

TOTAL Lic Capacity: 88 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

IRVING NURSING AND REHABILITATION LP
40 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101460

NORTHGATE PLAZA NURSING & REHABILITATION CENTER
2101 NORTHGATE DR
IRVING **TX** 75062
Phone (972) 255-4460 **Fax** (972) 258-8084

TOTAL Lic Capacity: 120 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

MERIDIAN IRVING SNF LP
3811 TURTLE CREEK BLVD ,STE 1050
DALLAS TX 75219
PHONE: (214) 651-4000 **FAX:** (214) 651-4001
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105761

THE VILLAGES ON MACARTHUR
3443 N MACARTHUR BLVD
IRVING **TX** 75062
Phone (469) 586-4424 **Fax** (469) 586-4425

TOTAL Lic Capacity: 124 **TITLE 18:** 58 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642
PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005115

LANCASTER NURSING & REHABILITATION CENTER
1515 N ELM ST
LANCASTER **TX** 75134
Phone (972) 227-6066 **Fax** (972) 227-0970

TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 3 **TITLE 18/19:** 112

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS V LP
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103338

MILLBROOK HEALTHCARE AND REHABILITATION CENTER
1850 W PLEASANT RUN RD
LANCASTER **TX** 75146
Phone (972) 275-1900 **Fax** (972) 227-0506
TOTAL Lic Capacity: 124 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

NEXION HEALTH AT LANCASTER INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/24/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004998

WESTRIDGE NURSING AND REHABILITATION LP
1241 WESTRIDGE AVE
LANCASTER **TX** 75146
Phone (972) 227-5110 **Fax** (972) 227-9189
TOTAL Lic Capacity: 110 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

WESTRIDGE NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004098

WINDSOR GARDENS
2535 W PLEASANT RUN
LANCASTER **TX** 75146
Phone (972) 228-8029 **Fax** (972) 224-8836
TOTAL Lic Capacity: 150 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004971

CHRISTIAN CARE CENTER
1000 WIGGINS PKWY
MESQUITE **TX** 75150
Phone (972) 686-3000 **Fax** (972) 698-2671
TOTAL Lic Capacity: 180 **TITLE 18:** 65 **ICF/IID:** 0
Cert Alzh Capacity: 32 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE TX 75150
PHONE: (972) 686-2400 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105263

EDGEWOOD REHABILITATION AND CARE CENTER
1101 WINDBELL DR
MESQUITE **TX** 75149
Phone (972) 288-8800 **Fax** (972) 288-8802
TOTAL Lic Capacity: 142 **TITLE 18:** 72 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

CARE INN OF EDNA LLC DBA EDNA CARE LLC
1101 WINDBELL ST
MESQUITE TX 75149
PHONE: (972) 288-8800 **FAX:** (972) 288-8802
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005055

MESQUITE TREE NURSING CENTER
434 PAZA DR
MESQUITE **TX** 75149
Phone (972) 288-6489 **Fax** (972) 216-1791
TOTAL Lic Capacity: 144 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 139

Owner Information

MESQUITE NH SNF LLC
434 PAZA DR
MESQUITE TX 75149
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102783

TOWN EAST REHABILITATION AND HEALTHCARE CENTER
3617 O'HARE DR
MESQUITE **TX** 75150
Phone (972) 284-8600 **Fax** (972) 284-8621
TOTAL Lic Capacity: 130 **TITLE 18:** 65 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005142

WEST LAKE HEALTHCARE RESIDENCE
825 W KEARNEY
MESQUITE **TX** 75149
Phone (972) 288-7668 **Fax** (972) 216-7627
TOTAL Lic Capacity: 149 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 138

Owner Information

WEST LAKE HEALTHCARE RESIDENCE OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230
PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004532

WILLOWBEND NURSING AND REHABILITATION CENTER
2231 HIGHWAY 80 E
MESQUITE **TX** 75150
Phone (972) 279-3601 **Fax** (972) 613-4539
TOTAL Lic Capacity: 162 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448
PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/20/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000186

COTTONWOOD CREEK HEALTHCARE COMMUNITY
1111 W SHORE DR
RICHARDSON **TX** 75080
Phone (972) 783-8000 **Fax** (972) 783-4267
TOTAL Lic Capacity: 106 **TITLE 18:** 81 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 25

Owner Information

DHC OPCO-RICHARDSON LLC
1111 WEST SHORE DRIVE
RICHARDSON TX 75080
PHONE: (972) 783-8000 **FAX:** (972) 783-4267
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005119

LINDAN PARK CARE CENTER LP
1510 N PLANO RD
RICHARDSON **TX** 75081
Phone (972) 234-4786 **Fax** (972) 234-2335
TOTAL Lic Capacity: 138 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

LINDAN PARK CARE CENTER LP
105 N TRENTON ST
RUSTON LA 71270
PHONE: (318) 255-1514 **FAX:** (318) 255-1517
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104137

POWERBACK REHABILITATION RICHARDSON
1350 E LOOKOUT DR
RICHARDSON **TX** 75082
Phone (972) 220-2000 **Fax** (972) 220-2198
TOTAL Lic Capacity: 90 **TITLE 18:** 90 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

1350 E LOOKOUT DRIVE OPERATIONS LLC
211 E 7TH ST ,STE 260
AUSTIN TX 78701
PHONE: (210) 547-2500 **FAX:** (610) 347-4175
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 05/01/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102493

THE PLAZA AT RICHARDSON
1301 RICHARDSON DR
RICHARDSON **TX** 75080

Phone (972) 759-2180 **Fax** (972) 759-2189

TOTAL Lic Capacity: 132 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201

PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **DALLAS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005152

THE VILLAGE AT RICHARDSON
1111 ROCKINGHAM LN
RICHARDSON **TX** 75080

Phone (972) 231-8833 **Fax** (972) 235-2875

TOTAL Lic Capacity: 280 **TITLE 18:** 45 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 235

Owner Information

THI OF TEXAS AT RICHARDSON LLC
1111 ROCKINGHAM LN
RICHARDSON TX 75080

PHONE: (972) 231-8833 **FAX:** (972) 235-2875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/28/2019

County **DALLAS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004223

THE MANOR AT SEAGOVILLE
2416 ELIZABETH LN
SEAGOVILLE **TX** 75159

Phone (972) 287-2491 **Fax** (972) 287-6693

TOTAL Lic Capacity: 90 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201

PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DAWSON** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004672

SAGE HEALTHCARE CENTER
1201 N 15TH ST
LAMESA **TX** 79331

Phone (806) 872-2141 **Fax** (806) 872-2299

TOTAL Lic Capacity: 80 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/27/2017

County **DEAF SMITH** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005320

HEREFORD NURSING & REHABILITATION
231 KINGWOOD ST
HEREFORD **TX** 79045-3816

Phone (806) 364-7113 **Fax** (806) 364-7276

TOTAL Lic Capacity: 120 **TITLE 18:** 59 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 61

Owner Information

TERREL I INVESTMENTS LLC
15101 TWIN LAKES RD
AMARILLO TX 79118

PHONE: (940) 727-9370 **FAX:** (469) 533-0817
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **DEAF SMITH** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004494

KINGS MANOR METHODIST HOME
400 RANGER DR
HEREFORD **TX** 79045

Phone (806) 364-0661 **Fax** (806) 364-0675

TOTAL Lic Capacity: 79 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

KINGS MANOR METHODIST RETIREMENT SYSTEM INC
PO BOX 1999
HEREFORD TX 79045

PHONE: (806) 364-0661 **FAX:** (806) 364-0675
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **DELTA** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004873

BIRCHWOOD NURSING AND REHABILITATION LP
110 W HWY 64
COOPER **TX** 75432
Phone (903) 395-2125 **Fax** (903) 395-4932
TOTAL Lic Capacity: 100 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

BIRCHWOOD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **DENTON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005202

BROOKHAVEN NURSING AND REHABILITATION CENTER
1855 CHEYENNE
CARROLLTON **TX** 75010
Phone (972) 394-7141 **Fax** (972) 492-5534
TOTAL Lic Capacity: 180 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 171

Owner Information

DHC OPCO-CARROLLTON LLC
2718 UNIVERSITY CLUB DR
BATON ROUGE LA 70810
PHONE: (225) 757-0293 **FAX:** (225) 757-0359
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2019

County **DENTON** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105841

REMARKABLE HEALTHCARE OF PRESTONWOOD
4501 PLANO PARKWAY
CARROLLTON **TX** 75010
Phone (972) 765-4280 **Fax** (866) 584-0247
TOTAL Lic Capacity: 120 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

REMARKABLE HEALTHCARE OF CARROLLTON LP
904 EMERALD BLVD
SOUTHLAKE TX 76092
PHONE: (817) 308-6226 **FAX:** (866) 584-0247
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/05/2018

County **DENTON** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105150

CORINTH REHABILITATION SUITES ON THE PARKWAY
3511 CORINTH PARKWAY
CORINTH **TX** 76208
Phone (940) 270-3400 **Fax** (940) 270-3401
TOTAL Lic Capacity: 134 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

CORINTH HEALTH CARE LLC
3511 CORINTH PARKWAY
CORINTH TX 76208
PHONE: (940) 270-3400 **FAX:** (940) 270-3401
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/03/2018

County **DENTON** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004296

COTTONWOOD NURSING AND REHABILITATION LP
2224 N CARROLL BLVD
DENTON **TX** 76201
Phone (940) 387-6656 **Fax** (940) 387-9548
TOTAL Lic Capacity: 60 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

COTTONWOOD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **DENTON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004799

DENTON REHABILITATION AND NURSING CENTER
2229 N CARROLL BLVD
DENTON **TX** 76201
Phone (940) 387-8508 **Fax** (940) 898-8761
TOTAL Lic Capacity: 196 **TITLE 18:** 78 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

SHIELDS CARE CENTER INC
2229 N CARROLL BLVD
DENTON TX 76201
PHONE: (940) 387-8508 **FAX:** (940) 898-8761
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/24/2017

County **DENTON** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005219

GOOD SAMARITAN SOCIETY -- LAKE FOREST VILLAGE
3901 MONTECITO DR
DENTON **TX** 76210
Phone (940) 891-0856 **Fax** (940) 891-0866
TOTAL Lic Capacity: 60 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 45

Owner Information

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 W 57TH ST
SIOUX FALLS SD 57108
PHONE: (605) 362-3100 **FAX:** (605) 362-3897
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/04/2019

County **DENTON** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005098

GOOD SAMARITAN SOCIETY-DENTON VILLAGE
2500 HINKLE DR
DENTON **TX** 76201-0739
Phone (940) 383-2651 **Fax** (940) 382-9306
TOTAL Lic Capacity: 88 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 W 57TH ST
SIOUX FALLS SD 57108
PHONE: (605) 362-3100 **FAX:** (605) 362-3897
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/20/2019

County **DENTON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101682

SENIOR CARE HEALTH & REHABILITATION CENTER-DENTON
2244 BRINKER RD
DENTON **TX** 76208
Phone (940) 320-6300 **Fax** (940) 380-9610
TOTAL Lic Capacity: 146 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

BRINKER SCC LLC
1717 W 6TH ST ,STE 450
DALLAS TX 75703
PHONE: (512) 340-7829 **FAX:** (877) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **DENTON** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005228

VINTAGE HEALTH CARE CENTER
205 N BONNIE BRAE
DENTON **TX** 76201
Phone (940) 383-2361 **Fax** (940) 387-7139
TOTAL Lic Capacity: 106 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 18 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

VINTAGE SCC LLC
1717 W 6TH STREET ,SUITE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (877) 634-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **DENTON** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005349

CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER
3315 CROSS TIMBERS RD
FLOWER MOUND **TX** 75028
Phone (972) 724-0996 **Fax** (972) 724-0958
TOTAL Lic Capacity: 120 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

NEXION HEALTH AT FLOWER MOUND INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **DENTON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105988

HOLLYMEAD
4101 LONG PRAIRIE ROAD
FLOWER MOUND **TX** 75028
Phone (214) 285-3200 **Fax** (214) 285-3201
TOTAL Lic Capacity: 112 **TITLE 18:** 72 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 40

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234
PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/26/2019

County **DENTON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103103

PRAIRIE ESTATES
1350 MAIN ST
FRISCO **TX** 75034
Phone (214) 705-9108 **Fax** (214) 387-3481
TOTAL Lic Capacity: 180 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 143

Owner Information

DALLAS COUNTY HOSPITAL DISTRICT
5201 HARRY HINES BLVD
DALLAS TX 75201
PHONE: (214) 590-8006 **FAX:** (214) 590-8096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/15/2019

County **DENTON** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102738

RAMBLING OAKS COURTYARD EXTENSIVE CARE COMMUNITY
112 BARNETT BLVD
HIGHLAND VILLAGE **TX** 75077
Phone (972) 317-1174 **Fax** (972) 317-1175
TOTAL Lic Capacity: 70 **TITLE 18:** 64 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

RAMBLING OAKS COURTYARD ECC HIGHLAND VILLAGE LLC
112 BARNET BLVD
HIGHLAND VILLAGE TX 75077
PHONE: (972) 317-1174 **FAX:** (972) 317-1175
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/24/2019

County **DENTON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005269

LONGMEADOW HEALTHCARE CENTER
120 MEADOWVIEW DR
JUSTIN **TX** 76247-9639
Phone (940) 648-2731 **Fax** (940) 648-3125
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

JUSTIN OPERATING COMPANY LLC
120 LONGMEADOWVIEW DRIVE
JUSTIN TX 76247
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **DENTON** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005103

LAKE VILLAGE NURSING AND REHABILITATION CENTER
169 LAKE PARK RD
LEWISVILLE **TX** 75057
Phone (972) 436-7571 **Fax** (972) 221-4187
TOTAL Lic Capacity: 120 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 8 **TITLE 18/19:** 111

Owner Information

GRAND VILLA PHX INC
169 LAKE PARK RD
LEWISVILLE TX 75057
PHONE: (972) 436-7571 **FAX:** (972) 221-4187
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2017

County **DENTON** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102004

VISTA RIDGE NURSING & REHABILITATION CENTER
700 E VISTA RIDGE MALL DR
LEWISVILLE **TX** 75067
Phone (972) 906-9789 **Fax** (972) 956-9491
TOTAL Lic Capacity: 132 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

PM MANAGEMENT-LEWISVILLE NC LLC
1717 W. 6TH ST. ,STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **DENTON** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005220

COUNTRYSIDE NURSING AND REHABILITATION LP
1700 N WASHINGTON
PILOT POINT **TX** 76258
Phone (940) 686-5556 **Fax** (940) 686-2092
TOTAL Lic Capacity: 111 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

COUNTRYSIDE NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **DENTON** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004311

PILOT POINT CARE CENTER
208 N PRAIRIE ST
PILOT POINT **TX** 76258
Phone (940) 686-5507 **Fax** (940) 686-2092

TOTAL Lic Capacity: 63 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

PILOT POINT CARE INC
208 N PRAIRIE ST
PILOT POINT TX 76205
PHONE: (940) 686-5507 **FAX:** (940) 686-0401
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **DENTON** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103093

PRESTONWOOD REHABILITATION & NURSING CENTER INC
2460 MARSH LN
PLANO **TX** 75093
Phone (214) 731-5955 **Fax** (214) 731-5977

TOTAL Lic Capacity: 132 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

PRESTONWOOD REHABILITATION & NURSING CENTER INC
2460 MARSH LN
PLANO TX 75093
PHONE: (214) 731-5955 **FAX:** (214) 731-5977
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/29/2017

County **DEWITT** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005314

CUERO NURSING AND REHABILITATION CENTER
1310 E BROADWAY
CUERO **TX** 77954
Phone (361) 275-9133 **Fax** (361) 275-9136

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **DEWITT** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004919

WHISPERING OAKS REHAB & NURSING
105 HOSPITAL DR
CUERO **TX** 77954
Phone (361) 275-3421 **Fax** (361) 275-8640

TOTAL Lic Capacity: 98 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

WHISPERING OAKS SNF LLC
105 HOSPITAL DR
CUERO TX 77954
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **DEWITT** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004566

STEVENS HEALTH CARE AND REHAB CENTER
204 WALTER ST
YOAKUM **TX** 77995
Phone (361) 293-3544 **Fax** (361) 293-7885

TOTAL Lic Capacity: 106 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

PHPM MISSION CARE CENTERS-NEW COVENANT LP
5420 W PLANO PARKWAY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **DEWITT** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004759

YORKTOWN NURSING AND REHABILITATION CENTER
670 W FOURTH ST
YORKTOWN **TX** 78164
Phone (361) 564-2275 **Fax** (361) 564-3593

TOTAL Lic Capacity: 82 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

DIVERSICARE YORKTOWN LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027
PHONE: (615) 771-7575 **FAX:** (615) 771-7409
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **DIMMIT** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004768

CARRIZO SPRINGS NURSING AND REHABILITATION LP
506 S 7TH ST
CARRIZO SPRINGS **TX** 78834
Phone (830) 876-5011 **Fax** (830) 876-9414

TOTAL Lic Capacity: 100 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

CARRIZO SPRINGS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **DONLEY** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004918

COMMUNITY CARE CENTER OF CLARENDON
TEN MEDICAL CENTER DR
CLARENDON **TX** 79226
Phone (806) 874-5221 **Fax** (806) 874-5619

TOTAL Lic Capacity: 61 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 61 **TITLE 18/19:** 0

Owner Information

CLARENDON SKILLED CARE LTD
1714 TEASLEY LN
DENTON TX 76205
PHONE: (940) 220-6440 **FAX:** (940) 220-6443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **DUVAL** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005323

LA PALOMA NURSING CENTER
138 S FM 1329
SAN DIEGO **TX** 78384
Phone (361) 279-8291 **Fax** (361) 279-7219

TOTAL Lic Capacity: 90 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 74

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **EASTLAND** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004250

CISCO NURSING & REHABILITATION
1404 FRONT ST
CISCO **TX** 76437
Phone (254) 442-4202 **Fax** (254) 442-1174

TOTAL Lic Capacity: 106 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 22 **TITLE 18/19:** 56

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448
PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **EASTLAND** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004933

EASTLAND NURSING & REHABILITATION
700 S OSTROM ST
EASTLAND **TX** 76448
Phone (254) 629-1779 **Fax** (254) 629-0943

TOTAL Lic Capacity: 102 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448
PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **EASTLAND** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004253

RANGER CARE CENTER
460 W MAIN ST
RANGER **TX** 76470
Phone (254) 647-3111 **Fax** (254) 647-5183

TOTAL Lic Capacity: 80 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 30 **TITLE 18/19:** 43

Owner Information

DISTINGUISHED HEALTH CARE INC
1801 MORROW LANE
ABILENE TX 79601
PHONE: (254) 647-3111 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **EASTLAND** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004327

RISING STAR NURSING CENTER
411 S MILLER
RISING STAR **TX** 76471

Phone (254) 643-6700 **Fax** (254) 643-1723

TOTAL Lic Capacity: 60 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 50

Owner Information

RISING STAR SENIOR CARE LLC
200 W HWY 6 ,STE 612
WACO TX 76712

PHONE: (254) 399-6788 **FAX:** (254) 399-6766
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2016

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004351

BUENA VIDA NURSING AND REHAB ODESSA
3800 ENGLEWOOD LN
ODESSA **TX** 79762

Phone (432) 362-2583 **Fax** (432) 362-8384

TOTAL Lic Capacity: 117 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

PINNACLE HEALTH FACILITIES XXII LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004164

DEERINGS NURSING AND REHABILITATION LP
1020 N COUNTY RD WEST
ODESSA **TX** 79763

Phone (432) 332-0371 **Fax** (432) 332-0075

TOTAL Lic Capacity: 109 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

DEERINGS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 105632

MADISON MEDICAL RESORT
5001 OFFICE PARK DRIVE
ODESSA **TX** 79762

Phone (432) 362-1800 **Fax** (432) 362-5300

TOTAL Lic Capacity: 124 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

SHG ODESSA INC
1413 E I-30 SUITE 7
GARLAND TX 75043

PHONE: (972) 303-7500 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/09/2017

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005221

PARKS HEALTH CENTER
111 PARKS VILLAGE DR
ODESSA **TX** 79765

Phone (432) 563-5707 **Fax** (432) 563-0430

TOTAL Lic Capacity: 90 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

ECTOR COUNTY HOSPITAL DISTRICT
500 W 4TH STREET
ODESSA TX 79761

PHONE: (432) 640-2413 **FAX:** (432) 640-1118
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005012

SEABURY NURSING & REHABILITATION
2443 W 16TH ST
ODESSA **TX** 79763-2772

Phone (432) 333-2904 **Fax** (432) 333-6454

TOTAL Lic Capacity: 75 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

ODESSA NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **ECTOR** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005123

SIENNA NURSING AND REHABILITATION LP
2510 W 8TH STREET
ODESSA **TX** 79763
Phone (432) 333-4511 **Fax** (432) 333-6078
TOTAL Lic Capacity: 138 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

SIENNA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/10/2018

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 102314

AMBROSIO GUILLEN TEXAS STATE VETERANS HOME
9650 KENWORTHY ST
EL PASO **TX** 79924
Phone (915) 751-0967 **Fax** (915) 751-0980
TOTAL Lic Capacity: 160 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 60 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873
PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/03/2018

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005168

EL PASO HEALTH & REHABILITATION CENTER
11525 VISTA DEL SOL DR
EL PASO **TX** 79936
Phone (915) 855-3636 **Fax** (915) 855-3839
TOTAL Lic Capacity: 153 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 140

Owner Information

EL PASO SNF LLC
11525 VISTA DEL SOL DRIVE
EL PASO TX 79936
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 004985

FRANKLIN HEIGHTS NURSING & REHABILITATION
223 S RESLER
EL PASO **TX** 79912
Phone (915) 584-9417 **Fax** (915) 833-6596
TOTAL Lic Capacity: 132 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

EL PASO I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005180

GOOD SAMARITAN SOCIETY--WHITE ACRES
7304 GOOD SAMARITAN CT
EL PASO **TX** 79912-1602
Phone (915) 581-4683 **Fax** (915) 581-5198
TOTAL Lic Capacity: 74 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 W 57TH ST
SIOUX FALLS SD 57108
PHONE: (605) 362-3100 **FAX:** (605) 362-3897
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/14/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 004994

MESA HILLS HEALTHCARE RESIDENCE
2301 N OREGON ST
EL PASO **TX** 79902
Phone (915) 532-8941 **Fax** (915) 545-5050
TOTAL Lic Capacity: 182 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 179

Owner Information

MESA HILLS HEALTHCARE RESIDENCE OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230
PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 004791

MOUNTAIN VIEW HEALTH & REHABILITATION
1600 MURCHISON RD
EL PASO **TX** 79902

Phone (915) 544-2002 **Fax** (915) 544-0696

TOTAL Lic Capacity: 187 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 187

Owner Information

SHADY SHORES OF EL PASO LLC
320 EAGLE DRIVE SUITE 201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005380

MOUNTAIN VILLA NURSING CENTER
2729 PORTER AVE
EL PASO **TX** 79930

Phone (915) 566-2111 **Fax** (915) 562-6611

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

J SQUARED INC
11913 PASEO DORADO CIRCLE
EL PASO TX 79936

PHONE: (915) 329-1039 **FAX:** (915) 613-5091
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 004859

NAZARETH LIVING CARE CENTER
1475 RAYNOLDS ST
EL PASO **TX** 79903

Phone (915) 565-4677 **Fax** (915) 565-5118

TOTAL Lic Capacity: 74 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 50

Owner Information

NAZARETH HALL
1475 RAYNOLDS ST
EL PASO TX 79903

PHONE: (915) 565-4677 **FAX:** (915) 565-5118
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/05/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 004619

OASIS NURSING & REHABILITATION CENTER
9001 N LOOP
EL PASO **TX** 79907

Phone (915) 859-1650 **Fax** (915) 859-1653

TOTAL Lic Capacity: 130 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

EL PASO II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005239

PEBBLE CREEK NURSING CENTER
11608 SCOTT SIMPSON DR
EL PASO **TX** 79936

Phone (915) 857-0071 **Fax** (915) 857-0118

TOTAL Lic Capacity: 120 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 104

Owner Information

PENAN PARTNERSHIP, A LIMITED PARTNERSHIP
11608 SCOTT SIMPSON DR
EL PASO TX 79936

PHONE: (915) 857-0071 **FAX:** (915) 857-0118
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/13/2016

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005404

REGENT CARE CENTER OF EL PASO
10880 EDGEMERE BLVD
EL PASO **TX** 79935

Phone (915) 590-7800 **Fax** (915) 590-7816

TOTAL Lic Capacity: 138 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

REGENT CARE CENTER OF EL PASO LP
2302 POSTOFFICE ST ,STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 765-9703
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/20/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 106109

ST GILES NURSING AND REHABILITATION CENTER
950 CAMINO DEL REY DRIVE
EL PASO **TX** 79927

Phone (915) 859-3010 **Fax** (915) 859-3057

TOTAL Lic Capacity: 124 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

GRUENEPOINTE 1 ST GILES LLC
5851 LEGACY CIRCLE ,STE 600
PLANO TX 75024

PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 105607

ST. TERESA NURSING AND REHABILITATION CENTER
10350 MONTANA AVENUE
EL PASO **TX** 79925

Phone (915) 595-6137 **Fax** (915) 859-3057

TOTAL Lic Capacity: 124 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

GRUENEPOINTE 1 EL PASO LLC
8502 HUEBNER RD ,STE 400
SAN ANTONIO TX 78240

PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005251

THE MONTEVISTA AT CORONADO
1575 BELVIDERE
EL PASO **TX** 79912

Phone (915) 833-2229 **Fax** (915) 581-6168

TOTAL Lic Capacity: 75 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

FS TENANT POOL I TRUST
400 CENTRE ST
NEWTON MA 02458

PHONE: (617) 796-8387 **FAX:** (617) 796-8349
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/11/2018

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 104756

TRISUN CARE CENTER- NORTHEAST EL PASO
11169 SEAN HAGGERTY
EL PASO **TX** 79934

Phone (915) 849-3000 **Fax** (915) 821-4339

TOTAL Lic Capacity: 124 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

PM MANAGEMENT - EL PASO I NC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 005086

VISTA HILLS HEALTH CARE CENTER
1599 LOMALAND DR
EL PASO **TX** 79935

Phone (915) 593-1131 **Fax** (915) 593-2938

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

VISTA HILLS SNF LLC
1599 LOMALAND DRIVE
EL PASO TX 79935

PHONE: (817) 607-7400 **FAX:** (817) 640-5229
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **EL PASO** Reg Svcs: EL PASO GERIATRIC Region 10 - EL PASO

Facility Information: **Facility ID:** 106362

LAS VENTANAS DE SOCORRO
10064 ALAMEDA AVENUE
SOCORRO **TX** 79927

Phone (915) 773-0730 **Fax** (915) 790-0612

TOTAL Lic Capacity: 126 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

SCC SOCORRO, LLC
600 NORTH PEARL STREET ,SUITE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2017

County **ELLIS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004420

ENNIS CARE CENTER
1200 S HALL ST
ENNIS **TX** 75119
Phone (972) 875-9051 **Fax** (972) 875-9201
TOTAL Lic Capacity: 155 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

PREFERRED CARE HEALTH FACILITIES OF TEXAS I INC
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/23/2019

County **ELLIS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104339

LEGEND OAKS HEALTHCARE AND REHABILITATION - ENNIS
1400 MEDICAL CENTER DRIVE
ENNIS **TX** 75119
Phone (972) 875-4800 **Fax** (972) 875-4815
TOTAL Lic Capacity: 124 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

GETZENDANER HEALTHCARE, INC.
1400 MEDICAL CENTER DRIVE
ENNIS TX 75119-1587
PHONE: (972) 875-4800 **FAX:** (972) 875-4815
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **ELLIS** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004560

ODD FELLOW AND REBEKAH NURSING HOME
2300 SOUTH OAK GROVE RD
ENNIS **TX** 75119
Phone (972) 875-8643 **Fax** (972) 875-1179
TOTAL Lic Capacity: 136 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

THE GRAND LODGE OF THE INDEPENDENT ORDER OF ODD FELLOWS/STATE OF T
3440 W SECOND AVE
CORSICANA TX 75110
PHONE: (903) 872-7438 **FAX:** (903) 872-7277
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/27/2018

County **ELLIS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004362

TRINITY NURSING AND REHABILITATION OF ITALY LP
220 DAVENPORT ST
ITALY **TX** 76651
Phone (972) 483-6369 **Fax** (972) 483-6114
TOTAL Lic Capacity: 74 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 74

Owner Information

TRINITY NURSING AND REHABILITATION OF ITALY LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **ELLIS** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106083

MIDLOTHIAN HEALTHCARE CENTER
900 GEORGE HOPPER ROAD
MIDLOTHIAN **TX** 76065
Phone (972) 775-5105 **Fax** (972) 775-5352
TOTAL Lic Capacity: 120 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 82

Owner Information

MHC DEVELOPMENT LLC
8613 MID CITIES BLVD ,STE 200
NORTH RICHLAND HILLS TX 76182
PHONE: (325) 374-2708 **FAX:** (817) 887-5652
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/19/2019

County **ELLIS** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004158

RED OAK HEALTH AND REHABILITATION CENTER
101 REESE DR
RED OAK **TX** 75154
Phone (469) 552-0500 **Fax** (469) 552-0501
TOTAL Lic Capacity: 144 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

REDOAK SCC LLC
1717 W 6TH ST ,STE 450
AUSTIN TX 78703
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **ELLIS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004939

PLEASANT MANOR HEALTH AND REHABILITATION CENTER
3650 S IH 35 E
WAXAHACHIE **TX** 75165
Phone (972) 937-7320 **Fax** (972) 937-9053
TOTAL Lic Capacity: 132 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

PLEASANTMANOR SCC LLC
600 PEARL ST SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7704
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **ELLIS** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004114

RENFRO HEALTHCARE CENTER
1413 W MAIN ST
WAXAHACHIE **TX** 75165-2298
Phone (972) 937-2298 **Fax** (972) 923-2010
TOTAL Lic Capacity: 152 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 131

Owner Information

NEXION HEALTH AT WAXAHACHIE INC
6937 WARFELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 280-6566
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/02/2019

County **ERATH** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004058

GOLDEN AGE HEALTHCARE RESIDENCE
704 DOBKINS
DUBLIN **TX** 76446
Phone (254) 445-3370 **Fax** (254) 445-4276
TOTAL Lic Capacity: 89 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 60

Owner Information

GOLDEN HC OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230
PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **ERATH** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004962

MULBERRY MANOR
1670 LINGLEVILLE RD
STEPHENVILLE **TX** 76401
Phone (254) 968-2158 **Fax** (254) 968-7679
TOTAL Lic Capacity: 102 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 102

Owner Information

STEPHENS MEMORIAL HOSPITAL DISTRICT
200 S GENEVA ST
BRECKENRIDGE TX 76424
PHONE: (254) 559-2241 **FAX:** (254) 559-6536
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **ERATH** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004053

SENIOR CARE AT STEPHENVILLE
2601 NORTHWEST LOOP
STEPHENVILLE **TX** 76401
Phone (254) 968-4649 **Fax** (254) 968-2519
TOTAL Lic Capacity: 122 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

COMMUNITY SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **ERATH** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004051

STEPHENVILLE NURSING AND REHABILITATION
2311 WEST WASHINGTON
STEPHENVILLE **TX** 76401
Phone (254) 968-3313 **Fax** (254) 968-6890
TOTAL Lic Capacity: 46 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

TICKNOR ENTERPRISES STEPHENVILLE LLC
2816 WHISPERWOOD TRAIL
ARLINGTON TX 76016
PHONE: (817) 269-3375 **FAX:** (254) 968-6890
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **FALLS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004094

GOLDEN YEARS NURSING AND REHABILITATION CENTER
318 CHAMBERS ST
MARLIN **TX** 76661
Phone (254) 883-5508 **Fax** (254) 883-2400
TOTAL Lic Capacity: 94 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360
PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **FALLS** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004857

HERITAGE HOUSE NURSING AND REHABILITATION
407 N COLLEGE ST
ROSEBUD **TX** 76570
Phone (254) 583-7904 **Fax** (254) 583-2830
TOTAL Lic Capacity: 113 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

ROSEBUD I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005043

BONHAM NURSING AND REHABILITATION LP
709 W FIFTH ST
BONHAM **TX** 75418
Phone (903) 583-8551 **Fax** (903) 583-9456
TOTAL Lic Capacity: 65 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 49

Owner Information

BONHAM NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2020

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 100534

CLYDE W COSPER TEXAS STATE VETERANS HOME
1300 SEVEN OAKS RD
BONHAM **TX** 75418
Phone (903) 640-8387 **Fax** (903) 640-4281
TOTAL Lic Capacity: 160 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 32 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873
PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/24/2018

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004830

SEVEN OAKS NURSING AND REHABILITATION LP
901 SEVEN OAKS RD
BONHAM **TX** 75418
Phone (903) 583-2191 **Fax** (903) 583-2759
TOTAL Lic Capacity: 108 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

SEVEN OAKS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004858

HONEY GROVE NURSING CENTER
1303 E MAIN ST
HONEY GROVE **TX** 75446
Phone (903) 378-2293 **Fax** (903) 378-2503
TOTAL Lic Capacity: 102 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

HG SCC LLC
1717 W 6TH ST ,STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (817) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004448

LEONARD MANOR
902 E HACKBERRY ST
LEONARD **TX** 75452-1125

Phone (903) 587-2282 **Fax** (903) 587-2594

TOTAL Lic Capacity: 79 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 42

Owner Information

LEONARD NURSING HOME AND REHABILITATION LLC
320 EAGLE DR ,#201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:**

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 09/01/2019

County **FANNIN** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004060

MULLICAN CARE CENTER
105 N MAIN ST
SAVOY **TX** 75479

Phone (903) 965-0200 **Fax** (903) 965-7123

TOTAL Lic Capacity: 119 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

MULLICAN SCC LLC
1717 W. 6TH STREET
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (877) 639-9530

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 05/01/2019

County **FAYETTE** Reg Svcs: TEAM Z Region 07 - AUSTIN

Facility Information: **Facility ID:** 005166

OAK MANOR NURSING CENTER
624 N CONVERSE ST
FLATONIA **TX** 78941

Phone (361) 865-3571 **Fax** (361) 865-2445

TOTAL Lic Capacity: 82 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 08/31/2018

County **FAYETTE** Reg Svcs: TEAM X Region 07 - AUSTIN

Facility Information: **Facility ID:** 004832

CARE INN OF LA GRANGE
457 N MAIN ST
LA GRANGE **TX** 78945

Phone (979) 968-5865 **Fax** (979) 968-8345

TOTAL Lic Capacity: 98 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

SSC LAGRANGE OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 10/11/2019

County **FAYETTE** Reg Svcs: TEAM X Region 07 - AUSTIN

Facility Information: **Facility ID:** 005234

MONUMENT REHABILITATION AND NURSING CENTER
120 STATE LOOP 92
LA GRANGE **TX** 78945

Phone (979) 968-3144 **Fax** (979) 968-6610

TOTAL Lic Capacity: 108 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 08/31/2018

County **FAYETTE** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 004070

COLONIAL CARE CENTER
507 WEST AVE
SCHULENBURG **TX** 78956

Phone (979) 743-4150 **Fax** (979) 743-3273

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 63
PRIVATE Beds: 19 **TITLE 18/19:** 8

Owner Information

COLONIAL CARE CENTER LLC
PO BOX 297
HASKELL TX 79521

PHONE: (940) 864-3619 **FAX:** (940) 864-3789

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 02/01/2019

County **FAYETTE** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 005287

SCHULENBURG REGENCY NURSING CENTER
111 COLLEGE ST
SCHULENBURG **TX** 78956

Phone (979) 743-6537 **Fax** (979) 743-3485

TOTAL Lic Capacity: 146 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 146

Owner Information

OAK MANOR INC
111 COLLEGE ST
SCHULENBURG TX 78956

PHONE: (979) 743-6537 **FAX:** (979) 743-3485
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/06/2016

County **FLOYD** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004514

LOCKNEY HEALTH AND REHABILITATION CENTER
401 N MAIN ST
LOCKNEY **TX** 79241

Phone (806) 652-3375 **Fax** (806) 652-3466

TOTAL Lic Capacity: 52 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 42

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **FOARD** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005069

CROWELL NURSING CENTER
200 SOUTH B AVE
CROWELL **TX** 79227

Phone (940) 684-1511 **Fax** (940) 684-1661

TOTAL Lic Capacity: 80 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 13 **TITLE 18/19:** 47

Owner Information

CROWELL SNF LLC
200 SOUTH B AVE
CROWELL TX 79227

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **FORT BEND** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102353

SPANISH MEADOWS NURSING & REHAB
1480 KATY FLEWELLEN
KATY **TX** 77494

Phone (281) 394-0088 **Fax** (281) 394-4671

TOTAL Lic Capacity: 125 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

SPANISH MEADOWS OF KATY LTD
25009 OAKHURST DR
SPRING TX 77386

PHONE: (281) 465-0636 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/07/2017

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105225

CHELSEA GARDENS
4422 RIVERSTONE BLVD
MISSOURI CITY **TX** 77459

Phone (281) 499-5040 **Fax** (281) 499-5107

TOTAL Lic Capacity: 60 **TITLE 18:** 51 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 7

Owner Information

J AND B ASSOCIATES, LLC
5 SAINT GEORGE COURT
SUGAR LAND TX 77479

PHONE: (281) 788-5977 **FAX:** (281) 565-1102
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/20/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005226

FIRST COLONY HEALTH AND REHABILITATION CENTER
4710 LEXINGTON BLVD
MISSOURI CITY **TX** 77459

Phone (281) 499-4710 **Fax** (281) 499-9399

TOTAL Lic Capacity: 150 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102417

PARK MANOR OF QUAIL VALLEY
2350 FM 1092
MISSOURI CITY **TX** 77459

Phone (281) 499-9333 **Fax** (281) 499-0035

TOTAL Lic Capacity: 125 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

HMG PARK MANOR OF QUAIL VALLEY LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2017

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105892

WINDSOR QUAIL VALLEY POST-ACUTE HEALTHCARE
3640 HAMPTON DR
MISSOURI CITY **TX** 77459

Phone (281) 778-5144 **Fax** (281) 778-5149

TOTAL Lic Capacity: 120 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004831

SPJST REST HOME NO 2
8611 MAIN ST
NEEDVILLE **TX** 77461

Phone (979) 793-4256 **Fax** (979) 793-3150

TOTAL Lic Capacity: 58 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

S. P. J. S. T. REST HOME
801 EAST LAKE DRIVE
TAYLOR TX 76574

PHONE: (512) 352-6337 **FAX:** (512) 352-7209
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/16/2017

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004751

BRAZOSVIEW HEALTHCARE CENTER
2127 PRESTON ST
RICHMOND **TX** 77469

Phone (281) 342-2801 **Fax** (281) 342-2732

TOTAL Lic Capacity: 56 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005333

CAMBRIDGE HEALTH AND REHABILITATION CENTER
1106 GOLFVIEW
RICHMOND **TX** 77469

Phone (281) 344-9191 **Fax** (281) 344-9320

TOTAL Lic Capacity: 118 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/23/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 009056

OAK BEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND **TX** 77469

Phone (281) 341-4847 **Fax** (281) 341-3089

TOTAL Lic Capacity: 36 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **FORT BEND** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004511

RICHMOND HEALTH CARE CENTER
705 JACKSON ST
RICHMOND **TX** 77469

Phone (281) 238-8006 **Fax** (281) 238-0579

TOTAL Lic Capacity: 92 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

HSMTX/RICHMOND LLC
705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 238-8006 **FAX:** (281) 238-0579
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004628

FORT BEND HEALTHCARE CENTER
3010 BAMORE RD
ROSENBERG **TX** 77471

Phone (281) 342-2142 **Fax** (281) 342-9259

TOTAL Lic Capacity: 56 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

PHONE: (361) 552-6713 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005112

ROSENBERG HEALTH & REHABILITATION CENTER
1419 MAHLMAN ST
ROSENBERG **TX** 77471

Phone (281) 342-0065 **Fax** (281) 342-4184

TOTAL Lic Capacity: 142 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 18 **TITLE 18/19:** 102

Owner Information

ROSENBERG SNF LLC
1419 MAHLMAN STREET
ROSENBERG TX 77471

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005145

SUGAR LAND HEALTH CARE CENTER
333 MATLAGE WAY
SUGAR LAND **TX** 77478

Phone (281) 491-2226 **Fax** (281) 242-3121

TOTAL Lic Capacity: 150 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 136

Owner Information

HSMTX/SUGAR LAND LLC
333 MATLAGE WAY
SUGAR LAND TX 77478

PHONE: (281) 491-2226 **FAX:** (281) 242-3121
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105314

THE CRESCENT
11353 SUGAR PARK LANE
SUGAR LAND **TX** 77478

Phone (281) 276-2050 **Fax** (281) 276-2051

TOTAL Lic Capacity: 112 **TITLE 18:** 87 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 25

Owner Information

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

PHONE: (361) 552-6713 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **FORT BEND** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 106119

THE MEDICAL RESORT AT SUGAR LAND
1803 WESCOTT AVENUE
SUGAR LAND **TX** 77479

Phone (281) 329-4300 **Fax** (281) 240-3477

TOTAL Lic Capacity: 90 **TITLE 18:** 81 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 9

Owner Information

APOLLO HEALTHCARE AT SUGARLAND LP
1803 WESCOTT AVE
SUGAR LAND TX 77479

PHONE: (713) 325-1717 **FAX:** (214) 427-8209
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/29/2019

County **FRANKLIN** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004659

MISSION MANOR HEALTHCARE RESIDENCE
501 YATES ST
MOUNT VERNON **TX** 75457

Phone (903) 537-4424 **Fax** (903) 537-4617

TOTAL Lic Capacity: 101 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

MOUNT VERNON HEALTHCARE RESIDENCE LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **FREESTONE** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 102704

FAIRFIELD NURSING & REHABILITATION CENTER
420 MOODY ST
FAIRFIELD **TX** 75840-3036

Phone (903) 389-1236 **Fax** (903) 389-1241

TOTAL Lic Capacity: 101 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

FAIRFIELD I ENTERPRISES, LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **FREESTONE** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004425

FAIRVIEW HEALTHCARE RESIDENCE
601 E REUNION ST
FAIRFIELD **TX** 75840

Phone (903) 389-4121 **Fax** (903) 389-7066

TOTAL Lic Capacity: 84 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **FREESTONE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005013

TEAGUE LTC PARTNERS INC
884 HWY 84 W
TEAGUE **TX** 75860

Phone (254) 739-2541 **Fax** (254) 739-5233

TOTAL Lic Capacity: 98 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

TEAGUE LTC PARTNERS INC.
8505 TECHNOLOGY FOREST
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **FRIO** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005022

PEARSALL NURSING AND REHABILITATION CENTER - NORTH
169 MEDICAL DR
PEARSALL **TX** 78061

Phone (830) 334-3371 **Fax** (830) 334-2001

TOTAL Lic Capacity: 150 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 150

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **GAINES** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005332

MEMORIAL HEALTH CARE CENTER
212 NW 10TH ST
SEMINOLE **TX** 79360

Phone (432) 758-4877 **Fax** (432) 758-4885

TOTAL Lic Capacity: 79 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 67
PRIVATE Beds: 12 **TITLE 18/19:** 0

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360

PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 06/29/2016

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004286

FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER
1500 SUNSET DR
FRIENDSWOOD **TX** 77546
Phone (281) 992-4300 **Fax** (281) 992-0964
TOTAL Lic Capacity: 150 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

FRIENDSWOOD TRS LLC
2 SOUTH POINTE DR STE 100
LAKE FOREST CA 92630
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004134

FRIENDSWOOD HEALTH CARE CENTER
213 HERITAGE DR
FRIENDSWOOD **TX** 77546
Phone (281) 993-5129 **Fax** (281) 993-5183
TOTAL Lic Capacity: 98 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

HSMTX/FRIENDSWOOD LLC
213 HERITAGE DR
FRIENDSWOOD TX 77546
PHONE: (615) 896-1191 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005330

GULF HEALTH CARE CENTER IN GALVESTON
3702 COVE VIEW BLVD
GALVESTON **TX** 77554-8014
Phone (409) 740-7330 **Fax** (409) 740-7640
TOTAL Lic Capacity: 150 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

SOUTHWEST LTC-GULF HEALTHCARE LTD
1518 LEGACY DR ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004862

THE MERIDIAN
2228 SEAWALL BLVD
GALVESTON **TX** 77550
Phone (409) 763-6437 **Fax** (409) 621-3312
TOTAL Lic Capacity: 96 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

RJ MERIDIAN CARE OF GALVESTON LLC
25009 OAKHURST DR
SPRING TX 77386
PHONE: (281) 465-0738 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/22/2018

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005379

BAYOU PINES CARE CENTER
4905 FLEMING STREET
LA MARQUE **TX** 77568
Phone (409) 938-8282 **Fax** (409) 938-7740
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SCTW HEALTH CARE CENTER INC
4905 FLEMING
LA MARQUE TX 77568
PHONE: (409) 938-8282 **FAX:** (406) 938-7740
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/02/2018

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005175

BAYWIND VILLAGE CONVALESCENT CENTER
411 ALABAMA AVE
LEAGUE CITY **TX** 77573
Phone (281) 332-9588 **Fax** (281) 316-2715
TOTAL Lic Capacity: 113 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

BAYWIND VILLAGE INC
411 ALABAMA AVE
LEAGUE CITY TX 77573
PHONE: (281) 332-4189 **FAX:** (281) 316-2715
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/23/2017

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005285

HARBOURVIEW CARE CENTER INC
300 ENTERPRISE AVE
LEAGUE CITY **TX** 77573

Phone (281) 334-4243 **Fax** (281) 334-8016

TOTAL Lic Capacity: 217 **TITLE 18:** 57 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

HARBOURVIEW CARE CENTER INC
300 ENTERPRISE AVE
LEAGUE CITY TX 77573

PHONE: (281) 334-4243 **FAX:** (281) 334-3180
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/31/2016

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 106264

MRC THE CROSSINGS
255 N EGRET BAY BLVD
LEAGUE CITY **TX** 77573

Phone (281) 724-2345 **Fax** (281) 664-3279

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 5
PRIVATE Beds: 43 **TITLE 18/19:** 0

Owner Information

HAPPY HARBOR METHODIST HOME INC
1440 LAKE FRONT CIRCLE ,STE 110
THE WOODLANDS TX 77380

PHONE: (281) 363-2600 **FAX:** (281) 664-3279
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/30/2019

County **GALVESTON** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102965

REGENT CARE CENTER OF LEAGUE CITY
2620 W WALKER
LEAGUE CITY **TX** 77573

Phone (281) 309-5400 **Fax** (281) 309-5444

TOTAL Lic Capacity: 194 **TITLE 18:** 78 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

REGENT CARE CENTER OF LEAGUE CITY LIMITED PARTNERSHIP
2302 POSTOFFICE SUITE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 770-0233
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/11/2017

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004806

ASHTON PARKE CARE CENTER INC
210 GULF FREEWAY
TEXAS CITY **TX** 77591

Phone (409) 935-0300 **Fax** (409) 908-0409

TOTAL Lic Capacity: 100 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

WTCS HEALTH CARE CENTER INC
210 GULF FREEWAY
TEXAS CITY TX 77591

PHONE: (409) 935-0300 **FAX:** (409) 938-7740
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/06/2018

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005368

OCEANVIEW HEALTHCARE AND REHABILITATION
519 NINTH AVE N
TEXAS CITY **TX** 77590

Phone (409) 949-9499 **Fax** (409) 949-9994

TOTAL Lic Capacity: 134 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575

PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004807

SEABREEZE NURSING AND REHABILITATION LP
6602 MEMORIAL DR
TEXAS CITY **TX** 77591

Phone (409) 935-2451 **Fax** (409) 938-0913

TOTAL Lic Capacity: 107 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

SEABREEZE NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004549

THE LAKES AT TEXAS CITY
424 N TARPEY RD
TEXAS CITY **TX** 77591

Phone (409) 938-8431 **Fax** (409) 938-7566

TOTAL Lic Capacity: 120 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 11 **TITLE 18/19:** 95

Owner Information

BAY OAKS SNF LLC
424 N TARPEY ROAD
TEXAS CITY TX 77591

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005325

THE RESORT AT TEXAS CITY
1720 N LOGAN ST
TEXAS CITY **TX** 77590-4931

Phone (409) 943-4914 **Fax** (409) 943-5255

TOTAL Lic Capacity: 150 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 127

Owner Information

CWP APOLLO HEALTHCARE AT TEXAS CITY, LLC
5305 VILLAGE CREEK DRIVE
PLANO TX 75093

PHONE: (972) 818-7500 **FAX:** (972) 732-6644
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **GALVESTON** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105868

THE RIO AT MAINLAND CENTER
1011 MAINLAND CENTER DR
TEXAS CITY **TX** 77591

Phone (713) 358-0700 **Fax** (713) 358-0701

TOTAL Lic Capacity: 134 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

VILLA DEL MAR AT MAINLAND CENTER LLC
8820 HORIZON BLVD NE
ALBUQUERQUE NM 87113

PHONE: (505) 980-4582 **FAX:** (505) 980-4582
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/30/2018

County **GARZA** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005165

POST NURSING & REHAB CENTER
605 W 7TH ST
POST **TX** 79356

Phone (806) 495-2848 **Fax** (806) 495-3976

TOTAL Lic Capacity: 75 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 10 **TITLE 18/19:** 56

Owner Information

POST SKILLED NURSING CARE, LLC
555 SKOKIE BLVD. STE. 350
NORTHBROOK IL 60062

PHONE: (847) 291-3700 **FAX:** (847) 291-3704
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **GILLESPIE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004851

FREDERICKSBURG NURSING AND REHABILITATION LP
1117 S ADAMS ST
FREDERICKSBURG **TX** 78624

Phone (830) 997-4364 **Fax** (830) 997-3244

TOTAL Lic Capacity: 90 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

FREDERICKSBURG NURSING AND REHABILITATION LP
401 N ELM
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2020

County **GILLESPIE** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004518

KNOPP HEALTHCARE AND REHAB CENTER INC
1208 N LLANO
FREDERICKSBURG **TX** 78624

Phone (830) 997-3704 **Fax** (830) 990-4731

TOTAL Lic Capacity: 119 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

KNOPP HEALTHCARE AND REHAB CENTER INC
1208 N LLANO
FREDERICKSBURG TX 78624

PHONE: (830) 997-7640 **FAX:** (830) 990-4731
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **GILLESPIE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005025

KNOPP NURSING & REHAB CENTER INC
202 BILLIE DR
FREDERICKSBURG **TX** 78624

Phone (830) 997-8840 **Fax** (830) 997-5310

TOTAL Lic Capacity: 60 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

KNOPP NURSING & REHAB CENTER INC
202 BILLIE DR
FREDERICKSBURG TX 78624

PHONE: (830) 997-8840 **FAX:** (830) 997-5310
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **GILLESPIE** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004204

TRISTAR CARE CENTER INC
619 W LIVE OAK RD
FREDERICKSBURG **TX** 78624

Phone (830) 997-4391 **Fax** (830) 997-4393

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 4
PRIVATE Beds: 36 **TITLE 18/19:** 50

Owner Information

TRISTAR CARE CENTER INC
1304 RIVER FOREST COVE
ROUND ROCK TX 78665

PHONE: (512) 698-9010 **FAX:** (888) 295-2232
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/29/2018

County **GILLESPIE** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005298

WINDCREST NURSING AND REHABILITATION CENTER
210 WEST WINDCREST ST
FREDERICKSBURG **TX** 78624

Phone (830) 997-7422 **Fax** (830) 997-0317

TOTAL Lic Capacity: 120 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

PM MANAGEMENT - FREDERICKSBURG NC LLC
600 NORTH PEARL STREET ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **GOLIAD** Reg Svcs: CORPUS CHRISTI 11 Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005339

LA BAHIA NURSING AND REHABILITATION LP
225 E WARD ST
GOLIAD **TX** 77963

Phone (361) 645-8902 **Fax** (361) 645-8689

TOTAL Lic Capacity: 90 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 46

Owner Information

LA BAHIA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2017

County **GONZALES** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004455

TEXAN NURSING & REHAB OF GONZALES
3428 MOULTON RD
GONZALES **TX** 78629

Phone (830) 672-2867 **Fax** (830) 672-6483

TOTAL Lic Capacity: 80 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

GONZALES HEALTHCARE SYSTEMS
1110 N SARAH DEWITT DR
GONZALES TX 78629

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **GONZALES** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102893

THE HEIGHTS OF GONZALES
701 N SARAH DEWITT
GONZALES **TX** 78629

Phone (830) 672-4530 **Fax** (830) 672-4543

TOTAL Lic Capacity: 132 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

GONZALES HEALTHCARE SYSTEMS
1110 N SARAH DEWITT DR
GONZALES TX 78629

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/31/2017

County **GRAY** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005156

MCLEAN CARE CENTER
605 W SEVENTH ST
MCLEAN **TX** 79057

Phone (806) 779-2469 **Fax** (806) 779-2515

TOTAL Lic Capacity: 64 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

MCLEAN I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **GRAY** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005049

CORONADO HEALTHCARE CENTER
1504 W KENTUCKY AVE
PAMPA **TX** 79065

Phone (806) 665-5746 **Fax** (806) 665-6220

TOTAL Lic Capacity: 120 **TITLE 18:** 48 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2017

County **GRAY** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004361

PAMPA NURSING CENTER
1321 W KENTUCKY
PAMPA **TX** 79065

Phone (806) 669-2551 **Fax** (806) 665-1722

TOTAL Lic Capacity: 88 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360

PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004271

HOMESTEAD NURSING AND REHABILITATION OF COLLINSVILLE
501 N MAIN ST
COLLINSVILLE **TX** 76233

Phone (903) 429-6426 **Fax** (903) 429-6240

TOTAL Lic Capacity: 65 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 41

Owner Information

COLLINSVILLE NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004344

BEACON HILL
3515 S PARK AVE
DENISON **TX** 75020

Phone (903) 327-8537 **Fax** (903) 327-8794

TOTAL Lic Capacity: 150 **TITLE 18:** 71 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/26/2019

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004074

DENISON NURSING AND REHABILITATION LP
601 E HWY 69
DENISON **TX** 75021

Phone (903) 465-2438 **Fax** (903) 463-3741

TOTAL Lic Capacity: 71 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

DENISON NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005317

THE HOMESTEAD OF DENISON
1101 REBA MCENTIRE LN
DENISON **TX** 75020
Phone (903) 463-4663 **Fax** (903) 463-4180

TOTAL Lic Capacity: 140 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 12
PRIVATE Beds: 8 **TITLE 18/19:** 120

Owner Information

PM MANAGEMENT-DENISON NC LLC
1717 W 6TH ST ,STE 450
AUSTIN TX 78703
PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004855

THE TERRACE AT DENISON
1300 MEMORIAL DR
DENISON **TX** 75020
Phone (903) 465-7442 **Fax** (903) 465-2558

TOTAL Lic Capacity: 136 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

TEXOMA LONG TERM CARE LLC
1300 MEMORIAL DR
DENISON TX 75020
PHONE: (903) 465-7442 **FAX:** (903) 465-2558
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106397

WOODLANDS PLACE REHABILITATION SUITES
5600 WOODLANDS TRAIL
DENISON **TX** 75020
Phone (903) 462-1200 **Fax** (903) 462-1201

TOTAL Lic Capacity: 133 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 133

Owner Information

DENISON LONG TERM CARE LLC
5600 WOODLANDS TRAIL
DENISON TX 75020
PHONE: (903) 461-1200 **FAX:** (903) 462-1201
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/23/2016

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004864

SHERMAN HEALTHCARE CENTER
817 W CENTER
SHERMAN **TX** 75090
Phone (903) 893-6348 **Fax** (903) 598-6405

TOTAL Lic Capacity: 116 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 9 **TITLE 18/19:** 103

Owner Information

NEXION HEALTH AT SHERMAN INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004346

TEXOMA HEALTHCARE CENTER
1000 HWY 82 E
SHERMAN **TX** 75090
Phone (903) 893-9636 **Fax** (903) 893-2265

TOTAL Lic Capacity: 179 **TITLE 18:** 73 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

SHERMAN OPERATING COMPANY LLC
ONE RAVINIA DR, STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102588

THE HOMESTEAD OF SHERMAN
1000 SARA SWAMMY DR
SHERMAN **TX** 75090
Phone (903) 891-1730 **Fax** (903) 891-1703

TOTAL Lic Capacity: 132 **TITLE 18:** 53 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

J-S SHERMAN OPERATIONS LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/03/2018

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004608

MEADOWBROOK CARE CENTER
632 WINDSOR WAY
VAN ALSTYNE **TX** 75495

Phone (903) 482-6455 **Fax** (903) 482-6048

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

MEADOWBROOK HEALTH CARE LLC
632 WINDSOR WAY
VAN ALSTYNE TX 75495

PHONE: (903) 482-6455 **FAX:** (903) 482-6048
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **GRAYSON** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004209

WHITESBORO HEALTH AND REHABILITATION CENTER
1204 SHERMAN DR
WHITESBORO **TX** 76273-0250

Phone (903) 564-7900 **Fax** (903) 564-7028

TOTAL Lic Capacity: 100 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

WHITESBORO SCC LLC
600 N PEARL STREET ,STE. 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004677

ARBOR GRACE SKILLED NURSING AND REHABILITATION LLC
144 FM 1252 WEST
KILGORE **TX** 75662

Phone (903) 984-5688 **Fax** (903) 984-8010

TOTAL Lic Capacity: 59 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

ARBOR GRACE SKILLED NURSING AND REHABILITATION LLC
101 NORTH 2ND STREET ,STE 200
WEST MONROE LA 71291

PHONE: (318) 812-2140 **FAX:** (318) 812-2143
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 101801

WILLOW REHAB & NURSING
1901 WHIPPOORWILL
KILGORE **TX** 75662

Phone (903) 983-7775 **Fax** (903) 984-2244

TOTAL Lic Capacity: 118 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

WILLOW SNF LLC
1901 WHIPPOORWILL LN
KILGORE TX 75662

PHONE: (945) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 103186

BUCKNER WESTMINSTER PLACE
2201 HORSESHOE LN
LONGVIEW **TX** 75605

Phone (903) 234-0000 **Fax** (903) 234-0909

TOTAL Lic Capacity: 20 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BUCKNER RETIREMENT SERVICES INC
700 N PEARL ST ,STE 1200
DALLAS TX 75201

PHONE: (214) 758-8000 **FAX:** (214) 758-8153
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 01/22/2019

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005218

CLAIRMONT LONGVIEW
3201 N FOURTH ST
LONGVIEW **TX** 75605

Phone (903) 236-4291 **Fax** (903) 236-3875

TOTAL Lic Capacity: 198 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 170

Owner Information

HOPKINS COUNTY HOSPITAL DISTRICT
115 AIRPORT RD
SULPHUR SPRINGS TX 75482

PHONE: (903) 885-7671 **FAX:** (903) 885-4579
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/18/2018

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005015

HAVENCARE NURSING AND REHABILITATION CENTER LLC
111 RUTHLYNN DR
LONGVIEW **TX** 75601
Phone (903) 757-2557 **Fax** (903) 757-5709

TOTAL Lic Capacity: 108 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

HAVENCARE NURSING & REHABILITATION CENTER LLC
111 RUTHLYNN DR
LONGVIEW TX 75601
PHONE: (903) 757-2557 **FAX:** (903) 757-5709
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005129

HERITAGE AT LONGVIEW HEALTHCARE CENTER
112 RUTH LYNN DR
LONGVIEW **TX** 75605
Phone (903) 753-8611 **Fax** (903) 758-4026

TOTAL Lic Capacity: 150 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 125

Owner Information

SOUTHWEST LTC - LONGVIEW, LLC
1518 LEGACY DRIVE STE. 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 961-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004160

HIGHLAND PINES NURSING HOME
1100 N 4TH ST
LONGVIEW **TX** 75601
Phone (903) 753-7661 **Fax** (903) 753-1056

TOTAL Lic Capacity: 171 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 154

Owner Information

HP NURSING & REHAB LLC
5967 WEST THIRD STREET ,SUITE 360
LOS ANGELES CA 90036
PHONE: (323) 505-4345 **FAX:** (323) 978-5822
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/08/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 009575

LONGVIEW REGIONAL MEDICAL CENTER
2901 N 4TH ST
LONGVIEW **TX** 75605
Phone (903) 553-7600 **Fax** (905) 553-7609

TOTAL Lic Capacity: 15 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

LONGVIEW MEDICAL CENTER LP
PO BOX 14000
LONGVIEW TX 75607
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004989

PINE TREE LODGE NURSING CENTER
2711 PINE TREE RD
LONGVIEW **TX** 75604
Phone (903) 759-3994 **Fax** (903) 759-1439

TOTAL Lic Capacity: 92 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

LONGVIEW I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005217

SUMMER MEADOWS
301 HOLLYBROOK DR
LONGVIEW **TX** 75605
Phone (903) 758-7764 **Fax** (903) 758-6462

TOTAL Lic Capacity: 115 **TITLE 18:** 89 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 26

Owner Information

THE LINDERIAN COMPANY LTD
403 SYLVIA ST
LONGVIEW TX 75604
PHONE: (903) 758-7764 **FAX:** (903) 758-6462
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/25/2018

County **GREGG** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 105966

TREVISO TRANSITIONAL CARE
1154 EAST HAWKINS PARKWAY
LONGVIEW **TX** 75605

Phone (903) 663-2750 **Fax** (903) 663-2851

TOTAL Lic Capacity: 140 **TITLE 18:** 70 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

HOPKINS COUNTY HOSPITAL DISTRICT
115 AIRPORT RD
SULPHUR SPRINGS TX 75482

PHONE: (903) 885-7671 **FAX:** (903) 885-4579
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **GREGG** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005374

WHISPERING PINES LODGE
2131 ALPINE RD
LONGVIEW **TX** 75601

Phone (903) 757-8786 **Fax** (903) 753-8163

TOTAL Lic Capacity: 116 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

GRUENEPOINTE 1 LONGVIEW LLC
8502 HUEBNER RD ,STE 400
SAN ANTONIO TX 78240

PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **GRIMES** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 102540

GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER
2100 DOVE CROSSING LN
NAVASOTA **TX** 77868

Phone (936) 825-4043 **Fax** (936) 825-3509

TOTAL Lic Capacity: 125 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

NEXION HEALTH AT NAVASOTA INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **GRIMES** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004649

NAVASOTA NURSING AND REHABILITATION LP
1405 E WASHINGTON
NAVASOTA **TX** 77868

Phone (936) 825-6463 **Fax** (936) 825-6637

TOTAL Lic Capacity: 172 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

NAVASOTA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **GUADALUPE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004796

AUTUMN WINDS LIVING & REHABILITATION
3301 FM 3009
SCHERTZ **TX** 78154

Phone (210) 658-6338 **Fax** (210) 658-0882

TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

SCHERTZ NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **GUADALUPE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102647

SILVER TREE NURSING AND REHABILITATION CENTER
930 ROY RICHARD DR
SCHERTZ **TX** 78154

Phone (210) 566-9100 **Fax** (210) 566-9102

TOTAL Lic Capacity: 120 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

SCHERTZ I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **GUADALUPE** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005280

GUADALUPE VALLEY NURSING CENTER
1210 EASTWOOD DR
SEGUIN **TX** 78155

Phone (830) 379-9308 **Fax** (830) 379-0703

TOTAL Lic Capacity: 150 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 117

Owner Information

MEDINA COUNTY HOSPITAL DISTRICT
3100 AVENUE E
HONDO TX 78861

PHONE: (830) 426-7898 **FAX:** (830) 426-7963
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **GUADALUPE** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004049

HACIENDA OAKS NURSING & REHAB
1637 N KING ST
SEGUIN **TX** 78155

Phone (830) 379-3784 **Fax** (830) 303-7153

TOTAL Lic Capacity: 113 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 102

Owner Information

PHPM MISSION CARE CENTERS-NEW COVENANT LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **GUADALUPE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004481

NESBIT LIVING & RECOVERY CENTER
1215 ASHBY
SEGUIN **TX** 78155

Phone (830) 379-1606 **Fax** (830) 379-1688

TOTAL Lic Capacity: 134 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 134

Owner Information

GUADALUPE REGIONAL MEDICAL CENTER
1215 E COURT STREET
SEGUIN TX 78155

PHONE: (830) 379-2411 **FAX:** (830) 372-1582
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **GUADALUPE** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104646

REMARKABLE HEALTHCARE OF SEGUIN
1339 EASTWOOD DR
SEGUIN **TX** 78155

Phone (830) 379-3900 **Fax** (830) 379-3901

TOTAL Lic Capacity: 115 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

REMARKABLE HEALTHCARE OF SEGUIN LP
904 EMERALD BLVD
SOUTHLAKE TX 76092

PHONE: (817) 308-6226 **FAX:** (866) 584-0247
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/02/2019

County **GUADALUPE** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004572

WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN
1219 EASTWOOD DR
SEGUIN **TX** 78155

Phone (830) 379-7777 **Fax** (830) 372-1204

TOTAL Lic Capacity: 122 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **HALE** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004882

HALE CENTER HEALTH AND REHABILITATION
202 W 3RD ST
HALE CENTER **TX** 79041

Phone (806) 839-2102 **Fax** (806) 839-1221

TOTAL Lic Capacity: 44 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **HALE** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004450

PLAINVIEW HEALTHCARE CENTER
2510 W 24TH ST
PLAINVIEW **TX** 79072

Phone (806) 296-5584 **Fax** (806) 296-2341

TOTAL Lic Capacity: 93 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HALE** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005328

PRAIRIE HOUSE LIVING CENTER
1301 MESA DR
PLAINVIEW **TX** 79072

Phone (806) 293-4855 **Fax** (806) 293-2804

TOTAL Lic Capacity: 121 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 121

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **HALL** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005131

MEMPHIS CONVALESCENT CENTER
1415 N 18TH ST
MEMPHIS **TX** 79245

Phone (806) 259-3566 **Fax** (806) 259-5098

TOTAL Lic Capacity: 72 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 56

Owner Information

MEMPHIS I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **HAMILTON** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004013

DOVE HILL CARE CENTER AND VILLAS
1315 EAST STATE HWY 22
HAMILTON **TX** 76531

Phone (254) 386-3171 **Fax** (254) 386-8261

TOTAL Lic Capacity: 82 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 71

Owner Information

HAMILTON HEALTH FACILITIES LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **HAMILTON** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004910

HAMILTON HEALTHCARE CENTER
910 E PIERSON ST
HAMILTON **TX** 76531

Phone (254) 386-8113 **Fax** (254) 386-8832

TOTAL Lic Capacity: 76 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 53

Owner Information

HAMILTON COUNTY HOSPITAL DISTRICT
400 NORTH BROWN
HAMILTON TX 76531

PHONE: (254) 386-1950 **FAX:** (254) 386-5173
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/05/2018

County **HAMILTON** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004739

HICO NURSING AND REHABILITATION
712 RAILROAD AVE
HICO **TX** 76457-0617

Phone (254) 796-2111 **Fax** (254) 796-2728

TOTAL Lic Capacity: 80 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

TICKNOR ENTERPRISES HICO LLC
2816 WHISPERWOOD TRAIL
ARLINGTON TX 76016

PHONE: (817) 269-3375 **FAX:** (817) 303-3356
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **HANSFORD** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005176

HANSFORD MANOR
707 S ROLAND ST
SPEARMAN **TX** 79081

Phone (806) 659-5535 **Fax** (806) 659-5821

TOTAL Lic Capacity: 84 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 64
PRIVATE Beds: 20 **TITLE 18/19:** 0

Owner Information

HANSFORD COUNTY HOSPITAL DISTRICT
707 S ROLAND
SPEARMAN TX 79081

PHONE: (806) 659-2535 **FAX:** (806) 659-5821
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 04/01/2019

County **HARDIN** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004676

KOUNTZE NURSING CENTER
604 FM 1293
KOUNTZE **TX** 77625

Phone (409) 246-3418 **Fax** (409) 246-2129

TOTAL Lic Capacity: 60 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

SSC KOUNTZE OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **HARDIN** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005291

VILLAGE CREEK REHABILITATION AND NURSING CENTER
705 N MAIN ST
LUMBERTON **TX** 77657-0595

Phone (409) 755-0100 **Fax** (409) 755-4200

TOTAL Lic Capacity: 120 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

NEXION HEALTH AT LUMBERTON INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **HARDIN** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005340

PINE ARBOR
705 HWY 418 W
SILSBEE **TX** 77656

Phone (409) 385-0033 **Fax** (409) 385-2552

TOTAL Lic Capacity: 90 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 74

Owner Information

SSC SILSBEE OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (678) 443-7013
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **HARDIN** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004655

SILSBEE CONVALESCENT CENTER
1105 W HWY 418
SILSBEE **TX** 77656

Phone (409) 385-3784 **Fax** (409) 385-0808

TOTAL Lic Capacity: 68 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 61

Owner Information

TYLER COUNTY HOSPITAL DISTRICT
1100 W BLUFF ST
WOODVILLE TX 75979

PHONE: (409) 283-8141 **FAX:** (409) 283-5961
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARDIN** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005083

SILSBEE OAKS HEALTH CARE LLP
920 E AVE L
SILSBEE **TX** 77656

Phone (409) 385-5571 **Fax** (409) 385-3285

TOTAL Lic Capacity: 160 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

SILSBEE OAKS HEALTH CARE LLP
920 E AVE L
SILSBEE TX 77656

PHONE: (817) 444-2516 **FAX:** (817) 444-5443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005057

ALLENBROOK HEALTHCARE CENTER
4109 ALLENBROOK DR
BAYTOWN **TX** 77521
Phone (281) 422-3546 **Fax** (281) 422-0376

TOTAL Lic Capacity: 120 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

NEXION HEALTH AT ALLENBROOK INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2016

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 100001

BAYTOWN NURSING & REHAB CENTER
3921 N MAIN
BAYTOWN **TX** 77521
Phone (281) 422-9541 **Fax** (281) 422-7408

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

BAYTOWN SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103620

CEDAR BAYOU NURSING & REHAB CENTER
2000 W BAKER RD
BAYTOWN **TX** 77521
Phone (281) 427-9120 **Fax** (281) 427-4262

TOTAL Lic Capacity: 125 **TITLE 18:** 47 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

CEDAR BAYOU SCC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004850

GREEN ACRES OF BAYTOWN
2000 BEAUMONT ST
BAYTOWN **TX** 77520
Phone (281) 427-4774 **Fax** (281) 427-1678

TOTAL Lic Capacity: 100 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

NEXION HEALTH AT BAYTOWN INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4805 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 009026

SAN JACINTO METHODIST HOSPITAL
4401 GARTH RD
BAYTOWN **TX** 77521
Phone (281) 420-8600 **Fax**

TOTAL Lic Capacity: 30 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SAN JACINTO METHODIST HOSPITAL
4401 GARTH RD
BAYTOWN TX 77520
PHONE: (281) 420-8765 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004682

ST JAMES HOUSE OF BAYTOWN
5800 W BAKER RD
BAYTOWN **TX** 77520
Phone (281) 425-1200 **Fax** (281) 424-1922

TOTAL Lic Capacity: 105 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

BAYTOWN TRANSITIONAL CARE CENTER LLC
5800 W BAKER ROAD
BAYTOWN TX 77520
PHONE: (318) 590-0007 **FAX:** (318) 590-1711
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000233

THE GARDENS OF BELLAIRE
4620 BELLAIRE BLVD
BELLAIRE **TX** 77401

Phone (713) 665-3888 **Fax** (713) 666-0888

TOTAL Lic Capacity: 46 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SNH SE TENANT TRS INC
TWO NEWTON PLACE ,255 WASHINGTON ST STE 300
NEWTON MA 02458

PHONE: (617) 796-8350 **FAX:** (617) 796-8349
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 10/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004966

SAN JACINTO MANOR
206 W P ST
DEER PARK **TX** 77536

Phone (281) 479-8471 **Fax** (281) 479-8215

TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

PINNACLE HEALTH FACILITIES XXX LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105634

ACCEL AT HERMANN PARK
5600 CHENEVERT STREET
HOUSTON **TX** 77004

Phone (713) 521-0169 **Fax** (713) 521-0165

TOTAL Lic Capacity: 80 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 31

Owner Information

HP SNF OPCO LLC
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/11/2018

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004774

AFTON OAKS NURSING CENTER
7514 KINGSLEY ST
HOUSTON **TX** 77087

Phone (713) 644-8393 **Fax** (713) 644-0490

TOTAL Lic Capacity: 169 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 168

Owner Information

DIVERSICARE AFTON OAKS LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (615) 771-7575 **FAX:** (615) 771-7409
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004811

ASHFORD GARDENS
7210 NORTHLINE DR
HOUSTON **TX** 77076

Phone (713) 699-2882 **Fax** (713) 695-9005

TOTAL Lic Capacity: 202 **TITLE 18:** 62 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979

PHONE: (361) 552-6713 **FAX:** (361) 552-0220
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000124

BAYOU MANOR
4141 S BRAESWOOD BLVD
HOUSTON **TX** 77025

Phone (713) 666-2651 **Fax** (713) 660-5048

TOTAL Lic Capacity: 37 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BRAZOS PRESBYTERIAN HOMES INC
4141 S BRAESWOOD BLVD
HOUSTON TX 77025

PHONE: (713) 666-2651 **FAX:** (713) 660-5048
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 03/29/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005316

BEECHNUT MANOR
12777 BEECHNUT ST
HOUSTON **TX** 77072

Phone (281) 879-8040 **Fax** (281) 879-9066

TOTAL Lic Capacity: 146 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

NEXION HEALTH AT BEECHNUT INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004611

BRIARWOOD NURSING & REHABILITATION
7633 BELLFORT
HOUSTON **TX** 77061

Phone (713) 644-2101 **Fax** (713) 644-8324

TOTAL Lic Capacity: 200 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 196

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105594

BRIDGECREST REHABILITATION SUITES
14100 KARISSA COURT
HOUSTON **TX** 77049

Phone (713) 340-5200 **Fax** (713) 340-5201

TOTAL Lic Capacity: 130 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

KARISSA HEALTH CARE LLC
14100 KARISSA COURT
HOUSTON TX 77049

PHONE: (713) 340-5200 **FAX:** (713) 340-5201
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/08/2018

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 010316

BROOKDALE GALLERIA
2929 POST OAK BLVD
HOUSTON **TX** 77056

Phone (713) 993-9999 **Fax** (713) 830-5069

TOTAL Lic Capacity: 56 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

ARC POST OAK LP
111 WESTWOOD PL ,STE 400
BRENTWOOD TN 37027

PHONE: (414) 918-5441 **FAX:** (414) 918-6076
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 07/25/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103815

BROOKDALE WILLOWBROOK PLACE
13500 BRETON RIDGE
HOUSTON **TX** 77070

Phone (281) 807-4744 **Fax** (281) 807-6626

TOTAL Lic Capacity: 98 **TITLE 18:** 88 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 10

Owner Information

ARC WILLOWBROOK LLC
111 WESTWOOD PLACE ,STE 400
BRENTWOOD TN 37027

PHONE: (414) 918-5000 **FAX:** (414) 918-5054
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/15/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004610

BROOKHOLLOW HEIGHTS TRANSITIONAL CARE CENTER
1737 N LOOP W
HOUSTON **TX** 77008

Phone (713) 869-5551 **Fax** (713) 869-3230

TOTAL Lic Capacity: 200 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 200

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2015

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000120

CLAREWOOD HOUSE EXTENDED CARE CENTER
7400 CLAREWOOD DR
HOUSTON **TX** 77036

Phone (713) 774-5821 **Fax** (713) 778-8207

TOTAL Lic Capacity: 70 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 10 **TITLE 18/19:** 0

Owner Information

CLAREWOOD HOUSE INC
7400 CLAREWOOD DR
HOUSTON TX 77036

PHONE: (713) 774-5821 **FAX:** (713) 778-8503
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 05/04/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105344

CONTINUING CARE AT EAGLES TRACE
14703 EAGLE VISTA DRIVE BLDG 601B
HOUSTON **TX** 77077

Phone (281) 249-7190 **Fax** (281) 249-7191

TOTAL Lic Capacity: 44 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 4

Owner Information

EAGLES TRACE INC
14703 EAGLE VISTA DRIVE
HOUSTON TX 77077

PHONE: (281) 249-7099 **FAX:** (281) 249-7358
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/15/2019

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005005

COURTYARD RESIDENCE AND REHABILITATION CENTER
7499 STANWICK DR
HOUSTON **TX** 77087

Phone (713) 644-8048 **Fax** (713) 640-1682

TOTAL Lic Capacity: 120 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 102

Owner Information

COURTYARD SNF LLC
7499 STANWICK DR
HOUSTON TX 77087

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005177

CYPRESSWOOD HEALTH AND REHABILITATION CENTER
10851 CRESCENT MOON DR
HOUSTON **TX** 77064

Phone (281) 955-4100 **Fax** (281) 955-4188

TOTAL Lic Capacity: 202 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 202

Owner Information

SSC HOUSTON CYPRESS WOOD OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004446

GALLERIA RESIDENCE AND REHABILITATION CENTER
2808 STONEYBROOK DRIVE
HOUSTON **TX** 77063

Phone (713) 782-4355 **Fax** (713) 782-5429

TOTAL Lic Capacity: 112 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT NO 1
200 HOSPITAL DR
ANAHUAC TX 77514

PHONE: (409) 267-3143 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000284

GARDEN TERRACE ALZHEIMERS CENTER OF EXCELLENCE
7887 CAMBRIDGE ST
HOUSTON **TX** 77054

Phone (713) 796-2777 **Fax** (713) 796-8769

TOTAL Lic Capacity: 120 **TITLE 18:** 120 **ICF/IID:** 0
Cert Alzh Capacity: 120 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CAMBRIDGE MEDICAL INVESTORS LLC
3570 KEITH ST NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 03/24/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 104360

GRACE CARE CENTER AT VETERANS MEMORIAL
1424 FALLBROOK DRIVE
HOUSTON **TX** 77038
Phone (346) 754-5070 **Fax** (281) 741-0355
TOTAL Lic Capacity: 120 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

GRACE VM HOLDINGS GROUP LP
24616 KINGSLAND BLVD
KATY TX 77494-3386
PHONE: (832) 448-3700 **FAX:** (832) 448-3706
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103626

GRACE CARE CENTER OF CYPRESS
9602 HUFFMEISTER RD
HOUSTON **TX** 77095-2895
Phone (281) 463-9001 **Fax** (281) 463-9002
TOTAL Lic Capacity: 125 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

CYPRESSCARE LP
24616 KINGSLAND BLVD
KATY TX 77494
PHONE: (832) 448-3700 **FAX:** (832) 448-3706
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/25/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000122

HALLMARK ANDERSON HEALTH CARE CENTER
4718 HALLMARK DR
HOUSTON **TX** 77056
Phone (713) 622-6633 **Fax** (713) 599-1324
TOTAL Lic Capacity: 32 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 32 **TITLE 18/19:** 0

Owner Information

BRAZOS PRESBYTERIAN HOMES INC
4141 S BRAESWOOD BLVD
HOUSTON TX 77025
PHONE: (713) 666-2651 **FAX:** (713) 660-5048
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 05/19/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 009095

HERMANN HOSPITAL
6411 FANNIN
HOUSTON **TX** 77030
Phone (713) 704-6090 **Fax** (713) 704-6374
TOTAL Lic Capacity: 9 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER ,STE 2700
HOUSTON TX 77024
PHONE: (713) 242-2777 **FAX:** (713) 456-6052
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004062

HIGHLAND PARK CARE CENTER
2714 MORRISON
HOUSTON **TX** 77009
Phone (713) 862-1616 **Fax** (713) 862-1641
TOTAL Lic Capacity: 64 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665
PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/23/2018

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000123

HOLLY HALL
2000 HOLLY HALL ST
HOUSTON **TX** 77054-3906
Phone (713) 799-9031 **Fax** (713) 799-2702
TOTAL Lic Capacity: 62 **TITLE 18:** 57 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 5

Owner Information

HOLLY HALL
2000 HOLLY HALL ST
HOUSTON TX 77054-3906
PHONE: (713) 799-9031 **FAX:** (713) 799-2702
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/18/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004292

HOUSTON NURSING AND REHABILITATION LP
4225 DENMARK
HOUSTON **TX** 77016
Phone (713) 631-0200 **Fax** (713) 635-4801

TOTAL Lic Capacity: 83 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 56

Owner Information

HOUSTON NURSING AND REHABILITATION L P
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (490) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004823

JACINTO CITY HEALTHCARE CENTER
1405 HOLLAND
HOUSTON **TX** 77029
Phone (713) 455-1744 **Fax** (713) 455-3778

TOTAL Lic Capacity: 148 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

SSC HARRIS JACINTO CITY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105089

LA HACIENDA NURSING & REHAB CENTER
3730 W. OREM DRIVE
HOUSTON **TX** 77045
Phone (832) 799-6484 **Fax** (832) 201-6952

TOTAL Lic Capacity: 120 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

LA HACIENDA SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 104200

LEGEND OAKS HEALTHCARE AND REHABILITATION - NORTH/WILLOWBROOK
12921 MISTY WILLOW
HOUSTON **TX** 77070
Phone (281) 469-7881 **Fax** (281) 469-2169

TOTAL Lic Capacity: 124 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

MISTY WILLOW HEALTHCARE INC
12921 MISTY WILLOW DRIVE
HOUSTON TX 77070
PHONE: (281) 469-7881 **FAX:** (281) 469-2169
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102369

LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER
15880 WALLISVILLE ROAD
HOUSTON **TX** 77049
Phone (281) 457-6462 **Fax** (281) 457-6188

TOTAL Lic Capacity: 125 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

WALLSVILLE HEALTHCARE, INC.
15880 WALLISVILLE ROAD
HOUSTON TX 77049
PHONE: (281) 457-4606 **FAX:** (281) 457-6188
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102907

LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER - NORTHWEST HOUSTON
8902 WEST RD
HOUSTON **TX** 77064
Phone (713) 849-0990 **Fax** (713) 849-0988

TOTAL Lic Capacity: 125 **TITLE 18:** 53 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

ARMSTRONG HEALTHCARE INC
8902 WEST ROAD
HOUSTON TX 77064
PHONE: (713) 849-0990 **FAX:** (949) 540-1966
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103866

LEGEND OAKS HEALTHCARE AND REHABILITATION-WEST HOUSTON
7107 QUEENSTON BLVD
HOUSTON **TX** 77095
Phone (281) 463-7333 **Fax** (281) 463-7331
TOTAL Lic Capacity: 124 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

QUEENSTON HEALTHCARE, INC.
7107 QUEENSTON BOULEVARD
HOUSTON TX 77905-5339
PHONE: (281) 463-7333 **FAX:** (281) 463-7331
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004325

MEMORIAL CITY HEALTH AND REHABILITATION CENTER
1341 BLALOCK
HOUSTON **TX** 77055
Phone (713) 468-7821 **Fax** (713) 827-0983
TOTAL Lic Capacity: 187 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 184

Owner Information

SSC HARRIS VILLAGE LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004301

MISSION CARE CENTERS-ALL SEASONS
6150 S LOOP EAST
HOUSTON **TX** 77087-1010
Phone (713) 643-2628 **Fax** (713) 643-8175
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PHP MISSION CARE CENTERS-HOUSTON LP
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005137

NORTHWEST HEALTH AND REHABILITATION CENTER
17600 CALI DR
HOUSTON **TX** 77090
Phone (281) 440-9000 **Fax** (281) 440-7536
TOTAL Lic Capacity: 148 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 148

Owner Information

SSC HOUSTON NORTHWEST OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004456

PARK MANOR OF CYFAIR
11001 CRESCENT MOON DR
HOUSTON **TX** 77064-4024
Phone (281) 477-8877 **Fax** (281) 477-8866
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

HMG PARK MANOR OF CYFAIR LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380
PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 101489

PARK MANOR OF CYPRESS STATION
420 LANTERN BEND DR
HOUSTON **TX** 77090
Phone (832) 249-6500 **Fax** (832) 249-6501
TOTAL Lic Capacity: 125 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

HMG PARK MANOR OF CYPRESS STATION LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380
PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2017

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005400

PARK MANOR OF SOUTH BELT
11902 RESOURCE PKWY
HOUSTON **TX** 77089-6060

Phone (281) 922-6802 **Fax** (281) 922-6804

TOTAL Lic Capacity: 120 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

HMG PARK MANOR OF SOUTHBELT LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102294

PARK MANOR OF WESTCHASE
11910 RICHMOND AVE
HOUSTON **TX** 77082

Phone (281) 497-2838 **Fax** (281) 497-3699

TOTAL Lic Capacity: 125 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

HMG PARK MANOR OF WESTCHASE LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5521
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004077

PARKWAY PLACE
1321 PARK BAYOU DR
HOUSTON **TX** 77077

Phone (281) 556-9200 **Fax** (281) 556-9275

TOTAL Lic Capacity: 60 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BUCKNER RETIREMENT SERVICES INC
700 N PEARL ST ,STE 1200
DALLAS TX 75201

PHONE: (214) 758-8000 **FAX:** (214) 758-8153
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/23/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 106120

PATHWAYS MEMORY CARE AT VILLA TOSCANA
2930 CYPRESS GROVE MEADOWS
HOUSTON **TX** 77014

Phone (281) 315-1450 **Fax** (281) 315-1475

TOTAL Lic Capacity: 94 **TITLE 18:** 74 **ICF/IID:** 0
Cert Alzh Capacity: 90 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 20

Owner Information

NORTH HOUSTON MC LLC
1500 WATERS RIDGE DRIVE
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/19/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 010202

QUENTIN MEASE COMMUNITY HOSPITAL
3601 N MACGREGOR
HOUSTON **TX** 77004

Phone (713) 942-3801 **Fax**

TOTAL Lic Capacity: 24 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

HARRIS COUNTY HOSPITAL DISTRICT
2525 HOLLY HALL
HOUSTON TX 77054

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000191

ROYAL OAKS RESIDENCE AND REHABILITATION CENTER
2939 WOODLAND PARK DR
HOUSTON **TX** 77082

Phone (281) 870-9100 **Fax** (281) 558-7700

TOTAL Lic Capacity: 161 **TITLE 18:** 129 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 32

Owner Information

WEST HOUSTON SNF MANAGEMENT, LLC
2939 WOODLAND PARK DRIVE
HOUSTON TX 77082

PHONE: (281) 870-9100 **FAX:** (281) 558-7700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105395

SCC AT CLEAR BROOK CROSSING REHABILITATION AND HEATLHCARE CENTER
10800 FLORA MAE MEADOWS RD
HOUSTON **TX** 77089
Phone (832) 328-2350 **Fax** (832) 328-2351

TOTAL Lic Capacity: 128 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

CLEAR BROOK SCC LLC
600 NORTH PEARL ST STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102753

SENIOR CARE OF WESTWOOD
8702 S COURSE DR
HOUSTON **TX** 77099
Phone (281) 498-5796 **Fax** (281) 498-5726

TOTAL Lic Capacity: 125 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 121

Owner Information

ALIEF SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004000

SEVEN ACRES JEWISH SENIOR CARE SERVICES INC
6200 N BRAESWOOD
HOUSTON **TX** 77074
Phone (713) 778-5700 **Fax** (713) 778-0823

TOTAL Lic Capacity: 305 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 79 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 305

Owner Information

SEVEN ACRES JEWISH SENIOR CARE SERVICES, INC
6200 N BRAESWOOD
HOUSTON TX 77074
PHONE: (713) 778-5700 **FAX:** (713) 778-0823
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/28/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000169

SHARPVIEW RESIDENCE AND REHABILITATION CENTER
7505 BELLERIVE
HOUSTON **TX** 77036
Phone (713) 774-9611 **Fax** (713) 774-4994

TOTAL Lic Capacity: 134 **TITLE 18:** 97 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 37

Owner Information

SHARPVIEW SNF MANAGEMENT LLC
7505 BELLERIVE
HOUSTON TX 77036
PHONE: (713) 774-9611 **FAX:** (713) 774-4994
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105006

SOLERA AT WEST HOUSTON
2101 GREENHOUSE ROAD
HOUSTON **TX** 77084
Phone (281) 599-5540 **Fax** (281) 533-5541

TOTAL Lic Capacity: 112 **TITLE 18:** 77 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 35

Owner Information

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979
PHONE: (361) 552-6713 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005383

SPRING BRANCH TRANSITIONAL CARE CENTER
1615 HILLENDAHL RD
HOUSTON **TX** 77055
Phone (713) 365-0561 **Fax** (713) 365-9742

TOTAL Lic Capacity: 198 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 194

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665
PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005174

ST DOMINIC VILLAGE REHABILITATION AND NURSING CENTER
2409 E HOLCOMBE BLVD
HOUSTON **TX** 77021
Phone (713) 741-8701 **Fax** (713) 741-9811

TOTAL Lic Capacity: 158 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

ST DOMINIC VILLAGE
2401 E HOLCOMBE BLVD
HOUSTON TX 77021
PHONE: (713) 741-8700 **FAX:** (713) 741-9811
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 009046

ST JOSEPH MEDICAL CENTER
1401 ST JOSEPH PARKWAY
HOUSTON **TX** 77002
Phone (713) 757-1000 **Fax**

TOTAL Lic Capacity: 18 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SJ MEDICAL CENTER LLC
1401 ST JOSEPH PARKWAY
HOUSTON TX 77002-8939
PHONE: (713) 756-5199 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102407

THE BUCKINGHAM
8530 WOODWAY DRIVE
HOUSTON **TX** 77063
Phone (713) 979-3777 **Fax** (713) 979-3778

TOTAL Lic Capacity: 60 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BUCKINGHAM SENIOR LIVING COMMUNITY INC
8530 WOODWAY
HOUSTON TX 77063
PHONE: (713) 979-3100 **FAX:** (719) 979-3099
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 03/22/2018

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 100082

THE CONCIERGE
2310 SOUTH ELDRIDGE PARKWAY
HOUSTON **TX** 77077
Phone (281) 558-3900 **Fax** (281) 558-4434

TOTAL Lic Capacity: 114 **TITLE 18:** 114 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CONCIERGE PARK LP
2310 S ELDRIDGE PARKWAY
HOUSTON TX 77077
PHONE: (281) 558-3900 **FAX:** (832) 300-4467
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 10/05/2017

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000217

THE FORUM AT MEMORIAL WOODS HEALTHCARE CENTER
777 N POST OAK RD
HOUSTON **TX** 77024
Phone (713) 956-6407 **Fax** (713) 956-5015

TOTAL Lic Capacity: 93 **TITLE 18:** 93 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FIVE STAR MEMORIAL WOODS LLC
801 N POST OAK RD
HOUSTON TX 77024
PHONE: (713) 956-6407 **FAX:** (713) 956-5015
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/01/2018

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105682

THE HEIGHTS OF NORTH HOUSTON
303 HOLLOW TREE LANE
HOUSTON **TX** 77090
Phone (832) 705-8700 **Fax** (832) 705-8701

TOTAL Lic Capacity: 131 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

TOUCHSTONE STRATEGIES - NW HOUSTON LLC
250 W NOTTINGHAM ,STE 200
SAN ANTONIO TX 78209
PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/23/2018

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 009567

THE METHODIST HOSPITAL SNF
6565 FANNIN
HOUSTON **TX** 77030

Phone (713) 441-7828 **Fax** (713) 363-7901

TOTAL Lic Capacity: 25 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

THE METHODIST HOSPITAL
6565 FANNIN ST ,STE 228
HOUSTON TX 77030

PHONE: (713) 441-7828 **FAX:** (713) 441-0060
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000184

THE VOSSWOOD NURSING CENTER
815 S VOSS RD
HOUSTON **TX** 77057

Phone (713) 827-0883 **Fax** (713) 827-7176

TOTAL Lic Capacity: 224 **TITLE 18:** 224 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FOUR STAR MEDICAL INVESTORS LLC
3570 KEITH ST NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 12/01/2017

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005367

THE WESTBURY PLACE
5201 S WILLOW DR
HOUSTON **TX** 77035

Phone (713) 721-0297 **Fax** (713) 721-1473

TOTAL Lic Capacity: 148 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 148

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000126

TREEMONT HEALTH CARE CENTER
2501 WESTERLAND DR
HOUSTON **TX** 77063

Phone (713) 783-4100 **Fax** (713) 783-1663

TOTAL Lic Capacity: 70 **TITLE 18:** 63 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 7

Owner Information

QUILTED CARE-HOUSTON LLC
5353 WYOMING BLVD ,NE
ALBUQUERQUE NM 87109

PHONE: (505) 797-8735 **FAX:** (505) 828-2111
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/29/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 000272

UNIVERSITY PLACE NURSING CENTER
7480 BEECHNUT
HOUSTON **TX** 77074

Phone (713) 541-2900 **Fax** (713) 456-6052

TOTAL Lic Capacity: 60 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER ,STE 2700
HOUSTON TX 77024

PHONE: (713) 242-2777 **FAX:** (713) 456-6052
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/19/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103799

VILLA TOSCANA AT CYPRESS WOODS
15015 CYPRESS WOODS MEDICAL DR
HOUSTON **TX** 77014

Phone (281) 586-6088 **Fax** (281) 586-6071

TOTAL Lic Capacity: 120 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **HARRIS** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 106098

WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER
13428 BISSONNET
HOUSTON **TX** 77083
Phone (713) 351-4300 **Fax** (713) 351-4301
TOTAL Lic Capacity: 124 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 90
PRIVATE Beds: 34 **TITLE 18/19:** 0

Owner Information

LTC OF WEST HOUSTON LLC
200 CONGRESS AVE #30A
AUSTIN TX 78701
PHONE: (512) 482-8242 **FAX:** (512) 482-8252
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004355

WEST JANISCH HEALTH CARE CENTER
617 W JANISCH ST
HOUSTON **TX** 77018
Phone (713) 696-9093 **Fax** (713) 696-9402
TOTAL Lic Capacity: 116 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

HSMTX/JANISCH-HOUSTON LLC
617 W JANISCH ST
HOUSTON TX 77018
PHONE: (713) 696-9093 **FAX:** (713) 696-9402
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005348

WEST OAKS NURSING & REHAB CENTER
3625 GREEN CREST
HOUSTON **TX** 77082
Phone (281) 558-1166 **Fax** (281) 558-9484
TOTAL Lic Capacity: 136 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 136

Owner Information

WEST OAKS SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7703 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005056

WESTCHASE HEALTH AND REHABILITATION CENTER
8820 TOWN PARK DR
HOUSTON **TX** 77036
Phone (713) 777-7241 **Fax** (713) 777-4137
TOTAL Lic Capacity: 180 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 157

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469
PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005403

WILLOWBROOK RESIDENCE AND REHABILITATION CENTER
13631 ARDFIELD DR
HOUSTON **TX** 77070
Phone (281) 955-9572 **Fax** (281) 955-1597
TOTAL Lic Capacity: 120 **TITLE 18:** 87 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 33

Owner Information

WILLOWBROOK SNF MANAGEMENT, LLC
13631 ARDFIELD DRIVE
HOUSTON TX 77070
PHONE: (281) 955-9572 **FAX:** (281) 955-1597
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105428

WINDSOR HOUSTON
6920 T.C. JESTER BLVD
HOUSTON **TX** 77091
Phone (713) 681-0431 **Fax** (713) 681-0433
TOTAL Lic Capacity: 120 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469
PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004826

WINTERHAVEN HEALTHCARE RESIDENCE
6534 STUEBNER AIRLINE RD
HOUSTON **TX** 77091

Phone (713) 692-5137 **Fax** (713) 692-5155

TOTAL Lic Capacity: 160 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 143

Owner Information

WINTERHAVEN HEALTHCARE RESIDENCE OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2016

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004371

WOODRIDGE NURSING & REHABILITATION
8810 LONG POINT DR
HOUSTON **TX** 77055

Phone (713) 468-7833 **Fax** (713) 468-7368

TOTAL Lic Capacity: 174 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 157

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2016

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005149

WOODWIND LAKES HEALTH AND REHABILITATION CENTER
7215 WINDFERN RD
HOUSTON **TX** 77040

Phone (713) 466-8933 **Fax** (713) 849-3446

TOTAL Lic Capacity: 180 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 175

Owner Information

SSC HOUSTON WOODWIND OPERATING COMPANY LLC
7215 WINDFERN ROAD
HOUSTON TX 77040

PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 104541

DEERBROOK SKILLED NURSING AND REHAB CENTER
9250 HUMBLE-WESTFIELD RD
HUMBLE **TX** 77338

Phone (281) 446-5160 **Fax** (281) 446-5169

TOTAL Lic Capacity: 124 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

HMG PARK MANOR OF DEERBROOK LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004967

HUMBLE HEALTHCARE CENTER
93 ISAACKS RD
HUMBLE **TX** 77338

Phone (281) 446-7159 **Fax** (281) 548-1594

TOTAL Lic Capacity: 134 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 129

Owner Information

NEXION HEALTH AT HUMBLE INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2016

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005208

OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE
8450 WILL CLAYTON PKWY
HUMBLE **TX** 77338

Phone (281) 446-8484 **Fax** (281) 446-0386

TOTAL Lic Capacity: 134 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 134

Owner Information

DIVERSICARE HUMBLE LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2019

County **HARRIS** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 101633

PARK MANOR OF HUMBLE
19424 MCKAY DR
HUMBLE **TX** 77338

Phone (281) 319-4060 **Fax** (281) 319-4565

TOTAL Lic Capacity: 125 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

HMG PARK MANOR OF HUMBLE LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2017

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103471

LEGEND OAKS HEALTH AND REHABILITATION - KATY
21727 PROVINCIAL BLVD
KATY **TX** 77450-6508

Phone (281) 717-1302 **Fax** (281) 717-1303

TOTAL Lic Capacity: 125 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

CANE ISLAND HEALTHCARE, INC.
21727 PROVINCIAL BOULDEVARD
KATY TX 77450

PHONE: (281) 717-1302 **FAX:** (281) 717-1396
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005196

OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY
1525 TULL DR
KATY **TX** 77449

Phone (281) 578-1600 **Fax** (281) 829-3562

TOTAL Lic Capacity: 130 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

DIVERSICARE KATY LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2019

County **HARRIS** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103448

THE GRACE CARE CENTER OF KATY
23553 WEST FERNHURST DRIVE
KATY **TX** 77494

Phone (281) 394-1300 **Fax** (281) 394-1301

TOTAL Lic Capacity: 130 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

KATY LTC HOLDINGS GROUP LTD
14800 ST. MARYS LANE STE 175
HOUSTON TX 77079

PHONE: (832) 448-3700 **FAX:** (832) 448-3706
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004145

LAPORTE HEALTHCARE CENTER
208 SOUTH UTAH
LA PORTE **TX** 77571

Phone (281) 471-1810 **Fax** (281) 471-8809

TOTAL Lic Capacity: 58 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

SENIOR LIVING PROPERTIES LLC
1300 S UNIVERSITY DR ,#306
FORT WORTH TX 76107

PHONE: (817) 410-7300 **FAX:** (817) 810-7411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2017

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105065

BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER
5020 SPACE CENTER BLVD
PASADENA **TX** 77505

Phone (713) 575-1800 **Fax** (713) 575-1801

TOTAL Lic Capacity: 124 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

BAYWOOD CRENSHAW LLC
2555 SOUTH SHORE BLVD ,STE C
LEAGUE CITY TX 77573

PHONE: (281) 339-7340 **FAX:** (281) 339-7299
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/12/2018

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004368

FAITH MEMORIAL NURSING HOME
811 GARNER RD
PASADENA **TX** 77502

Phone (713) 473-8573 **Fax** (713) 473-0991

TOTAL Lic Capacity: 112 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

SSC PASADENA OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:**

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 10/11/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 102161

PARAMOUNT SENIOR CARE CENTERS AT PASADENA
3434 WATTERS RD
PASADENA **TX** 77504

Phone (713) 941-9155 **Fax** (713) 941-9161

TOTAL Lic Capacity: 125 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

PASADENA SCC LLC
600 NORTH PEARL ST STE 1100
DALLAS TX 75201

PHONE: (214) 252-7703 **FAX:** (214) 252-7599

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005048

PASADENA CARE CENTER
4006 VISTA RD
PASADENA **TX** 77504

Phone (713) 943-1592 **Fax** (713) 943-2770

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

RABER CORPORATION
4006 VISTA RD
PASADENA TX 77504

PHONE: (305) 372-7033 **FAX:** (770) 698-8199

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 07/01/2019

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103086

THE COURTYARDS AT PASADENA
4048 RED BLUFF ROAD
PASADENA **TX** 77503

Phone (713) 477-7877 **Fax** (713) 475-6533

TOTAL Lic Capacity: 196 **TITLE 18:** 64 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

RED BLUFF LLC DBA PASADENA HEALTHCARE LLC
4048 RED BLUFF RD
PASADENA TX 77503

PHONE: (713) 477-7877 **FAX:** (713) 475-6533

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 09/05/2017

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105427

THE MEDICAL RESORT AT BAY AREA
4900 EAST SAM HOUSTON PARKWAY SOUTH
PASADENA **TX** 77505

Phone (972) 442-2900 **Fax** (972) 442-2799

TOTAL Lic Capacity: 101 **TITLE 18:** 89 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 12

Owner Information

APOLLO HEALTHCARE AT BAY AREA LP
4900 EAST SAM HOUSTON PARKWAY SO
PASADENA TX 77502

PHONE: (972) 442-2900 **FAX:** (972) 442-2799

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 03/07/2017

County **HARRIS** Reg Svcs: UNIT 13 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005120

VISTA CONTINUING CARE CENTER
4300 VISTA RD
PASADENA **TX** 77504

Phone (713) 946-6787 **Fax** (713) 946-0352

TOTAL Lic Capacity: 131 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 131

Owner Information

VISTA CONTINUING CARE CENTER INC
4300 VISTA RD
PASADENA TX 77504

PHONE: (713) 946-6787 **FAX:** (713) 946-0352

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 06/24/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103690

THE VILLAGE AT GLEANNLOCH FARMS
9505 NORTH POINTE BLVD
SPRING **TX** 77379

Phone (281) 569-2999 **Fax** (281) 569-2998

TOTAL Lic Capacity: 35 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CCRC OPCO-GLEANNLOCH FARMS LLC
6737 W WASHINGTON ST ,STE 2300
MILWAUKEE WI 53214

PHONE: (414) 918-5332 **FAX:** (414) 208-2118
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 11/17/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105818

THE BROADMOOR AT CREEKSIDE PARK
5665 CREEKSIDE FOREST DRIVE
THE WOODLANDS **TX** 77389

Phone (281) 255-8180 **Fax** (281) 255-8190

TOTAL Lic Capacity: 112 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

PHONE: (361) 552-6713 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 104224

GRACE CARE CENTER AT NORTHPOINTE
11830 NORTHPOINTE BOULEVARD
TOMBALL **TX** 77377

Phone (281) 205-9400 **Fax** (281) 516-2540

TOTAL Lic Capacity: 135 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

NORTHPOINTE LTC LTD
24616 KINGSLAND BLVD
KATY TX 77494

PHONE: (832) 448-3700 **FAX:** (832) 448-3706
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/16/2018

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005135

LAWRENCE STREET HEALTH CARE CENTER
615 LAWRENCE ST
TOMBALL **TX** 77375

Phone (281) 357-4516 **Fax** (281) 357-4540

TOTAL Lic Capacity: 150 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

HSMTX/LAWRENCE-TOMBALL LLC
615 LAWRENCE ST
TOMBALL TX 77375

PHONE: (281) 357-4516 **FAX:** (713) 895-0064
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103191

PARK MANOR OF TOMBALL
250 SCHOOL STREET
TOMBALL **TX** 77375

Phone (281) 516-7929 **Fax** (281) 516-7971

TOTAL Lic Capacity: 125 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

HMG PARK MANOR OF TOMBALL LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 105652

THE HEIGHTS OF TOMBALL
27840 JOHNSON ROAD
TOMBALL **TX** 77375

Phone (832) 843-7700 **Fax** (832) 843-7701

TOTAL Lic Capacity: 131 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

TOUCHSTONE STRATEGIES - TOMBALL LLC
1020 NE LOOP 410 ,STE 640
SAN ANTONIO TX 78209

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/18/2017

County **HARRIS** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004890

TOMBALL REHAB & NURSING
815 N PEACH ST
TOMBALL **TX** 77375

Phone (281) 351-5443 **Fax** (281) 351-2634

TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

TOMBALL SNF LLC
815 NORTH PEACH ST
TOMBALL TX 77375

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005244

REGENCY VILLAGE
409 W GREEN
WEBSTER **TX** 77598

Phone (281) 332-4738 **Fax** (281) 332-5449

TOTAL Lic Capacity: 122 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PENBAR INC
411 ALABAMA
LEAGUE CITY TX 77573

PHONE: (281) 332-4189 **FAX:** (281) 316-2715
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 100048

THE POINTE NURSING & REHAB CENTER
17231 MILL FOREST
WEBSTER **TX** 77598

Phone (281) 488-5224 **Fax** (281) 461-8576

TOTAL Lic Capacity: 120 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

MILL FOREST ROAD SCC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **HARRIS** Reg Svcs: UNIT 14 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004940

WEBSTER RESIDENCE AND REHABILITATION CENTER
750 W TEXAS AVE
WEBSTER **TX** 77598

Phone (281) 332-3496 **Fax** (281) 332-8047

TOTAL Lic Capacity: 113 **TITLE 18:** 51 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

WEBSTER SNF MANAGEMENT LLC
750 W TEXAS AVE
WEBSTER TX 77598

PHONE: (516) 596-5222 **FAX:** (516) 775-3299
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/19/2017

County **HARRISON** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 103421

HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER
5915 ELYSIAN FIELDS ROAD
MARSHALL **TX** 75672

Phone (903) 935-6700 **Fax** (903) 935-6702

TOTAL Lic Capacity: 125 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

SOUTHWEST LTC MARSHALL LTD
1518 LEGACY DRIVE STE 110
FRISCO TX 75034

PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/10/2018

County **HARRISON** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004484

MARSHALL MANOR NURSING & REHABILITATION CENTER
1007 S WASHINGTON AVE
MARSHALL **TX** 75670

Phone (903) 935-7971 **Fax** (903) 935-1908

TOTAL Lic Capacity: 179 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 171

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **HARRISON** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004730

MARSHALL MANOR WEST
207 W MERRITT ST
MARSHALL **TX** 75670-6240

Phone (903) 938-3793 **Fax** (903) 938-4722

TOTAL Lic Capacity: 118 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 3 **TITLE 18/19:** 95

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/22/2018

County **HARTLEY** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004079

COON MEMORIAL HOME
210 TEXAS BLVD
DALHART **TX** 79022

Phone (806) 244-8555 **Fax** (806) 244-1018

TOTAL Lic Capacity: 81 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT
1411 DENVER
DALHART TX 79022

PHONE: (806) 244-8555 **FAX:** (806) 244-1018
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **HASKELL** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004626

HASKELL HEALTHCARE CENTER
1504 NORTH FIRST ST
HASKELL **TX** 79521

Phone (940) 864-8537 **Fax** (940) 864-8040

TOTAL Lic Capacity: 68 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 50

Owner Information

COUNTY OF THROCKMORTON
802 N MINTER AVE
THROCKMORTON TX 76483

PHONE: (940) 849-2141 **FAX:** (940) 849-7141
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2018

County **HAYS** Reg Svcs: TEAM X Region 07 - AUSTIN

Facility Information: **Facility ID:** 005205

HILL COUNTRY CARE
1505 W HWY 290
DRIPPING SPRINGS **TX** 78620

Phone (512) 858-5624 **Fax** (512) 858-1638

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

HILL COUNTRY SCC LLC
600 N PEARL ST ,SUITE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **HAYS** Reg Svcs: TEAM V Region 07 - AUSTIN

Facility Information: **Facility ID:** 104642

LEGEND OAKS HEALTHCARE AND REHABILITATION-KYLE
1640 FAIRWAY
KYLE **TX** 78640

Phone (512) 268-1003 **Fax** (512) 268-1132

TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

TREATY HEALTHCARE, INC.
1640 FAIRWAY
KYLE TX 78640-8791

PHONE: (512) 268-1003 **FAX:** (512) 268-1132
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HAYS** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 005265

HAYS NURSING & REHAB CENTER
1900 MEDICAL PKWY
SAN MARCOS **TX** 78666

Phone (512) 396-1888 **Fax** (512) 396-1920

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

SAN MARCOS NURSING & REHAB CENTER INC
1900 MEDICAL PKWY
SAN MARCOS TX 78666

PHONE: (512) 396-1888 **FAX:** (512) 396-1920
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **HAYS** Reg Svcs: TEAM X Region 07 - AUSTIN

Facility Information: **Facility ID:** 103551

REGENT CARE CENTER OF SAN MARCOS
1351 SADLER
SAN MARCOS **TX** 78666
Phone (512) 805-5000 **Fax** (512) 805-5050

TOTAL Lic Capacity: 174 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

REGENT CARE SAN MARCOS B-3 LIMITED PARTNERSHIP
1351 SADLER
SAN MARCOS TX 78666
PHONE: (512) 805-5000 **FAX:** (512) 805-5050
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/03/2017

County **HAYS** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 004914

SAN MARCOS REHABILITATION AND HEALTHCARE CENTER
1600 N I H 35
SAN MARCOS **TX** 78666
Phone (512) 353-5026 **Fax** (512) 353-0173

TOTAL Lic Capacity: 129 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 129

Owner Information

WOOD BAYOU HEALTHCARE INC.
1600 NORTH INTERSTATE 35
SAN MARCOS TX 78666
PHONE: (949) 540-1249 **FAX:** (949) 540-1966
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **HAYS** Reg Svcs: TEAM W Region 07 - AUSTIN

Facility Information: **Facility ID:** 005232

DEER CREEK OF WIMBERLEY
555 RANCH RD 3237
WIMBERLEY **TX** 78676
Phone (512) 847-5540 **Fax** (512) 847-0419

TOTAL Lic Capacity: 122 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **HEMPHILL** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004437

EDWARD ABRAHAM MEMORIAL HOME
803 BIRCH ST
CANADIAN **TX** 79014
Phone (806) 323-6453 **Fax** (806) 323-6810

TOTAL Lic Capacity: 58 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 49
PRIVATE Beds: 9 **TITLE 18/19:** 0

Owner Information

HEMPHILL COUNTY HOSPITAL DISTRICT
1020 S 4TH ST
CANADIAN TX 79014
PHONE: (806) 323-6422 **FAX:** (806) 323-8061
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 01/01/2018

County **HENDERSON** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004009

ATHENS HEALTHCARE AND REHABILITATION CENTER
305 S PALESTINE ST
ATHENS **TX** 75751
Phone (903) 675-2046 **Fax** (903) 675-2471

TOTAL Lic Capacity: 82 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 22 **TITLE 18/19:** 56

Owner Information

CYPRESS HEALTH CARE INC
13110 W HWY 290 STE 103
AUSTIN TX 78737-8500
PHONE: (512) 288-9123 **FAX:** (512) 288-9120
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/30/2017

County **HENDERSON** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005079

GREEN OAKS REHAB & NURSING
500 VALLE VISTA DR
ATHENS **TX** 75751
Phone (903) 677-3434 **Fax** (903) 677-8971

TOTAL Lic Capacity: 118 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 75

Owner Information

GREEN OAKS SNF LLC
500 VALLE VISTA
ATHENS TX 75751
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **HENDERSON** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004634

PARK HIGHLANDS NURSING & REHABILITATION CENTER
711 LUCAS ST
ATHENS **TX** 75751

Phone (903) 675-8538 **Fax** (903) 675-0214

TOTAL Lic Capacity: 132 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

SSC ATHENS OPERATING COMPANY LLC
ONE RAVINA DR
ATLANTA GA 75751

PHONE: (678) 443-7000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **HENDERSON** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005237

SOUTH PLACE NURSING CENTER
150 GIBSON RD
ATHENS **TX** 75751

Phone (903) 677-5864 **Fax** (903) 677-5830

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SOUTH PLACE SNF LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2016

County **HENDERSON** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005223

CHANDLER NURSING CENTER
300 CHERRY ST
CHANDLER **TX** 75758

Phone (903) 849-2485 **Fax** (903) 849-6228

TOTAL Lic Capacity: 90 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

SBS LEASECO CHANDLER LLC
300 CHERRY ST
CHANDLER TX 75758

PHONE: (940) 464-7018 **FAX:** (940) 464-7011
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/30/2018

County **HENDERSON** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004363

CEDAR LAKE NURSING HOME
1611 W ROYALL BLVD
MALAKOFF **TX** 75148

Phone (903) 489-1702 **Fax** (903) 489-1703

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

CEDAR LAKE NURSING HOME INC
PO BOX 1005
MALAKOFF TX 75148

PHONE: (903) 489-1702 **FAX:** (903) 489-1703
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/05/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005392

EDINBURG NURSING AND REHABILITATION CENTER
5215 S SUGAR RD
EDINBURG **TX** 78539

Phone (956) 782-9666 **Fax** (956) 782-6666

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

REGENCY IHS OF EDINBURG LLC
1422 CLARKVIEW RD
BALTIMORE MD 21209

PHONE: (410) 513-8738 **FAX:** (443) 761-6438
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004738

RETAMA MANOR NURSING CENTER/EDINBURG
1505 S CLOSNER
EDINBURG **TX** 78539

Phone (956) 383-5656 **Fax** (956) 318-0063

TOTAL Lic Capacity: 96 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

SSC EDINBURG OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/30/2019

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 105572

SENIOR CARE OF EDINBURG
4503 S SUGAR RD
EDINBURG **TX** 78539

Phone (956) 386-1112 **Fax** (956) 383-0885

TOTAL Lic Capacity: 126 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

SCC EDINBURG LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/08/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004097

WINDSOR ARBOR VIEW
218 BALTIC
EDINBURG **TX** 78539

Phone (956) 316-2533 **Fax** (956) 287-0955

TOTAL Lic Capacity: 120 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

REGENCY IHS OF WINDSOR ARBOR VIEW LLC
1422 CLARKVIEW RD
BALTIMORE MD 21209

PHONE: (410) 513-8738 **FAX:** (443) 761-6438
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102313

ALFREDO GONZALEZ TEXAS STATE VETERANS HOME
301 E YUMA AVE
MCALLEN **TX** 78503

Phone (956) 682-4224 **Fax** (956) 682-4668

TOTAL Lic Capacity: 160 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 60 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873

PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/13/2018

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005321

BRIARCLIFF NURSING AND REHABILITATION CENTER
3201 N WARE RD
MCALLEN **TX** 78501

Phone (956) 631-5542 **Fax** (956) 631-5777

TOTAL Lic Capacity: 194 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 145

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/03/2018

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004547

COLONIAL MANOR
209 W HACKBERRY AVE
MCALLEN **TX** 78501

Phone (956) 686-2243 **Fax** (956) 686-0209

TOTAL Lic Capacity: 58 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 1
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

COLONIAL MANOR SNF LLC
209 W HACKBERRY AVE
MCALLEN TX 78501

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004898

GRAND TERRACE REHABILITATION AND HEALTHCARE
812 W HOUSTON AVE
MCALLEN **TX** 78501-2898

Phone (956) 682-6331 **Fax** (956) 682-9831

TOTAL Lic Capacity: 93 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

MCALLEN CARE ASSOCIATES INC DBA GRAND TERRACE REHABILITATION AND HE
812 W HOUSTON AVE
MCALLEN TX 78501

PHONE: (956) 682-6331 **FAX:** (956) 682-9831
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005341

LAS PALMAS HEALTHCARE CENTER
1301 E QUEBEC AVE
MCALLEN **TX** 78503

Phone (956) 972-0049 **Fax** (956) 972-0053

TOTAL Lic Capacity: 120 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

SSC MCALLEN LAS PALMAS OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/29/2018

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005179

MCALLEN NURSING CENTER
600 N CYNTHIA ST
MCALLEN **TX** 78501

Phone (956) 631-2265 **Fax** (956) 631-0244

TOTAL Lic Capacity: 122 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 114

Owner Information

MCALLEN SNF LLC
600 N CYNTHIA ST
MCALLEN TX 78501

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102065

MCALLEN TRANSITIONAL CARE CENTER
2109 SOUTH K ST
MCALLEN **TX** 78503

Phone (956) 686-9100 **Fax** (956) 686-9603

TOTAL Lic Capacity: 70 **TITLE 18:** 70 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

KLEMENT HEALTHCARE INC
2109 SOUTH K ST
MCALLEN TX 78203-5689

PHONE: (965) 686-9100 **FAX:** (956) 686-9603
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 05/01/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004651

RETAMA MANOR NURSING CENTER/MCALLEN
900 S 12TH ST
MCALLEN **TX** 78501

Phone (956) 682-4171 **Fax** (956) 686-8235

TOTAL Lic Capacity: 126 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 110

Owner Information

SSC MCALLEN RETAMA OPERATING COMPANY LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004783

VILLAGE HEALTHCARE AND REHABILITATION
615 N WARE RD
MCALLEN **TX** 78501-8057

Phone (956) 664-8900 **Fax** (956) 664-8906

TOTAL Lic Capacity: 114 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 107

Owner Information

MCALLEN COMMUNITY HEALTHCARE INC
615 N WARE RD
MCALLEN TX 78501

PHONE: (956) 664-8900 **FAX:** (956) 664-8906
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/14/2017

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005255

MISSION NURSING & REHABILITATION CENTER
1013 S BRYAN RD
MISSION **TX** 78572

Phone (956) 580-2100 **Fax** (956) 581-5161

TOTAL Lic Capacity: 170 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

MISSION SCC LLC
1717 W 6TH ST ,STE 450
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004540

SAN JUAN NURSING HOME INC
300 N NEBRASKA
SAN JUAN **TX** 78589

Phone (956) 787-1771 **Fax** (956) 787-8091

TOTAL Lic Capacity: 122 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

SAN JUAN NURSING HOME INC
300 N NEBRASKA AVE
SAN JUAN TX 78589

PHONE: (956) 787-1771 **FAX:** (956) 787-0891
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 000149

JOHN KNOX VILLAGE MEDICAL CENTER
1300 S BORDER
WESLACO **TX** 78596

Phone (956) 968-4575 **Fax** (956) 968-4570

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 60 **TITLE 18/19:** 0

Owner Information

JOHN KNOX VILLAGES OF THE LOWER RIO GRANDE VALLEY INC
1300 S BORDER
WESLACO TX 78596

PHONE: (956) 968-4575 **FAX:** (956) 968-4570
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 01/22/2020

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005032

RETAMA MANOR NURSING CENTER/WESLACO
721 AIRPORT DR
WESLACO **TX** 78596

Phone (956) 968-8502 **Fax** (956) 968-0286

TOTAL Lic Capacity: 120 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 4
PRIVATE Beds: 14 **TITLE 18/19:** 91

Owner Information

SSC WESLACO OPERATING COMPANY LLC
ONE RAVINIA DRIVE ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/29/2016

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004636

VALLEY GRANDE MANOR
1212 S BRIDGE
WESLACO **TX** 78596

Phone (956) 968-2121 **Fax** (956) 969-1794

TOTAL Lic Capacity: 147 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 147

Owner Information

ELDERCARE PROPERTIES LTD
2605 SAGEBRUSH DR ,STE 103
FLOWER MOUND TX 75028

PHONE: (469) 293-0002 **FAX:** (469) 293-0004
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102010

WESLACO NURSING AND REHABILITATION CENTER
422 E 18TH ST
WESLACO **TX** 78596

Phone (956) 973-8451 **Fax** (956) 973-8454

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

REGENCY IHS OF WESLACO, LLC
1422 CLARKVIEW RD.
BALTIMORE MD 21209

PHONE: (410) 513-8738 **FAX:** (443) 761-6438
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2017

County **HILL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004714

HOMESTEAD NURSING AND REHABILITATION OF HILLSBORO
1725 OLD BRANDON RD
HILLSBORO **TX** 76645

Phone (254) 582-8416 **Fax** (254) 582-9968

TOTAL Lic Capacity: 166 **TITLE 18:** 83 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

HILLSBORO NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **HILL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004176

TOWN HALL ESTATES - HILLSBORO INC
300 HAPPY LN
HILLSBORO **TX** 76645
Phone (254) 582-8482 **Fax** (254) 582-2479

TOTAL Lic Capacity: 138 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 121

Owner Information

TOWN HALL ESTATES HILLSBORO INC
300 HAPPY LN
HILLSBORO TX 76645
PHONE: (254) 582-8482 **FAX:** (254) 582-2479
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **HILL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004294

HOMESTEAD NURSING AND REHABILITATION OF ITASCA
409 S FILES ST
ITASCA **TX** 76055
Phone (254) 687-2383 **Fax** (254) 687-2565

TOTAL Lic Capacity: 82 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 35
PRIVATE Beds: 31 **TITLE 18/19:** 16

Owner Information

ITASCA NURSING OPERATIONS, LLC
306 W 7TH STREET SUITE 430
FORT WORTH TX 76102
PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **HILL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004587

PARK PLAZA NURSING HOME
1244 STATE PARK RD
WHITNEY **TX** 76692-4313
Phone (254) 694-2239 **Fax** (254) 694-5416

TOTAL Lic Capacity: 110 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 39 **TITLE 18/19:** 66

Owner Information

FAMILY OF PARK PLAZA LLC
PO BOX 2105
WHITNEY TX 76692-5105
PHONE: (254) 694-3555 **FAX:** (254) 694-4253
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2018

County **HILL** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004809

TOWN HALL ESTATES - WHITNEY INC
101 SAN MARCUS
WHITNEY **TX** 76692
Phone (254) 694-2233 **Fax** (254) 694-4457

TOTAL Lic Capacity: 88 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

TOWN HALL ESTATES - WHITNEY INC
PO BOX 1830
WHITNEY TX 76692
PHONE: (254) 694-2233 **FAX:** (254) 694-4457
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/31/2017

County **HOCKLEY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004594

LEVELLAND NURSING & REHABILITATION CENTER
210 WEST AVE
LEVELLAND **TX** 79336
Phone (806) 894-7011 **Fax** (806) 894-9603

TOTAL Lic Capacity: 87 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360
PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **HOCKLEY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005279

LYNWOOD NURSING AND REHABILITATION LP
803 S ALAMO
LEVELLAND **TX** 79336
Phone (806) 894-2806 **Fax** (806) 894-2033

TOTAL Lic Capacity: 120 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

LYNWOOD NURSING AND REHABILITATION LP
401 N ELM
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **HOOD** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005089

GRANBURY CARE CENTER
301 S PARK ST
GRANBURY **TX** 76048

Phone (817) 573-3726 **Fax** (817) 573-9077

TOTAL Lic Capacity: 181 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 181

Owner Information

CREATIVE SOLUTIONS IN HEALTHCARE AT GRANBURY LLC
1701 RIVER RUN ,STE. 304
FORT WORTH TX 76107

PHONE: (817) 348-8990 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **HOOD** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005296

GRANBURY REHAB & NURSING
2124 PALUXY HWY
GRANBURY **TX** 76048

Phone (817) 279-7600 **Fax** (817) 279-7602

TOTAL Lic Capacity: 95 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **HOOD** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103435

SENIOR CARE OF HARBOR LAKES
1300 2ND ST
GRANBURY **TX** 76048

Phone (817) 408-3800 **Fax** (817) 408-3900

TOTAL Lic Capacity: 142 **TITLE 18:** 72 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

HARBOR LAKES SCC LLC
600 N. PEARL STREET ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **HOOD** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004316

TRINITY NURSING AND REHABILITATION OF GRANBURY LP
600 REUNION COURT
GRANBURY **TX** 76048

Phone (817) 573-3773 **Fax** (817) 573-0103

TOTAL Lic Capacity: 104 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

TRINITY NURSING AND REHABILITATION OF GRANBURY LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **HOPKINS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005278

CARRIAGE HOUSE MANOR
210 PIPELINE RD
SULPHUR SPRINGS **TX** 75482

Phone (903) 885-3589 **Fax** (903) 439-2038

TOTAL Lic Capacity: 144 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

CARRIAGE HOUSE MANOR INC
210 PIPELINE RD
SULPHUR SPRINGS TX 75482

PHONE: (903) 885-3589 **FAX:** (903) 439-2038
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **HOPKINS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 103979

ROCK CREEK HEALTH AND REHABILITATION LLC
1414 COLLEGE STREET
SULPHUR SPRINGS **TX** 75482-3431

Phone (903) 439-0107 **Fax** (903) 439-0147

TOTAL Lic Capacity: 120 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

ROCK CREEK HEALTH AND REHABILITATION LLC
320 EAGLE DR ,STE 201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **HOPKINS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004740

SULPHUR SPRINGS HEALTH AND REHABILITATION
411 AIRPORT RD
SULPHUR SPRINGS **TX** 75482

Phone (903) 885-7668 **Fax** (903) 885-8037

TOTAL Lic Capacity: 128 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 3 **TITLE 18/19:** 109

Owner Information

SULPHUR SPRINGS SNF LLC
411 AIRPORT RD
SULPHUR SPRINGS TX 75482

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HOPKINS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005060

SUNNY SPRINGS NURSING & REHAB
1200 JACKSON ST N
SULPHUR SPRINGS **TX** 75482

Phone (903) 885-6571 **Fax** (903) 885-8710

TOTAL Lic Capacity: 95 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255

PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **HOUSTON** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004802

COMMUNITY CARE CENTER OF CROCKETT
1150 E LOOP 304
CROCKETT **TX** 75835

Phone (936) 544-2051 **Fax** (936) 544-8605

TOTAL Lic Capacity: 104 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

CROCKETT SNF LLC
1150 E LOOP 304
CROCKETT TX 75835

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **HOUSTON** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004227

HOUSTON COUNTY NURSING HOME
100 N E LOOP 304
CROCKETT **TX** 75835

Phone (936) 544-7884 **Fax** (936) 544-4098

TOTAL Lic Capacity: 90 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

CROCKETT HEALTH CARE ASSOCIATES INC
100 NE LOOP 304
CROCKETT TX 75835

PHONE: (936) 544-7884 **FAX:** (936) 544-4098
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2017

County **HOUSTON** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004428

WHITEHALL REHAB & NURSING
1116 E LOOP 304
CROCKETT **TX** 75835-0998

Phone (936) 544-2163 **Fax** (936) 546-5654

TOTAL Lic Capacity: 113 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

WHITEHALL SNF LLC
1116 E LOOP 304
CROCKETT TX 75835

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **HOUSTON** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005125

WINFIELD REHAB & NURSING
1108 E LOOP 304
CROCKETT **TX** 75835

Phone (936) 544-0150 **Fax** (936) 544-2929

TOTAL Lic Capacity: 83 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

WINFIELD SNF LLC
2071 FLATBUSH AVENUE SUITE 22
BROOKLYN NY 11234

PHONE: (718) 338-2999 **FAX:** (718) 338-3837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **HOWARD** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 106046

BIG SPRING CENTER FOR SKILLED CARE
3701 WASSON RD
BIG SPRING **TX** 79720
Phone (432) 606-5012 **Fax** (432) 606-5022

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

BIG SPRING I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/13/2019

County **HOWARD** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 100429

LAMUN-LUSK-SANCHEZ TEXAS STATE VETERANS HOME
1809 N HWY 87
BIG SPRING **TX** 79720
Phone (432) 268-8387 **Fax** (432) 268-1987

TOTAL Lic Capacity: 160 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 60 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873
PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/26/2018

County **HOWARD** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005294

PARKVIEW NURSING AND REHABILITATION CENTER
3200 PARKWAY
BIG SPRING **TX** 79720
Phone (432) 263-4041 **Fax** (432) 263-4067

TOTAL Lic Capacity: 117 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

VCKB MANAGEMENT LTD
3200 PARKWAY
BIG SPRING TX 79720
PHONE: (432) 263-4041 **FAX:** (432) 263-4067
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **HUNT** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004307

OAK MANOR NURSING AND REHABILITATION LP
2901 STERLING HART DR
COMMERCE **TX** 75428
Phone (903) 886-2510 **Fax** (903) 886-3538

TOTAL Lic Capacity: 116 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 74

Owner Information

OAK MANOR NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **HUNT** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005284

BRIARCLIFF HEALTH CENTER OF GREENVILLE INC
4400 WALNUT ST
GREENVILLE **TX** 75401
Phone (903) 455-8729 **Fax** (903) 455-5469

TOTAL Lic Capacity: 120 **TITLE 18:** 76 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

BRIARCLIFF HEALTH CENTER OF GREENVILLE INC
4400 WALNUT ST
GREENVILLE TX 75401
PHONE: (903) 455-8729 **FAX:** (903) 455-5469
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/14/2018

County **HUNT** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004381

GREENVILLE GARDENS
3500 PARK ST
GREENVILLE **TX** 75401-5159
Phone (903) 455-2220 **Fax** (903) 455-0343

TOTAL Lic Capacity: 103 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **HUNT** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005107

GREENVILLE HEALTH & REHABILITATION CENTER
4910 WELLINGTON ST
GREENVILLE **TX** 75402
Phone (903) 454-3772 **Fax** (903) 454-3881
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

GREENVILLE SNF LLC
4910 WELLINGTON ST
GREENVILLE TX 75402
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **HUNT** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004887

LEGEND HEALTHCARE AND REHABILITATION - GREENVILLE
2300 JACK FINNEY BLVD
GREENVILLE **TX** 75402
Phone (903) 455-7942 **Fax** (903) 455-0472
TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 124

Owner Information

JACK FINNEY HEALTHCARE INC
2300 JACK FINNEY BLVD
GREENVILLE TX 75402-3763
PHONE: (903) 455-7942 **FAX:** (903) 455-0472
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **HUTCHINSON** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005044

BORGER HEALTHCARE CENTER
1316 S FLORIDA
BORGER **TX** 79007-6346
Phone (806) 273-3785 **Fax** (806) 274-5976
TOTAL Lic Capacity: 110 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2017

County **HUTCHINSON** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 105467

CAPROCK NURSING & REHABILITATION
900 COLLEGE AVE
BORGER **TX** 79007-4405
Phone (806) 274-9600 **Fax** (806) 274-9617
TOTAL Lic Capacity: 120 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

BORGER I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **JACK** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004888

JACKSBORO HEALTHCARE CENTER
211 E JASPER ST
JACKSBORO **TX** 76458-1863
Phone (940) 567-2686 **Fax** (940) 567-5038
TOTAL Lic Capacity: 104 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

JACK COUNTY HOSPITAL DISTRICT
717 MAGNOLIA ST
JACKSBORO TX 76458-1111
PHONE: (940) 567-6633 **FAX:** (940) 567-3975
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **JACKSON** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005302

SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER
1401 W MAIN ST
EDNA **TX** 77957
Phone (361) 782-7614 **Fax** (361) 782-5612
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **JACKSON** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004883

GANADO NURSING AND REHABILITATION CENTER
107 E ROGERS
GANADO **TX** 77962-1204
Phone (361) 771-3315 **Fax** (361) 771-3317

TOTAL Lic Capacity: 91 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **JASPER** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 104618

RAYBURN HEALTH CARE & REHABILITATION
144 BULLDOG AVENUE
JASPER **TX** 75951
Phone (409) 381-8500 **Fax** (409) 381-8508

TOTAL Lic Capacity: 107 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 73

Owner Information

SWEET NECHES PROPERTIES LTD
144 BULLDOG AVE
JASPER TX 75951
PHONE: (409) 381-8500 **FAX:** (409) 381-8508
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/10/2019

County **JASPER** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005023

TIMBERIDGE NURSING AND REHABILITATION CENTER
315 W GIBSON
JASPER **TX** 75951
Phone (409) 384-5768 **Fax** (409) 383-1940

TOTAL Lic Capacity: 114 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 12 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

TIMBERIDGE NURSING AND REHABILITATION CENTER, LLC
315 W. GIBSON
JASPER TX 75951
PHONE: (409) 384-5768 **FAX:** (409) 381-8774
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **JASPER** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005201

AVALON PLACE KIRBYVILLE
700 N HERNDON
KIRBYVILLE **TX** 75956
Phone (409) 423-6111 **Fax** (409) 423-5807

TOTAL Lic Capacity: 114 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

SOUTHWEST LTC KIRBYVILLE LTD
1518 LEGACY DRIVE ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004306

BEAUMONT HEALTH CARE CENTER
795 LINDBERGH DR
BEAUMONT **TX** 77707
Phone (409) 842-2228 **Fax** (409) 842-2874

TOTAL Lic Capacity: 82 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

HSMTX/LINDBERGH-BEAUMONT LLC
795 LINDBERGH
BEAUMONT TN 77707
PHONE: (409) 842-2228 **FAX:** (409) 842-2874
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004786

BEAUMONT NURSING AND REHABILITATION
1175 DENTON DR
BEAUMONT **TX** 77707
Phone (409) 842-3120 **Fax** (409) 840-5698

TOTAL Lic Capacity: 120 **TITLE 18:** 62 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

BEAUMONT I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107
PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 100034

CALDER WOODS
7080 CALDER
BEAUMONT **TX** 77706

Phone (409) 861-1123 **Fax** (409) 861-1002

TOTAL Lic Capacity: 30 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BUCKNER RETIREMENT SERVICES INC
700 N PEARL ST ,STE 1200
DALLAS TX 75201

PHONE: (214) 758-8000 **FAX:** (214) 758-8153
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/27/2019

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005256

CLAIRMONT BEAUMONT
1020 S 23RD ST
BEAUMONT **TX** 77707

Phone (409) 842-9700 **Fax** (409) 842-1829

TOTAL Lic Capacity: 148 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 130

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/22/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004593

COLLEGE STREET HEALTH CARE CENTER
4150 COLLEGE ST
BEAUMONT **TX** 77707

Phone (409) 842-2244 **Fax** (409) 842-3399

TOTAL Lic Capacity: 50 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575

PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 103739

JEFFERSON NURSING AND REHABILITATION CENTER
3840 POINTE PARKWAY
BEAUMONT **TX** 77706-2000

Phone (409) 892-6811 **Fax** (409) 347-0965

TOTAL Lic Capacity: 120 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575

PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004061

PHP THE OAKS AT BEAUMONT
4195 MILAM ST
BEAUMONT **TX** 77707-3999

Phone (409) 842-4550 **Fax** (409) 840-2052

TOTAL Lic Capacity: 214 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 177

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS XI LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004472

SPRING CREEK NURSING AND REHABILITATION LP
2660 BRICKYARD RD
BEAUMONT **TX** 77703

Phone (409) 892-1533 **Fax** (409) 892-1405

TOTAL Lic Capacity: 98 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

SPRING CREEK NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 387-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 103768

SUMMER PLACE NURSING & REHABILITATION
2485 S MAJOR DR
BEAUMONT **TX** 77707

Phone (409) 861-4611 **Fax** (409) 861-4632

TOTAL Lic Capacity: 132 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

PM MANAGEMENT - GOLDEN TRIANGLE NC I LLC
600 NORTH PEARL ST. STE. 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004466

MAGNOLIA MANOR
4400 GULF ST
GROVES **TX** 77619

Phone (409) 962-5785 **Fax** (409) 962-2944

TOTAL Lic Capacity: 138 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 138

Owner Information

TYLER COUNTY HOSPITAL DISTRICT
1100 W BLUFF ST
WOODVILLE TX 75979

PHONE: (409) 283-8141 **FAX:** (409) 283-5961
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005096

OAK GROVE NURSING HOME
6230 WARREN ST
GROVES **TX** 77619

Phone (409) 963-1266 **Fax** (409) 962-9622

TOTAL Lic Capacity: 120 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

RS GOLDEN TRIANGLE LLC
6230 WARREN ST
GROVES TX 77619

PHONE: (409) 963-1266 **FAX:** (409) 962-9622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 050720

CYPRESS GLEN
7200 NINTH AVE
PORT ARTHUR **TX** 77642

Phone (409) 729-8701 **Fax** (409) 729-5722

TOTAL Lic Capacity: 188 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 157

Owner Information

PM MANAGEMENT - GOLDEN TRIANGLE NC III LLC
600 NORTH PERAL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005322

GULF HEALTH CARE CENTER PORT ARTHUR
6600 NINTH AVE
PORT ARTHUR **TX** 77642-6411

Phone (409) 962-5541 **Fax** (409) 962-4550

TOTAL Lic Capacity: 150 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 121

Owner Information

SOUTHWEST LTC-GULF HEALTHCARE LTD
1518 LEGACY DR ,STE 110
FRISCO TX 75034

PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005210

LAKE ARTHUR PLACE
4225 LAKE ARTHUR DR
PORT ARTHUR **TX** 77642

Phone (409) 727-3193 **Fax** (409) 727-4777

TOTAL Lic Capacity: 128 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

PM MANAGEMENT - GOLDEN TRIANGLE NC IV LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **JEFFERSON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004630

SENIOR REHABILITATION & SKILLED NURSING CENTER
8825 LAMPLIGHTER LN
PORT ARTHUR **TX** 77642

Phone (409) 727-1651 **Fax** (409) 727-2767

TOTAL Lic Capacity: 199 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 199

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575

PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **JIM HOGG** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005389

MERIDIAN CARE OF HEBBRONVILLE
606 W GRUY
HEBBRONVILLE **TX** 78361-3118

Phone (361) 527-4411 **Fax** (361) 527-4571

TOTAL Lic Capacity: 60 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

RJ MERIDIAN CARE OF HEBBRONVILLE LTD
25009 OAKHURST DR
SPRING TX 77386-1443

PHONE: (281) 465-0636 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **JIM WELLS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004020

MERIDIAN CARE OF ALICE
218 219 N KING ST
ALICE **TX** 78332-4841

Phone (361) 664-4366 **Fax** (361) 664-5002

TOTAL Lic Capacity: 201 **TITLE 18:** 62 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 139

Owner Information

RJ MERIDIAN CARE OF ALICE LTD
25009 OAKHURST DR
SPRING TX 77386-1975

PHONE: (281) 465-0738 **FAX:** (281) 465-0748
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **JIM WELLS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004833

RETAMA MANOR NURSING CENTER/ALICE
606 COYOTE TR
ALICE **TX** 78332

Phone (361) 664-5479 **Fax** (361) 664-3561

TOTAL Lic Capacity: 136 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 135

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **JIM WELLS** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004487

PREMONT REHAB AND NURSING CENTER
431 N W 3RD ST
PREMONT **TX** 78375

Phone (361) 348-3553 **Fax** (361) 348-3596

TOTAL Lic Capacity: 48 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

SHADY SHORES OF PREMONT LLC
320 EAGLE DR #201
DENTON TX 76201

PHONE: (940) 228-1414 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004612

ALVARADO LTC PARTNERS INC
101 N PARKWAY
ALVARADO **TX** 76009

Phone (817) 790-3304 **Fax** (817) 783-7182

TOTAL Lic Capacity: 115 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

ALVARADO LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,# 1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005074

TRINITY NURSING AND REHABILITATION OF BURLESON LP
600 MAPLE AVE
BURLESON **TX** 76028
Phone (817) 295-8118 **Fax** (817) 447-0857
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

TRINITY NURSING AND REHABILITATION OF BURLESON LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004525

COLONIAL MANOR NURSING CENTER
2035 N GRANBURY ST
CLEBURNE **TX** 76031
Phone (817) 645-9134 **Fax** (817) 641-4662
TOTAL Lic Capacity: 140 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 131

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005185

HERITAGE TRAILS NURSING AND REHABILITATION CENTER
301 LINCOLN PARK DR
CLEBURNE **TX** 76033
Phone (817) 558-8999 **Fax** (817) 641-7132
TOTAL Lic Capacity: 122 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS XIV LP
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103468

RIDGEVIEW REHABILITATION AND SKILLED NURSING
206 WALLS DR
CLEBURNE **TX** 76033
Phone (817) 645-0668 **Fax** (817) 645-0720
TOTAL Lic Capacity: 134 **TITLE 18:** 45 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

J-S CLEBURNE OPERATIONS LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/03/2018

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005160

GRANDVIEW NURSING AND REHABILITATION CENTER
301 W CRINER ST
GRANDVIEW **TX** 76050
Phone (817) 866-3367 **Fax** (817) 866-3771
TOTAL Lic Capacity: 82 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 82

Owner Information

GRANDVIEW REST HOME ASSOCIATION INC
PO BOX 670
GRANDVIEW TX 76050
PHONE: (817) 866-3367 **FAX:** (817) 866-3771
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/17/2018

County **JOHNSON** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004402

TOWN HALL ESTATES KEENE INC
207 S OLD BETSY RD
KEENE **TX** 76051
Phone (817) 645-8888 **Fax** (817) 645-4984
TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

TOWN HALL ESTATES-KEENE INC
207 S OLD BETSY RD
KEENE TX 76059
PHONE: (817) 645-8888 **FAX:** (817) 645-4984
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **JONES** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004550

VALLEY VIEW CARE CENTER
101 LIBERTY LN
ANSON **TX** 79501

Phone (325) 823-2141 **Fax** (325) 823-3077

TOTAL Lic Capacity: 36 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 32

Owner Information

MISSIONARY BAPTIST FOUNDATION OF AMERICA INC
1212 13TH ST ,STE 100
LUBBOCK TX 79401

PHONE: (806) 747-3447 **FAX:** (806) 747-1632
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/02/2019

County **JONES** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004399

HOMEPLACE MANOR
425 SW AVE F
HAMLIN **TX** 79520

Phone (325) 576-3643 **Fax** (325) 576-3913

TOTAL Lic Capacity: 60 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 43

Owner Information

STAMFORD HOSPITAL DISTRICT
1601 COLUMBIA STREET
STAMFORD TX 79553

PHONE: (325) 773-2725 **FAX:** (325) 773-3781
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/07/2018

County **JONES** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004930

STAMFORD RESIDENCE AND REHABILITATION CENTER
1003 COLUMBIA
STAMFORD **TX** 79553

Phone (325) 773-3671 **Fax** (325) 773-5751

TOTAL Lic Capacity: 112 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

STAMFORD HOSPITAL DISTRICT
1601 COLUMBIA STREET
STAMFORD TX 79553

PHONE: (325) 773-2725 **FAX:** (325) 773-3781
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **KARNES** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005331

BLUEBONNET NURSING AND REHABILITATION LP
696 FM 99
KARNES CITY **TX** 78118

Phone (830) 780-3944 **Fax** (830) 780-4469

TOTAL Lic Capacity: 120 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

BLUEBONNET NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **KARNES** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004527

KARNES CITY HEALTH AND REHABILITATION CENTER
209 COUNTRY CLUB DR
KARNES CITY **TX** 78118-3100

Phone (830) 780-2426 **Fax** (830) 780-4248

TOTAL Lic Capacity: 60 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

BR HEALTHCARE SOLUTIONS LLC
209 COUNTRY CLUB RD
KARNES CITY TX 78118-3100

PHONE: (830) 780-2426 **FAX:** (830) 780-4248
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/25/2019

County **KARNES** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004084

JOHN PAUL II NURSING HOME
209 S 3RD ST
KENEDY **TX** 78119

Phone (830) 583-9841 **Fax** (830) 583-9458

TOTAL Lic Capacity: 64 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 62
PRIVATE Beds: 2 **TITLE 18/19:** 0

Owner Information

THE SERAPHIC SISTERS INC
630 W WOODLAWN AVE
SAN ANTONIO TX 78212

PHONE: (210) 736-3177 **FAX:** (210) 738-2221
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 01/23/2018

County **KARNES** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004449

KENEDY HEALTH & REHABILITATION
7882 S HWY 181 (NO MAIL SERVICE)
KENEDY **TX** 78119

Phone (830) 583-9101 **Fax** (830) 583-2962

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

KENEDY I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104623

RIDGECREST HEALTHCARE AND REHABILITATION CENTER
561 E RIDGECREST RD
FORNEY **TX** 75126

Phone (972) 552-2420 **Fax** (972) 552-2481

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

NEXION HEALTH AT FORNEY INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (414) 552-4800 **FAX:** (410) 375-3654
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/24/2017

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004653

KAUFMAN HEALTHCARE CENTER
3001 S HOUSTON ST
KAUFMAN **TX** 75142

Phone (972) 932-2118 **Fax** (972) 932-5115

TOTAL Lic Capacity: 115 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

SENIOR LIVING PROPERTIES LLC
1300 S UNIVERSITY DR ,#306
FORT WORTH TX 76107

PHONE: (817) 410-7300 **FAX:** (817) 810-7411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2017

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004102

SUNFLOWER PARK HEALTH CARE
1803 HIGHWAY 243 EAST
KAUFMAN **TX** 75142

Phone (972) 932-7776 **Fax** (972) 932-8916

TOTAL Lic Capacity: 92 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

GRUENEPOINTE 1 KAUFMAN LLC
8502 HUEBNER RD ,STE 400
SAN ANTONIO TX 78240

PHONE: (210) 802-4307 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004924

KEMP CARE CENTER
1351 SOUTH ELM STREET
KEMP **TX** 75143

Phone (903) 498-8073 **Fax** (903) 498-6894

TOTAL Lic Capacity: 124 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

GRUENEPOINTE 1 KEMP LLC
8502 HUEBNER RD ,STE 400
SAN ANTONIO TX 78240

PHONE: (210) 802-4307 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004254

MABANK NURSING HOME
110 W TROUPE
MABANK **TX** 75147

Phone (903) 887-2436 **Fax** (903) 887-0143

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 57
PRIVATE Beds: 3 **TITLE 18/19:** 0

Owner Information

NADINE HALL
12900 GREER RD
MABANK TX 75147

PHONE: (903) 887-2436 **FAX:** (903) 887-0143
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 06/16/2019

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004853

COUNTRY VIEW NURSING AND REHABILITATION LP
1900 N FRANCES ST
TERRELL **TX** 75160
Phone (972) 524-2503 **Fax** (972) 524-4479
TOTAL Lic Capacity: 115 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

COUNTRY VIEW NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005158

TERRELL HEALTHCARE CENTER
204 W NASH
TERRELL **TX** 75160-2607
Phone (972) 563-7668 **Fax** (972) 563-2769
TOTAL Lic Capacity: 94 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

NEXION HEALTH AT TERRELL INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/31/2017

County **KAUFMAN** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004183

WINDSOR REHABILITATION & HEALTH CARE CENTER
250 W BRITISH FLYING SCHOOL BLVD
TERRELL **TX** 75160
Phone (972) 551-0122 **Fax** (972) 551-3307
TOTAL Lic Capacity: 108 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

BALMORAL LTD
7611 STATE LINE RD ,STE 301
KANSAS CITY MO 64114
PHONE: (816) 444-0900 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/28/2017

County **KENDALL** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004008

CARECHOICE OF BOERNE
200 E RYAN ST
BOERNE **TX** 78006
Phone (830) 249-2594 **Fax** (830) 248-1314
TOTAL Lic Capacity: 74 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/23/2019

County **KENDALL** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104118

CIBOLO CREEK
1440 RIVER RD
BOERNE **TX** 78006-9998
Phone (830) 816-5095 **Fax** (830) 816-5096
TOTAL Lic Capacity: 120 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

CASCADE-KENDALL HEALTH SERVICES LTD
1440 RIVER RD
BOERNE TX 78006-9998
PHONE: (830) 816-5095 **FAX:** (830) 816-5096
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/02/2017

County **KENDALL** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 103655

KENDALL HOUSE WELLNESS & REHABILITATION
1050 GRAND BLVD.
BOERNE **TX** 78006
Phone (830) 816-4100 **Fax** (830) 816-4101
TOTAL Lic Capacity: 40 **TITLE 18:** 36 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 4

Owner Information

MORNINGSIDE MINISTRIES
700 BABCOCK RD
SAN ANTONIO TX 78201-2600
PHONE: (210) 734-1000 **FAX:** (210) 734-1111
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **KENDALL** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005334

RIVERVIEW NURSING AND REHABILITATION LP
1102 RIVER RD
BOERNE **TX** 78006
Phone (830) 249-2799 **Fax** (830) 249-3044

TOTAL Lic Capacity: 106 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

RIVERVIEW NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **KENDALL** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004736

TOWN AND COUNTRY MANOR
625 N MAIN ST
BOERNE **TX** 78006
Phone (830) 249-3085 **Fax** (830) 249-8033

TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

MEDINA COUNTY HOSPITAL DISTRICT
3100 AVENUE E
HONDO TX 78861
PHONE: (830) 426-7898 **FAX:** (830) 426-7963
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **KENDALL** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005194

TRINITY NURSING AND REHABILITATION OF COMFORT LP
615 FALTIN AVE
COMFORT **TX** 78013
Phone (830) 995-3757 **Fax** (830) 995-3057

TOTAL Lic Capacity: 76 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

TRINITY NURSING AND REHABILITATION OF COMFORT LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **KENT** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004202

KENT COUNTY NURSING HOME
1443 NORTH MAIN
JAYTON **TX** 79528
Phone (806) 237-3036 **Fax** (806) 237-2090

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 46
PRIVATE Beds: 14 **TITLE 18/19:** 0

Owner Information

KENT COUNTY
1443 N MAIN
JAYTON TX 79528
PHONE: (806) 237-3036 **FAX:** (806) 237-2090
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 04/01/2019

County **KERR** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000127

ALPINE TERRACE
746 ALPINE DR
KERRVILLE **TX** 78028
Phone (830) 896-2323 **Fax** (830) 896-2331

TOTAL Lic Capacity: 60 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 33

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **KERR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 000269

BROOKDALE GUADALUPE RIVER PLAZA
808 GUADALUPE
KERRVILLE **TX** 78028
Phone (830) 895-2636 **Fax** (830) 895-3797

TOTAL Lic Capacity: 64 **TITLE 18:** 58 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

S-H OPCO PLAZA ON THE RIVER LLC
6737 W WASHINGTON ST ,STE 2300
MILWAUKEE WI 92614
PHONE: (414) 918-5200 **FAX:** (414) 918-6076
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/29/2018

County **KERR** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004772

EDGEWATER CARE CENTER
1213 WATER ST
KERRVILLE **TX** 78028
Phone (830) 896-2411 **Fax** (830) 257-8689

TOTAL Lic Capacity: 179 **TITLE 18:** 61 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **KERR** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004493

HILLTOP VILLAGE NURSING AND REHABILITATION CENTER
1400 HILLTOP RD
KERRVILLE **TX** 78028
Phone (830) 895-3200 **Fax** (830) 895-3207

TOTAL Lic Capacity: 150 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 133

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **KERR** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102667

RIVER HILLS HEALTH AND REHABILITATION CENTER
2091 BANDERA HWY
KERRVILLE **TX** 78028
Phone (830) 257-9900 **Fax** (830) 257-9901

TOTAL Lic Capacity: 150 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 133

Owner Information

SOUTHWEST LTC KERRVILLE LTD
1518 LEGACY DRIVE ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/31/2017

County **KIMBLE** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004838

HILL COUNTRY CARE CENTER
111 HOSPITAL DR
JUNCTION **TX** 76849
Phone (325) 446-3351 **Fax** (325) 446-2167

TOTAL Lic Capacity: 69 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 6 **TITLE 18/19:** 45

Owner Information

MISSIONARY BAPTIST FOUNDATION OF AMERICA INC
1212 13TH ST ,STE 100
LUBBOCK TX 79401
PHONE: (806) 747-3447 **FAX:** (806) 747-1632
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **KLEBERG** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005398

KINGSVILLE NURSING AND REHABILITATION CENTER
3130 S BRAHMA BLVD
KINGSVILLE **TX** 78363
Phone (361) 592-8700 **Fax** (361) 592-3030

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954
PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **KLEBERG** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004571

KLEBERG COUNTY NURSING AND REHABILITATION LP
316 GENERAL CAVAZOS BLVD
KINGSVILLE **TX** 78363
Phone (361) 592-9366 **Fax** (361) 595-7389

TOTAL Lic Capacity: 146 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

KLEBERG COUNTY NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **KNOX** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004248

BRAZOS VALLEY CARE HOME
605 S AVE F
KNOX CITY **TX** 79529

Phone (940) 658-3543 **Fax** (940) 658-5068

TOTAL Lic Capacity: 66 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 54
PRIVATE Beds: 4 **TITLE 18/19:** 8

Owner Information

D & D INVESTMENTS INC
405 S 1ST ST
HASKELL TX 79521

PHONE: (940) 864-3619 **FAX:** (940) 864-3789
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/02/2019

County **KNOX** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004756

MUNDAY NURSING CENTER
421 WEST F ST
MUNDAY **TX** 76371

Phone (940) 422-4541 **Fax** (940) 422-5244

TOTAL Lic Capacity: 61 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

KNOX COUNTY HOSPITAL DISTRICT
701 SOUTH 5TH ST
KNOX CITY TX 79529

PHONE: (940) 657-3535 **FAX:** (940) 657-5521
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **LA SALLE** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 104666

LAS PALMAS
369 MARS DR
COTULLA **TX** 78014

Phone (830) 879-4483 **Fax** (830) 879-4573

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

COUNTY OF LA SALLE
707 BUCKLEY
COTULLA TX 78014

PHONE: (830) 879-4483 **FAX:** (830) 879-4573
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/28/2019

County **LAMAR** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004958

BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER
2885 STILLHOUSE ROAD
PARIS **TX** 75460

Phone (903) 784-4111 **Fax** (903) 737-6403

TOTAL Lic Capacity: 119 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

DIVERSICARE PARIS LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (512) 236-2225 **FAX:** (512) 391-2165
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **LAMAR** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104779

HERITAGE HOUSE AT PARIS REHAB & NURSING
150 47TH STREET S.E.
PARIS **TX** 75462

Phone (903) 784-3100 **Fax** (903) 784-4945

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

PARIS SNF LLC
150 47TH ST SE
PARIS TX 75462

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2020

County **LAMAR** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005386

LEGEND HEALTHCARE AND REHABILITATION - PARIS
520 SE 8TH ST
PARIS **TX** 75460

Phone (903) 737-9820 **Fax** (903) 785-3911

TOTAL Lic Capacity: 120 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

EIFFEL HEALTHCARE INC
520 SE 8TH ST
PARIS TX 75460-7330

PHONE: (903) 737-9820 **FAX:** (903) 785-3911
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **LAMAR** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004586

PARIS HEALTHCARE CENTER
610 DESHONG DR
PARIS **TX** 75460

Phone (903) 784-6638 **Fax** (903) 784-6504

TOTAL Lic Capacity: 98 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 69

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418

PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **LAMAR** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004308

STILLHOUSE REHABILITATION AND HEALTHCARE CENTER
2900 STILLHOUSE ROAD
PARIS **TX** 75462

Phone (903) 785-1601 **Fax** (903) 782-9534

TOTAL Lic Capacity: 150 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 143

Owner Information

GRASSLAND HEALTHCARE AND REHABILITATION INC
2900 STILLHOUSE ROAD
PARIS TX 75462

PHONE: (949) 540-1249 **FAX:** (949) 540-1966
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **LAMB** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005363

HARMONEE HOUSE
1400 MAIN ST
AMHERST **TX** 79312-0320

Phone (806) 246-3505 **Fax** (806) 246-3507

TOTAL Lic Capacity: 35 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 35

Owner Information

JAN DEE MANAGEMENT SERVICES INC
1400 MAIN ST
AMHERST TX 79312

PHONE: (806) 246-3505 **FAX:** (806) 246-3507
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **LAMB** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004520

LITTLEFIELD HOSPITALITY
1609 W WAYLON JENNINGS BLVD
LITTLEFIELD **TX** 79339

Phone (806) 385-4544 **Fax** (806) 385-4229

TOTAL Lic Capacity: 61 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

GFG MANAGEMENT SERVICES LLC
901 W. MISSOURI
FLOYDADA TX 79235

PHONE: (806) 543-9399 **FAX:** (806) 839-2390
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/18/2018

County **LAMB** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004509

LITTLEFIELD NURSING AND REHABILITATION LP
1241 W MARSHALL HOWARD BLVD
LITTLEFIELD **TX** 79339

Phone (806) 385-6600 **Fax** (806) 385-4688

TOTAL Lic Capacity: 80 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

LITTLEFIELD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **LAMB** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005318

RUNNINGWATER DRAW CARE CENTER INC
800 W 13TH ST
OLTON **TX** 79064-0409

Phone (806) 285-2677 **Fax** (806) 285-2176

TOTAL Lic Capacity: 75 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

RUNNINGWATER DRAW CARE CENTER INC
PO BOX 409
OLTON TX 79064

PHONE: (806) 285-2677 **FAX:** (806) 285-2506
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/09/2019

County **LAMPASAS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004222

LAMPASAS NURSING AND REHABILITATION CENTER
611 N BROAD ST
LAMPASAS **TX** 76550
Phone (512) 556-3588 **Fax** (512) 556-2507

TOTAL Lic Capacity: 68 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information

DIVERSICARE LAMPASAS LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027
PHONE: (615) 771-7575 **FAX:** (615) 771-7409
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **LAMPASAS** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004906

REGAL HEALTHCARE RESIDENCE
1000 AVE J
LAMPASAS **TX** 76550
Phone (512) 556-6267 **Fax** (512) 556-6601

TOTAL Lic Capacity: 80 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 61

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **LAMPASAS** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 005283

SPRING OAKS NURSING AND REHABILITATION LP
901 CENTRAL TEXAS EXPWY
LAMPASAS **TX** 76550
Phone (512) 556-6273 **Fax** (512) 556-5840

TOTAL Lic Capacity: 120 **TITLE 18:** 47 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 73

Owner Information

SPRING OAKS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **LAVACA** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004701

STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE
106 KAHN ST
HALLETSVILLE **TX** 77964
Phone (361) 798-3606 **Fax** (361) 798-9950

TOTAL Lic Capacity: 190 **TITLE 18:** 58 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **LAVACA** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005297

HALLETTSVILLE REHABILITATION AND NURSING CENTER
825 W FAIRWINDS
HALLETTSVILLE **TX** 77964
Phone (361) 798-3268 **Fax** (361) 798-3582

TOTAL Lic Capacity: 120 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 103

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665
PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **LAVACA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004627

SHADY OAK NURSING AND REHABILITATION
101 S LANCASTER
MOULTON **TX** 77975
Phone (361) 596-7373 **Fax** (361) 596-7671

TOTAL Lic Capacity: 61 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 61

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **LAVACA** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004258

SHINER NURSING AND REHABILITATION CENTER INC
1213 N AVE B
SHINER **TX** 77984
Phone (361) 594-3353 **Fax** (361) 594-2201

TOTAL Lic Capacity: 95 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

SHINER NURSING AND REHABILITATION CENTER INC
PO BOX 7230
VICTORIA TX 77903
PHONE: (361) 576-0197 **FAX:** (361) 576-1625
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **LAVACA** Reg Svcs: TEAM W Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005365

YOAKUM NURSING AND REHABILITATION CENTER
1300 CARL RAMERT DR
YOAKUM **TX** 77995
Phone (361) 293-2801 **Fax** (361) 293-7751

TOTAL Lic Capacity: 110 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **LEE** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004775

GIDDINGS RESIDENCE AND REHABILITATION CENTER
1181 N WILLIAMSON
GIDDINGS **TX** 78942
Phone (979) 542-3611 **Fax** (979) 542-1365

TOTAL Lic Capacity: 84 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2017

County **LEE** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005307

OAKLAND MANOR NURSING CENTER
1400 N MAIN ST
GIDDINGS **TX** 78942
Phone (979) 542-1755 **Fax** (979) 542-1991

TOTAL Lic Capacity: 120 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665
PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **LEON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004907

CENTERVILLE HEALTHCARE CENTER
103 TEAKWOOD ST
CENTERVILLE **TX** 75833-0158
Phone (903) 536-2596 **Fax** (903) 536-3225

TOTAL Lic Capacity: 74 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 40

Owner Information

SENIOR LIVING PROPERTIES LLC
1300 S UNIVERSITY DR ,#306
FORT WORTH TX 76107
PHONE: (817) 410-7300 **FAX:** (817) 810-7411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2017

County **LIBERTY** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 004379

CLEVELAND HEALTH CARE CENTER
903 E HOUSTON ST
CLEVELAND **TX** 77327
Phone (281) 593-3737 **Fax** (281) 593-3762

TOTAL Lic Capacity: 142 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

HSMTX/CLEVELAND LLC
903 E HOUSTON ST
CLEVELAND TN 77327
PHONE: (281) 593-3737 **FAX:** (281) 593-3762
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **LIBERTY** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 004268

HERITAGE VILLA NURSING AND REHABILITATION LP
310 E LAWRENCE ST
DAYTON **TX** 77535

Phone (936) 258-7227 **Fax** (936) 258-7223

TOTAL Lic Capacity: 60 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 54

Owner Information

HERITAGE VILLA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **LIBERTY** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 005067

LIBERTY HEALTH CARE CENTER
1206 N TRAVIS ST
LIBERTY **TX** 77575

Phone (936) 336-7247 **Fax** (936) 336-2825

TOTAL Lic Capacity: 118 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

HSMTX/LIBERTY LLC
1206 N TRAVIS ST
LIBERTY TX 77575

PHONE: (936) 336-7247 **FAX:** (936) 336-2825
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **LIBERTY** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 005281

MAGNOLIA PLACE HEALTH CARE LLP
1620 MAGNOLIA
LIBERTY **TX** 77575

Phone (936) 336-8844 **Fax** (936) 336-5316

TOTAL Lic Capacity: 118 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

MAGNOLIA PLACE HEALTH CARE LLP
7150 GANTT ACCESS RD
AZLE TX 76020

PHONE: (817) 444-2516 **FAX:** (817) 444-5443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **LIMESTONE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004909

GROESBECK LTC PARTNERS INC
607 PARKSIDE DR
GROESBECK **TX** 76642

Phone (254) 729-3245 **Fax** (254) 729-3788

TOTAL Lic Capacity: 90 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

GROESBECK LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,STE 1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2017

County **LIMESTONE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005262

WINDSOR HEALTHCARE RESIDENCE
1025 W YEAGUA
GROESBECK **TX** 76642-9798

Phone (254) 729-3366 **Fax** (254) 729-3475

TOTAL Lic Capacity: 90 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 8 **TITLE 18/19:** 70

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **LIMESTONE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004868

MEXIA LTC NURSING AND REHABILITATION
601 TERRACE LN
MEXIA **TX** 76667

Phone (254) 562-5400 **Fax** (254) 562-9145

TOTAL Lic Capacity: 70 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 69

Owner Information

MEXIA LTC PARTNERS INC
8505 TECHNOLOGY FORREST ,#1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/02/2018

County **LIMESTONE** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004746

THE MANOR HEALTHCARE RESIDENCE
831 TEHUACANA HWY
MEXIA **TX** 76667

Phone (254) 562-3867 **Fax** (254) 562-7753

TOTAL Lic Capacity: 77 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **LIPSCOMB** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005246

TWIN OAKS MANOR
112 PIONEER DR
BOOKER **TX** 79005

Phone (806) 658-9786 **Fax** (806) 658-9895

TOTAL Lic Capacity: 61 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 14 **TITLE19:** 41
PRIVATE Beds: 20 **TITLE 18/19:** 0

Owner Information

BOOKER HOSPITAL DISTRICT
PO BOX 369
BOOKER TX 79005

PHONE: (806) 658-9786 **FAX:** (806) 658-9895
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 03/24/2019

County **LIVE OAK** Reg Svcs: TEAM W Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005315

LIVE OAK NURSING CENTER
2951 HWY 281
GEORGE WEST **TX** 78022

Phone (361) 449-2532 **Fax** (361) 449-2679

TOTAL Lic Capacity: 100 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/24/2018

County **LIVE OAK** Reg Svcs: TEAM W Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004265

THREE RIVERS NURSING HOME LLC
1717 45THST
THREE RIVERS **TX** 78071

Phone (361) 786-2256 **Fax** (361) 786-3912

TOTAL Lic Capacity: 74 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

THREE RIVERS NURSING HOME LLC
407 CHURCH AVE
KAPLAN LA 70548

PHONE: (337) 643-8087 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **LLANO** Reg Svcs: TEAM Z Region 07 - AUSTIN

Facility Information: **Facility ID:** 005134

KINGSLAND HILLS CARE CENTER
3727 W RANCH RD 1431
KINGSLAND **TX** 78639

Phone (325) 388-4538 **Fax** (325) 388-0465

TOTAL Lic Capacity: 122 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

PHPM MISSION CARE CENTERS-NEW COVENANT LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **LLANO** Reg Svcs: TEAM Z Region 07 - AUSTIN

Facility Information: **Facility ID:** 004078

HILL COUNTRY HEALTHCARE CENTER
507 E GREEN ST
LLANO **TX** 78643

Phone (325) 247-4115 **Fax** (325) 247-3978

TOTAL Lic Capacity: 78 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 78 **TITLE 18/19:** 0

Owner Information

SENIOR LIVING PROPERTIES LLC
1300 S UNIVERSITY DR ,#306
FORT WORTH TX 76107

PHONE: (817) 410-7300 **FAX:** (817) 810-7411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2019

County **LLANO** Reg Svcs: TEAM Z Region 07 - AUSTIN

Facility Information: **Facility ID:** 004545

LLANO NURSING AND REHABILITATION CENTER
800 W HAYNIE ST
LLANO **TX** 78643

Phone (325) 247-4194 **Fax** (325) 247-3287

TOTAL Lic Capacity: 116 **TITLE 18:** 31 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

SLP LLANO LLC
1300 S UNIVERSITY
FORT WORTH TX 76107

PHONE: (817) 410-7300 **FAX:** (817) 423-6270
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/20/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004072

BENDER TERRACE
4510 27TH ST
LUBBOCK **TX** 79410

Phone (806) 795-4368 **Fax** (806) 795-1189

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

MTR MANAGEMENT GROUP LLC
4510 27TH ST
LUBBOCK TX 79410

PHONE: (806) 795-4368 **FAX:** (806) 795-1189
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 000128

CARILLON INC
1717 A NORFOLK AVE
LUBBOCK **TX** 79416-6045

Phone (806) 281-6114 **Fax** (806) 281-6041

TOTAL Lic Capacity: 140 **TITLE 18:** 140 **ICF/IID:** 0
Cert Alzh Capacity: 19 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CARILLON INC
1717 NORFOLK AVE
LUBBOCK TX 79416

PHONE: (806) 281-6000 **FAX:** (806) 281-6041
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 07/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 104743

CROWN POINT HEALTH SUITES
6640 IOLA AVENUE
LUBBOCK **TX** 79424

Phone (806) 687-6640 **Fax** (806) 687-6641

TOTAL Lic Capacity: 108 **TITLE 18:** 94 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 14

Owner Information

J F HERITAGE LLC
6640 IOLA AVE
LUBBOCK TX 79424

PHONE: (806) 780-7000 **FAX:** (806) 780-7400
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/22/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004654

GOLDEN AGE NURSING HOME
2613 34TH ST
LUBBOCK **TX** 79410

Phone (806) 792-2196 **Fax** (806) 792-7740

TOTAL Lic Capacity: 42 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 36

Owner Information

RUSH AND MIKE WHEELER INC
2613 34TH ST
LUBBOCK TX 79410

PHONE: (806) 792-2196 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005338

HERITAGE OAKS NURSING AND REHABILITATION CENTER
5301 UNIVERSITY AVE
LUBBOCK **TX** 79413

Phone (806) 795-8792 **Fax** (806) 795-4614

TOTAL Lic Capacity: 159 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 152

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/14/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004942

LAKERIDGE LTC PARTNERS INC
4403 74TH ST
LUBBOCK **TX** 79424
Phone (806) 795-0668 **Fax** (806) 795-4250
TOTAL Lic Capacity: 96 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

LAKERIDGE LTC PARTNERS INC
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381
PHONE: (281) 414-5744 **FAX:** (806) 795-4250
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004622

LAKESIDE REHABILITATION AND CARE CENTER
4306 24TH ST
LUBBOCK **TX** 79410
Phone (806) 793-2555 **Fax** (806) 793-9835
TOTAL Lic Capacity: 93 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005138

LUBBOCK HEALTH CARE CENTER
4120 22ND PL
LUBBOCK **TX** 79410
Phone (806) 793-3252 **Fax** (806) 791-5364
TOTAL Lic Capacity: 120 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 114

Owner Information

LUBBOCK III ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004347

LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER
4710 SLIDE RD
LUBBOCK **TX** 79414
Phone (806) 797-3481 **Fax** (806) 796-1755
TOTAL Lic Capacity: 117 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004491

MI CASITA LTC PARTNERS INC
2400 QUAKER AVE
LUBBOCK **TX** 79410
Phone (806) 792-2831 **Fax** (806) 792-5023
TOTAL Lic Capacity: 95 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

MI CASITA LTC PARTNERS INC
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381
PHONE: (806) 792-2831 **FAX:** (806) 792-5023
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004235

SOUTHERN SPECIALTY REHAB & NURSING
4320 W 19TH ST
LUBBOCK **TX** 79407
Phone (806) 795-1774 **Fax** (806) 795-4652
TOTAL Lic Capacity: 144 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

LUBBOCK I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 100947

THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER
3710 4TH ST
LUBBOCK **TX** 79415
Phone (806) 763-4455 **Fax** (806) 763-4435
TOTAL Lic Capacity: 120 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 60 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 53

Owner Information

HUB CITY HEALTHCARE INC
3710 4TH ST
LUBBOCK TX 79415
PHONE: (806) 763-4455 **FAX:** (806) 763-4435
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 102587

THE PLAZA AT LUBBOCK
4910 EMORY
LUBBOCK **TX** 79416
Phone (806) 740-0800 **Fax** (806) 740-0803
TOTAL Lic Capacity: 132 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

HANSFORD COUNTY HOSPITAL DISTRICT
707 S ROLAND
SPEARMAN TX 79081
PHONE: (806) 659-2535 **FAX:** (806) 659-5821
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2018

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004929

WHISPERWOOD NURSING & REHABILITATION CENTER
5502 W 4TH ST
LUBBOCK **TX** 79416
Phone (806) 793-1111 **Fax** (806) 799-0644
TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 22
PRIVATE Beds: 12 **TITLE 18/19:** 92

Owner Information

LUBBOCK II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2016

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 105212

WINDMILL NURSING & REHAB CENTER
507 MARTIN LUTHER KING BLVD
LUBBOCK **TX** 79403
Phone (806) 744-1113 **Fax** (806) 744-1060
TOTAL Lic Capacity: 120 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

WINDMILL SCC LLC
600 NORTH PEARL STREET ,SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004321

SLATON CARE CENTER
630 S 19TH
SLATON **TX** 79364
Phone (806) 828-6268 **Fax** (806) 828-4141
TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 16 **TITLE 18/19:** 99

Owner Information

SLATON I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **MADISON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004314

MADISONVILLE CARE CENTER
411 E COLLARD
MADISONVILLE **TX** 77864
Phone (936) 348-2735 **Fax** (936) 348-6401
TOTAL Lic Capacity: 116 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 104

Owner Information

MADISONVILLE II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **MADISON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005342

RIVERWOOD HEALTHCARE
600 BACON ST
MADISONVILLE **TX** 77864
Phone (936) 348-9097 **Fax** (936) 348-9212
TOTAL Lic Capacity: 90 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

RIVERWOOD-LTC LLC
10945 STATE BRIDGE RD ,STE 401-470
ALPHARETTA GA 30022
PHONE: (404) 991-2430 **FAX:** (404) 991-2431
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/18/2016

County **MARION** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005288

MAGNOLIA PLACE
1307 MARTIN LUTHER KING DR
JEFFERSON **TX** 75657
Phone (903) 665-3951 **Fax** (903) 665-7230
TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

JEFFERSON POST-ACUTE 2015 OPCO LLC
3973 VICKERY BLVD ,STE 101
FORT WORTH TX 76107
PHONE: (817) 386-8888 **FAX:** (817) 386-8324
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **MARTIN** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004997

STANTON NURSING AND REHABILITATION LP
1100 W BROADWAY
STANTON **TX** 79782
Phone (432) 756-2841 **Fax** (432) 756-2904
TOTAL Lic Capacity: 57 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 53

Owner Information

STANTON NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **MATAGORDA** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004650

BAY VILLA HEALTHCARE CENTER
1800 13TH ST
BAY CITY **TX** 77414
Phone (979) 245-6327 **Fax** (979) 245-0164
TOTAL Lic Capacity: 105 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

SSC BAY CITY OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30340
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **MATAGORDA** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004813

MATAGORDA HOUSE HEALTHCARE CENTER
700 12TH ST
BAY CITY **TX** 77414
Phone (979) 245-7800 **Fax** (979) 245-7801
TOTAL Lic Capacity: 120 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 16 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS XII LP
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **MATAGORDA** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005336

MATAGORDA NURSING & REHABILITATION CENTER
4521 AVE F
BAY CITY **TX** 77414
Phone (979) 245-7369 **Fax** (979) 245-3440
TOTAL Lic Capacity: 100 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **MAVERICK** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005009

EAGLE PASS NURSING AND REHABILITATION
2550 ZACATECAS DR
EAGLE PASS **TX** 78852-4163

Phone (830) 773-4488 **Fax** (830) 773-9681

TOTAL Lic Capacity: 114 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

EAGLE PASS I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **MAVERICK** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 102925

MAVERICK NURSING AND REHABILITATION CENTER
3106 BOB ROGERS DR
EAGLE PASS **TX** 78852

Phone (830) 757-8566 **Fax** (830) 773-7496

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **MCCULLOCH** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004744

BRADY WEST REHAB & NURSING
2201 MENARD HWY
BRADY **TX** 76825

Phone (325) 597-2906 **Fax** (325) 597-2555

TOTAL Lic Capacity: 106 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

MCCULLOCH COUNTY HOSPITAL DISTRICT
2008 NINE ROAD
BRADY TX 76825

PHONE: (325) 597-2901 **FAX:** (325) 597-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 104791

THE ATRIUM OF BELLMEAD LLC
2401 DEVELOPMENT BLVD.
BELLMEAD **TX** 76705

Phone (254) 296-8976 **Fax** (254) 296-8993

TOTAL Lic Capacity: 126 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

THE ATRIUM OF BELLMEAD LLC
320 EAGLE DR ,STE 201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/26/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 103743

SENIOR CARE OF HEWITT
8836 MARS DR
HEWITT **TX** 76643-3195

Phone (254) 420-5500 **Fax** (254) 420-0005

TOTAL Lic Capacity: 140 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 84

Owner Information

HEWITT SCC LLC
600 N PEARL ST SUITE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004574

WESTVIEW MANOR AND REHABILITATION CENTER
414 JOHNSON DR
MCGREGOR **TX** 76657

Phone (254) 840-3281 **Fax** (254) 840-3102

TOTAL Lic Capacity: 186 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 172

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004025

CRESTVIEW HEALTHCARE RESIDENCE
1400 LAKE SHORE DR
WACO **TX** 76708-3718
Phone (254) 753-0291 **Fax** (254) 753-3343

TOTAL Lic Capacity: 194 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 170

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004800

GREENVIEW MANOR
401 OWEN LN
WACO **TX** 76710
Phone (254) 772-8900 **Fax** (254) 772-2970

TOTAL Lic Capacity: 128 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360
PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004776

JEFFREY PLACE HEALTHCARE CENTER
820 JEFFREY DR
WACO **TX** 76710
Phone (254) 772-9480 **Fax** (254) 772-2885

TOTAL Lic Capacity: 99 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

GOODALL-WITCHER HOSPITAL AUTHORITY
101 POSEY AVE
CLIFTON TX 76634
PHONE: (254) 675-8322 **FAX:** (254) 675-2246
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004390

LAKE SHORE VILLAGE HEALTHCARE CENTER
2320 LAKE SHORE DR
WACO **TX** 76708
Phone (254) 752-1075 **Fax** (254) 754-0504

TOTAL Lic Capacity: 151 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 151

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360
PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004837

QUALITY CARE OF WACO
2501 MAPLE AVE
WACO **TX** 76707
Phone (254) 752-0311 **Fax** (254) 752-1549

TOTAL Lic Capacity: 202 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 177

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 101059

REGENT CARE CENTER OF WOODWAY
7801 WOODWAY DR
WACO **TX** 76712
Phone (254) 235-7801 **Fax** (254) 235-5834

TOTAL Lic Capacity: 144 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 130

Owner Information

REGENT CARE CENTER OF WOODWAY LIMITED PARTNERSHIP
2302 POST OFFICE ST ,STE 402
GALVESTON TX 77550
PHONE: (409) 763-6000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/14/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005212

RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY
1900 W STATE HWY 6
WACO **TX** 76712
Phone (254) 776-9681 **Fax** (254) 776-7960

TOTAL Lic Capacity: 90 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 56

Owner Information

DHC OPCO-WACO LLC
1900 W STATE HWY 6
WACO TX 76712
PHONE: (254) 776-9681 **FAX:** (254) 776-7960
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 100116

ROYAL MANOR
9114 ROYAL LN
WACO **TX** 76712
Phone (254) 666-2164 **Fax** (254) 666-9330

TOTAL Lic Capacity: 118 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

ROYAL LANE HEALTH CENTER INC
12656 FM 2331
GODLEY TX 76044
PHONE: (817) 309-2002 **FAX:** (817) 309-2002
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 105581

ROYAL MANOR II LLC
9101 PANTHER WAY
WACO **TX** 76712
Phone (254) 537-9200 **Fax** (254) 235-9690

TOTAL Lic Capacity: 120 **TITLE 18:** 88 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 32

Owner Information

ROYAL MANOR II LLC
9101 PANTHER WAY
WACO TX 76712
PHONE: (254) 235-9690 **FAX:** (254) 235-1394
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/26/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 005308

ST. CATHERINE CENTER
300 WEST HIGHWAY 6
WACO **TX** 76712
Phone (254) 761-8500 **Fax** (254) 761-8050

TOTAL Lic Capacity: 225 **TITLE 18:** 69 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 156

Owner Information

PROVIDENCE PARK, INC.
300 WEST HWY 6
WACO TX 76712
PHONE: (254) 761-8500 **FAX:** (254) 761-8050
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/08/2019

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 106680

THE BRAZOS AT HILLCREST
2430 MARKET PLACE DRIVE
WACO **TX** 76711
Phone (254) 981-7900 **Fax** (254) 981-7999

TOTAL Lic Capacity: 123 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 64
PRIVATE Beds: 59 **TITLE 18/19:** 0

Owner Information

MARKET PLACE HEALTHCARE LLC
2430 MARKET PLACE DRIVE
WACO TX 76711
PHONE: (254) 981-7900 **FAX:** (254) 981-7999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/02/2017

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 101740

WESLEY WOODS HEALTH & REHABILITATION
1700 WOODGATE DRIVE
WACO **TX** 76712
Phone (254) 666-5454 **Fax** (254) 666-5459

TOTAL Lic Capacity: 120 **TITLE 18:** 62 **ICF/IID:** 0
Cert Alzh Capacity: 120 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

WACO SNF LLC
1700 WOODGATE DR
WACO TX 76712
PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004029

WOODLAND SPRINGS NURSING CENTER
1010 DALLAS ST
WACO **TX** 76704

Phone (254) 752-9774 **Fax** (254) 227-6007

TOTAL Lic Capacity: 132 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/23/2019

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 106281

WEST REST HAVEN INC
503 MEADOW DRIVE
WEST **TX** 76691

Phone (254) 826-5354 **Fax** (254) 826-5859

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

WEST REST HAVEN INC
503 MEADOW DR
WEST TX 76691

PHONE: (254) 826-5354 **FAX:** (254) 826-5859
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/25/2018

County **MCLENNAN** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 106567

THE HEALTHCARE RESORT OF WACO
5801 CROSSLAKE PARKWAY
WOODWAY **TX** 76712

Phone (254) 420-0056 **Fax** (254) 420-0058

TOTAL Lic Capacity: 86 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 77 **TITLE 18/19:** 9

Owner Information

WOODWAY HEALTHCARE INC.
5801 CROSSLAKE PARKWAY
WACO TX 76712

PHONE: (254) 420-0056 **FAX:** (254) 420-0058
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/15/2017

County **MEDINA** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005311

MEDINA VALLEY HEALTH & REHABILITATION CENTER
913 HWY 90 W
CASTROVILLE **TX** 78009

Phone (830) 931-2900 **Fax** (830) 931-2955

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

MEDINA COUNTY HOSPITAL DISTRICT
3100 AVENUE E
HONDO TX 78861

PHONE: (830) 426-7898 **FAX:** (830) 426-7963
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **MEDINA** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005007

DEVINE HEALTH & REHABILITATION
104 ENTERPRISE AVE
DEVINE **TX** 78016

Phone (830) 663-4451 **Fax** (830) 663-5051

TOTAL Lic Capacity: 100 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

DEVINE I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **MEDINA** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004531

COMMUNITY CARE CENTER
2001 AVE E
HONDO **TX** 78861

Phone (830) 426-3087 **Fax** (830) 426-4970

TOTAL Lic Capacity: 75 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 74

Owner Information

PREFERRED CARE HEALTH FACILITIES OF TEXAS I INC
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/23/2017

County **MEDINA** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005010

HONDO NURSING AND REHABILITATION LP
3002 AVE Q
HONDO **TX** 78861
Phone (830) 426-3056 **Fax** (830) 426-8152

TOTAL Lic Capacity: 84 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

HONDO NURSING AND REHABILITATION LP
401 N ELM STREET
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **MENARD** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004075

MENARD MANOR
100 GAY ST
MENARD **TX** 76859
Phone (325) 396-4515 **Fax** (325) 396-2731

TOTAL Lic Capacity: 40 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 33

Owner Information

MENARD COUNTY HOSPITAL DISTRICT
100 GAY STREET
MENARD TX 76859
PHONE: (325) 396-4515 **FAX:** (325) 396-2731
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/15/2017

County **MIDLAND** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004280

HOGAN PARK NURSING & REHABILITATION
3203 SAGE ST
MIDLAND **TX** 79705
Phone (432) 683-5403 **Fax** (432) 682-5105

TOTAL Lic Capacity: 106 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

MIDLAND SAGE NURSING OPERATIONS, LLC
306 W 7TH STREET, SUITE 430
FORT WORTH TX 76102
PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **MIDLAND** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005384

MABEE HEALTH CARE CENTER
2208 N LOOP 250 W
MIDLAND **TX** 79707
Phone (432) 699-3401 **Fax** (432) 694-8769

TOTAL Lic Capacity: 206 **TITLE 18:** 85 **ICF/IID:** 0
Cert Alzh Capacity: 58 **TITLE19:** 0
PRIVATE Beds: 44 **TITLE 18/19:** 77

Owner Information

MANOR PARK INC
2208 N LOOP 250 W
MIDLAND TX 79707
PHONE: (432) 689-9898 **FAX:** (432) 694-8769
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **MIDLAND** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004982

ROCKWOOD MANOR
2000 N MAIN
MIDLAND **TX** 79705
Phone (432) 686-1898 **Fax** (432) 686-9926

TOTAL Lic Capacity: 112 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 94
PRIVATE Beds: 0 **TITLE 18/19:** 18

Owner Information

MIDLAND NURSING OPERATIONS, LLC
306 W 7TH STREET, STE. 430
FORT WORTH TX 76102
PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2020

County **MIDLAND** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 103255

SENIOR CARE OF MIDLAND
3000 MOCKINGBIRD LN
MIDLAND **TX** 79705
Phone (432) 694-0077 **Fax** (432) 694-0078

TOTAL Lic Capacity: 95 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

MIDLAND SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **MIDLAND** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005136

TERRACE WEST NURSING AND REHABILITATION LP
2800 MIDLAND DR
MIDLAND **TX** 79707
Phone (432) 697-3108 **Fax** (432) 689-0486

TOTAL Lic Capacity: 133 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

TERRACE WEST NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **MILAM** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004140

CAMERON NURSING AND REHAB
2202 N TRAVIS ST
CAMERON **TX** 76520
Phone (254) 697-6564 **Fax** (254) 697-7177

TOTAL Lic Capacity: 104 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

JC PC INC
PO BOX 1139
CAMERON TX 76520
PHONE: (254) 697-6564 **FAX:** (254) 697-7177
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **MILAM** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005289

WINNIE L LTC PARTNERS INC
2104 N KARNES
CAMERON **TX** 76520
Phone (254) 697-4985 **Fax** (254) 697-2129

TOTAL Lic Capacity: 105 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 76

Owner Information

WINNIE L LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381
PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **MILAM** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004184

RENAISSANCE VILLA
700 DYER ST
ROCKDALE **TX** 76567
Phone (512) 446-2548 **Fax** (512) 446-4277

TOTAL Lic Capacity: 45 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 45

Owner Information

ROCKDALE SNF LLC
6813 CACTUS DR
WACO TX 76712
PHONE: (254) 399-6788 **FAX:** (254) 772-1110
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2017

County **MILLS** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004411

GOLDTHWAITE HEALTH & REHAB CENTER
1207 S REYNOLDS ST
GOLDTHWAITE **TX** 76844
Phone (325) 648-2258 **Fax** (325) 648-3496

TOTAL Lic Capacity: 94 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

GOLDTHWAITE SKILLED CARE LLC
6220 PALUXY HWY
TOLAR TX 76476-6616
PHONE: (817) 578-7344 **FAX:** (254) 897-1486
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2019

County **MILLS** Reg Svcs: WACO Region 07 - AUSTIN

Facility Information: **Facility ID:** 004750

HILLVIEW MANOR
1110 RICE ST
GOLDTHWAITE **TX** 76844
Phone (325) 648-2247 **Fax** (325) 648-2487

TOTAL Lic Capacity: 52 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

SSC GOLDTHWAITE OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **MITCHELL** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004221

MITCHELL COUNTY NURSING AND REHABILITATION CENTER
1941 CHESTNUT ST
COLORADO CITY **TX** 79512
Phone (325) 728-5247 **Fax** (325) 728-2611
TOTAL Lic Capacity: 110 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

MITCHELL COUNTY HOSPITAL DISTRICT
997 W I20
COLORADO CITY TX 79512
PHONE: (325) 728-3431 **FAX:** (325) 728-8974
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2017

County **MONTAGUE** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004418

ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE
700 W HIGHWAY 287 S
BOWIE **TX** 76230
Phone (940) 872-2818 **Fax** (940) 872-3348
TOTAL Lic Capacity: 180 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 180

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **MONTAGUE** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004817

GRACE CARE CENTER OF NOCONA
306 CAROLYN RD
NOCONA **TX** 76255
Phone (940) 825-3288 **Fax** (940) 825-6153
TOTAL Lic Capacity: 91 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 71

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255
PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004500

CONROE HEALTH CARE CENTER
2019 N FRAZIER
CONROE **TX** 77301
Phone (936) 441-2120 **Fax** (936) 760-2140
TOTAL Lic Capacity: 108 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 107

Owner Information

HSMTX/CONROE LLC
2019 N FRAZIER
CONROE TX 77301
PHONE: (936) 441-2120 **FAX:** (936) 760-2140
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 100790

PARK MANOR OF CONROE
1600 GRAND LAKE DR
CONROE **TX** 77301
Phone (936) 441-8266 **Fax** (936) 441-2956
TOTAL Lic Capacity: 125 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

HMG PARK MANOR OF CONROE LLC
4 WATERWAY SQUARE PLACE ,STE 350
THE WOODLANDS TX 77380
PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/10/2019

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005080

WOODLAND MANOR NURSING AND REHABILITATION LP
99 RIGBY OWEN RD
CONROE **TX** 77304
Phone (936) 756-1240 **Fax** (936) 760-3420
TOTAL Lic Capacity: 146 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 103

Owner Information

WOODLAND MANOR NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **MONTGOMERY** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103062

REGENT CARE CENTER OF KINGWOOD
23775 KINGWOOD PLACE
KINGWOOD **TX** 77339

Phone (281) 318-2600 **Fax** (281) 318-2616

TOTAL Lic Capacity: 194 **TITLE 18:** 86 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

REGENT CARE CENTER OF KINGWOOD LIMITED PARTNERSHIP
2302 POSTOFFICE SUITE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 770-0233
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/03/2017

County **MONTGOMERY** Reg Svcs: UNIT 08 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004489

PINE SHADOW RETREAT
23450 PINE SHADOW LN
PORTER **TX** 77365-6420

Phone (281) 354-2155 **Fax** (281) 354-6515

TOTAL Lic Capacity: 126 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

TOUCHSTONE STRATEGIES - MC1, LLC
250 W. NOTTINGHAM DRIVE, STE. 200
SAN ANTONIO TX 78209

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 11/01/2019

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 104661

PARK MANOR OF THE WOODLANDS
1014 WINDSOR LAKE BOULEVARD
THE WOODLANDS **TX** 77384

Phone (936) 273-9424 **Fax** (936) 273-9530

TOTAL Lic Capacity: 124 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

HMG PARK MANOR OF THE WOODLANDS LLC
4 WATERWAY SQUARE PLACE STE 350
THE WOODLANDS TX 77380

PHONE: (281) 419-5520 **FAX:** (281) 419-5527
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005366

REGENT CARE CENTER OF THE WOODLANDS LIMITED PARTNERSHIP
10450 GOSLING RD
THE WOODLANDS **TX** 77381

Phone (281) 296-9234 **Fax** (281) 296-7560

TOTAL Lic Capacity: 156 **TITLE 18:** 51 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

REGENT CARE CENTER OF THE WOODLANDS LP
2302 POSTOFFICE ST ,STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 765-9703
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/06/2019

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005203

THE WOODLANDS HEALTHCARE CENTER
4650 S PANTHER CREEK DR
THE WOODLANDS **TX** 77381

Phone (281) 363-3535 **Fax** (281) 364-7307

TOTAL Lic Capacity: 214 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 173

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/22/2018

County **MONTGOMERY** Reg Svcs: UNIT 16 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005061

WILLIS NURSING AND REHABILITATION LP
3000 N DANVILLE ST
WILLIS **TX** 77378

Phone (936) 856-4312 **Fax** (936) 856-4364

TOTAL Lic Capacity: 114 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 103

Owner Information

WILLIS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **MOORE** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004414

GREAT PLAINS NURSING AND REHABILITATION
315 E 19TH
DUMAS **TX** 79029

Phone (806) 935-4143 **Fax** (806) 935-7988

TOTAL Lic Capacity: 120 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

DUMAS I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **MOORE** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005249

MEMORIAL NURSING AND REHABILITATION CENTER
224 E 2ND ST
DUMAS **TX** 79029

Phone (806) 935-6500 **Fax** (806) 935-9140

TOTAL Lic Capacity: 56 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 49
PRIVATE Beds: 7 **TITLE 18/19:** 0

Owner Information

MOORE COUNTY HOSPITAL DISTRICT
224 E 2ND ST
DUMAS TX 79029

PHONE: (806) 935-6500 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 04/26/2017

County **MORRIS** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004568

WINDSOR PLACE
507 E W M WATSON BLVD
DAINGERFIELD **TX** 75638

Phone (903) 645-3915 **Fax** (903) 645-7250

TOTAL Lic Capacity: 117 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 11 **TITLE 18/19:** 95

Owner Information

J JIREH LLC
507 E W M WATSON BLVD
DAINGERFIELD TX 75638

PHONE: (903) 645-3915 **FAX:** (903) 645-7250
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **MOTLEY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 102868

MATADOR HEALTH AND REHABILITATION CENTER
805 HARRISON ST
MATADOR **TX** 79244

Phone (806) 347-1000 **Fax** (806) 347-2537

TOTAL Lic Capacity: 50 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 43

Owner Information

LUBBOCK OPERATING COMPANY LLC
805 HARRISON AVE
MATADOR TX 78244

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/16/2019

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004154

GARRISON NURSING HOME & REHABILITATION CENTER
333 NORTH FM 95
GARRISON **TX** 75946

Phone (936) 347-2234 **Fax** (936) 347-3091

TOTAL Lic Capacity: 93 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

WINNIE-STOWELL HOSPITAL DISTRICT
538 BROADWAY
WINNIE TX 77665

PHONE: (409) 296-1003 **FAX:** (409) 296-6326
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004936

LEXINGTON PLACE NURSING & REHABILITATION
611 NW STALLINGS DR
NACOGDOCHES **TX** 75964

Phone (936) 564-1138 **Fax** (936) 564-1287

TOTAL Lic Capacity: 96 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004387

OAK MANOR NURSING HOME
1200 FERGUSON ST
NACOGDOCHES **TX** 75961

Phone (936) 564-7359 **Fax** (936) 564-6503

TOTAL Lic Capacity: 60 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

OLD TOWN HEALTH CARE LTD
1200 FERGUSON ST
NACOGDOCHES TX 75961

PHONE: (936) 564-7359 **FAX:** (936) 564-6503
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004953

ROCK HAVEN NURSING HOME
401 S E STALLINGS DR
NACOGDOCHES **TX** 75964

Phone (936) 569-9411 **Fax** (936) 569-6511

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

JEFF D MILLER LLC
10509 CR 456 S
HENDERSON TX 75654

PHONE: (903) 571-3872 **FAX:** (903) 854-4703
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 103011

SENIOR CARE OF STALLINGS COURT
4616 NE STALLINGS DR
NACOGDOCHES **TX** 75965

Phone (936) 569-5600 **Fax** (936) 569-5650

TOTAL Lic Capacity: 120 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

STALLINGS COURT SCC LLC
600 N PEARL ST SUITE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005305

WESTWARD TRAILS NURSING AND REHABILITATION
3001 WESTWARD DR
NACOGDOCHES **TX** 75964

Phone (936) 569-2631 **Fax** (936) 569-0590

TOTAL Lic Capacity: 108 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

WESTWARD NURSING AND REHABILITATION LP
401 N ELM STREET
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/08/2019

County **NACOGDOCHES** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005225

WILLOWBROOK NURSING CENTER
227 RUSSELL BLVD
NACOGDOCHES **TX** 75965-1238

Phone (936) 564-4596 **Fax** (936) 715-0376

TOTAL Lic Capacity: 166 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 141

Owner Information

NACOGDOCHES CSNHC ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NAVARRO** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004977

COUNTRY MEADOWS NURSING & REHABILITATION CENTER
3301 PARK ROW BLVD
CORSICANA **TX** 75110

Phone (903) 872-2455 **Fax** (903) 874-7286

TOTAL Lic Capacity: 96 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 82

Owner Information

CORSICANA HEALTH CARE LLC D/B/A CORSICANA SENIOR CARE LLC
3301 PARK ROW BLVD
CORSICANA TX 75110

PHONE: (903) 872-2455 **FAX:** (903) 874-7286
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **NAVARRO** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005357

HERITAGE OAKS RETIREMENT VILLAGE
3002 W 2ND AVE
CORSICANA **TX** 75110
Phone (903) 872-5130 **Fax** (903) 872-5949
TOTAL Lic Capacity: 107 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 107

Owner Information

PM MANAGEMENT - CORSICANA NC II LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NAVARRO** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005352

HERITAGE OAKS WEST RETIREMENT VILLAGE
3300 W 2ND AVE
CORSICANA **TX** 75110
Phone (903) 874-5333 **Fax** (903) 874-1770
TOTAL Lic Capacity: 148 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 146

Owner Information

PM MANAGEMENT - CORSICANA NC III LLC
600 NORTH PEARL STREET ,STE. 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NAVARRO** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104875

TRISUN CARE CENTER - CORSICANA
3210 W HWY 22
CORSICANA **TX** 75110
Phone (903) 872-4880 **Fax** (903) 641-0391
TOTAL Lic Capacity: 124 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

PM MANAGEMENT - CORSICANA NC LLC
1703 W FIFTH ST ,STE 800
AUSTIN TX 78703
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NAVARRO** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004861

TWILIGHT HOME
3001 W FOURTH AVE
CORSICANA **TX** 75110
Phone (903) 872-2521 **Fax** (903) 872-2559
TOTAL Lic Capacity: 102 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

TWILIGHT HOME
3001 W FOURTH AVE
CORSICANA TX 75110
PHONE: (903) 872-2521 **FAX:** (903) 872-2559
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/23/2017

County **NAVARRO** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004621

KERENS CARE CENTER
809 NE 4TH ST
KERENS **TX** 75144
Phone (903) 396-3211 **Fax** (903) 396-2419
TOTAL Lic Capacity: 70 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 3 **TITLE 18/19:** 67

Owner Information

GRUENEPOINTE 1 KERENS, LLC
8502 HUEBNER ROAD ,SUITE 400
SAN ANTONIO TX 78240
PHONE: (210) 757-4987 **FAX:** (210) 694-4223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **NEWTON** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004452

SHADY ACRES HEALTH AND REHABILITATION CENTER
405 SHADY ACRES LANE
NEWTON **TX** 75966
Phone (409) 379-8911 **Fax** (409) 379-2851
TOTAL Lic Capacity: 84 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

CLINT L HINES INC
405 SHADY ACRES LN
NEWTON TX 75966
PHONE: (409) 379-8911 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/31/2017

County **NOLAN** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004635

NOLAN NURSING AND REHABILITATION LP
705 NE GEORGIA AVENUE
SWEETWATER **TX** 79556

Phone (325) 235-5417 **Fax** (325) 235-4519

TOTAL Lic Capacity: 96 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

NOLAN NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **NOLAN** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004645

SWEETWATER HEALTHCARE CENTER
1600 JOSEPHINE ST
SWEETWATER **TX** 79556

Phone (325) 236-6653 **Fax** (325) 236-6834

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 19 **TITLE 18/19:** 81

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2017

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005214

ALAMEDA OAKS NURSING CENTER
1101 S ALAMEDA
CORPUS CHRISTI **TX** 78404

Phone (361) 882-2711 **Fax** (361) 882-9527

TOTAL Lic Capacity: 146 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

ALAMEDA OAKS MEDICAL INVESTORS LLC
3570 KEITH STREET NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 009588

CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI
2606 HOSPITAL BVLD
CORPUS CHRISTI **TX** 78405

Phone (512) 881-3218 **Fax** (512) 881-3149

TOTAL Lic Capacity: 24 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CHRISTUS SPOHN HEALTH SYSTEM
600 ELIZABETH ST
CORPUS CHRISTI TX 78404

PHONE: (361) 881-3000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102375

CIMARRON PLACE HEALTH & REHABILITATION CENTER
3801 CIMARRON
CORPUS CHRISTI **TX** 78414

Phone (361) 993-8500 **Fax** (361) 993-4004

TOTAL Lic Capacity: 120 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

CASCADE-NUECES HEALTH SERVICES LTD
5040 CHAMPIONS DR
LUFKIN TX 75901

PHONE: (936) 634-6633 **FAX:** (936) 634-6613
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102639

CORPUS CHRISTI NURSING AND REHABILITATION CENTER
2735 AIRLINE RD
CORPUS CHRISTI **TX** 78414

Phone (361) 992-0816 **Fax** (361) 992-0689

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 000296

HOLMGREEN CENTER
317 N CARANCAHUA
CORPUS CHRISTI **TX** 78401

Phone (361) 887-2000 **Fax** (361) 884-3320

TOTAL Lic Capacity: 75 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 8

Owner Information

TRINITY TOWERS LIMITED PARTNERSHIP
111 WESTWOOD PLACE ,#400
BRENTWOOD TN 37027

PHONE: (615) 221-2250 **FAX:** (866) 885-0538
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/25/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 104911

MIRADOR
5857 TIMBERGATE DR
CORPUS CHRISTI **TX** 78414

Phone (361) 994-0905 **Fax** (361) 994-0906

TOTAL Lic Capacity: 41 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 4

Owner Information

SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI INC
12720 HILLCREST RD ,SUITE 106
DALLAS TX 75230

PHONE: (469) 916-8958 **FAX:** (215) 623-6115
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/29/2017

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004567

RETAMA MANOR NURSING CENTER
2322 MORGAN AVE
CORPUS CHRISTI **TX** 78405

Phone (361) 882-4242 **Fax** (361) 883-3726

TOTAL Lic Capacity: 176 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 164

Owner Information

SSC NUECES RETAMA LLC
2322 MORGAN AVE
CORPUS CHRISTI TX 78405

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004245

SAN RAFAEL NURSING AND REHABILITATION CENTER
3050 SUNNYBROOK RD
CORPUS CHRISTI **TX** 78415

Phone (361) 853-9981 **Fax** (361) 853-1907

TOTAL Lic Capacity: 178 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 10 **TITLE 18/19:** 159

Owner Information

CORPUS CHRISTI HEALTH FACILITIES LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005224

SENIOR CARE OF CORPUS CHRISTI
202 FORTUNE DR
CORPUS CHRISTI **TX** 78405

Phone (361) 289-0889 **Fax** (361) 289-7516

TOTAL Lic Capacity: 121 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

CORPUS CHRISTI SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004894

THE PALMS NURSING AND REHABILITATION LP
5607 EVERHART RD
CORPUS CHRISTI **TX** 78411

Phone (361) 854-4601 **Fax** (361) 854-6823

TOTAL Lic Capacity: 204 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 197

Owner Information

THE PALMS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005351

TRISUN CARE CENTER-RIVER RIDGE
3922 W RIVER DR
CORPUS CHRISTI **TX** 78410

Phone (361) 767-2000 **Fax** (361) 387-3780

TOTAL Lic Capacity: 120 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

PM MANAGEMENT-CORPUS CHRISTI NC II LLC
600 NORTH PEARL ST STE 1100
DALLAS TX 75201

PHONE: (512) 634-4900 **FAX:** (512) 634-4950
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005006

TRISUN CARE CENTER-WESTWOOD
801 CANTWELL LN
CORPUS CHRISTI **TX** 78408

Phone (361) 882-4284 **Fax** (361) 882-6218

TOTAL Lic Capacity: 94 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

PM MANAGEMENT-CORPUS CHRISTI NC III LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7703 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005114

VISTA DEL MAR HEALTH & REHABILITATION
1314 3RD STREET
CORPUS CHRISTI **TX** 78401

Phone (361) 888-5511 **Fax** (361) 888-6267

TOTAL Lic Capacity: 114 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 114

Owner Information

SHADY SHORES OF CORPUS CHRISTI LLC
320 EAGLE DRIVE, STE. 201
DENTON TX 76201

PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 106267

WINDSOR CALALLEN
4162 WILDCAT DR
CORPUS CHRISTI **TX** 78410

Phone (361) 241-2954 **Fax** (361) 241-2964

TOTAL Lic Capacity: 120 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005039

WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI
3030 FIG ST
CORPUS CHRISTI **TX** 78404

Phone (361) 888-5619 **Fax** (361) 888-8530

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005189

WOOLDRIDGE PLACE NURSING CENTER
7352 WOOLDRIDGE RD
CORPUS CHRISTI **TX** 78414

Phone (361) 991-9633 **Fax** (361) 991-5948

TOTAL Lic Capacity: 120 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 117

Owner Information

WOOLDRIDGE MEDICAL INVESTORS LLC
3570 KEITH ST NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **NUECES** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004818

RETAMA MANOR NURSING CENTER/ROBSTOWN
603 E AVE J
ROBSTOWN **TX** 78380
Phone (361) 387-1568 **Fax** (361) 387-9572
TOTAL Lic Capacity: 94 **TITLE 18:** 16 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

SSC ROBSTOWN OPERATING COMPANY LLC
603 E. AVE J
ROBSTOWN TX 78380
PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **OCHILTREE** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004463

SENIOR VILLAGE NURSING HOME
3101 S. MAIN ST
PERRYTON **TX** 79070
Phone (806) 435-5403 **Fax** (806) 435-5055
TOTAL Lic Capacity: 60 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

MISSIONARY BAPTIST FOUNDATION OF AMERICA INC
1212 13TH ST ,STE 100
LUBBOCK TX 79401
PHONE: (806) 747-3447 **FAX:** (806) 747-1632
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **ORANGE** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004964

ORANGE VILLA NURSING AND REHABILITATION LP
510 N 3RD ST
ORANGE **TX** 77630
Phone (409) 886-8677 **Fax** (409) 886-1782
TOTAL Lic Capacity: 112 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

ORANGE VILLA NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 340-3877 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **ORANGE** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004416

PINEHURST NURSING AND REHABILITATION LP
3000 CARDINAL DR
ORANGE **TX** 77630
Phone (409) 883-5727 **Fax** (409) 883-9078
TOTAL Lic Capacity: 111 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

PINEHURST NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **ORANGE** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 102551

THE MEADOWS OF ORANGE
4201 FM 105
ORANGE **TX** 77630
Phone (409) 883-8803 **Fax** (409) 883-9455
TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PM MANAGEMENT - GOLDEN TRIANGLE NC II LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **ORANGE** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004753

OAKWOOD MANOR NURSING HOME
225 S MAIN ST
VIDOR **TX** 77662
Phone (409) 769-5697 **Fax** (409) 769-1390
TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

OAKWOOD HEALTH CARE CENTER LTD CO
2537 GOLDEN BEAR DRIVE
CARROLLTON TX 75006
PHONE: (214) 954-4114 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/07/2018

County **ORANGE** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005100

VIDOR HEALTH & REHABILITATION CENTER
470 MOORE DR
VIDOR **TX** 77662
Phone (409) 769-2454 **Fax** (409) 769-9324

TOTAL Lic Capacity: 144 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

VIDOR I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **PALO PINTO** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004938

MINERAL WELLS NURSING & REHABILITATION
316 SW 25TH AVE
MINERAL WELLS **TX** 76067
Phone (940) 325-1358 **Fax** (940) 325-5802

TOTAL Lic Capacity: 109 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

MINERAL WELLS I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **PALO PINTO** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004735

PALO PINTO NURSING CENTER
200 SOUTHWEST 25TH AVE
MINERAL WELLS **TX** 76067
Phone (940) 325-7813 **Fax** (940) 325-5680

TOTAL Lic Capacity: 106 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067
PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **PANOLA** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 005329

BRIARCLIFF SKILLED NURSING FACILITY
4054 NORTHWEST LOOP
CARTHAGE **TX** 75633
Phone (903) 693-8504 **Fax** (903) 693-9487

TOTAL Lic Capacity: 93 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

CARTHAGE SNF LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4805
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **PANOLA** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 004927

CARTHAGE HEALTHCARE CENTER
701 S MARKET ST
CARTHAGE **TX** 75633
Phone (903) 693-6671 **Fax** (903) 693-6687

TOTAL Lic Capacity: 104 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418
PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **PANOLA** Reg Svcs: NACOGDOCHES GERIATRIC Region 04 - TYLER

Facility Information: **Facility ID:** 004541

CARTHAGE LTC PARTNERS INC
501 COTTAGE RD
CARTHAGE **TX** 75633-0170
Phone (903) 693-7141 **Fax** (903) 693-4187

TOTAL Lic Capacity: 108 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

CARTHAGE LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381
PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103708

COLLEGE PARK REHABILITATION AND CARE CENTER
1715 MARTIN DR
WEATHERFORD **TX** 76086

Phone (817) 458-3100 **Fax** (817) 458-3150

TOTAL Lic Capacity: 120 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

PARKER COUNTY HOSPITAL DISTRICT
1130 PECAN
WEATHERFORD TX 76086

PHONE: (817) 341-2520 **FAX:** (817) 599-1241
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/15/2019

County **PARKER** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 100950

HILLTOP PARK REHABILITATION AND CARE CENTER
970 HILLTOP DR
WEATHERFORD **TX** 76086

Phone (817) 599-0000 **Fax** (817) 599-0751

TOTAL Lic Capacity: 132 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

PARKER COUNTY HOSPITAL DISTRICT
1130 PECAN
WEATHERFORD TX 76086

PHONE: (817) 341-2520 **FAX:** (817) 599-1241
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/15/2019

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004516

KEENELAND NURSING AND REHABILITATION LP
700 S BOWIE DR
WEATHERFORD **TX** 76086

Phone (817) 594-2715 **Fax** (817) 596-3130

TOTAL Lic Capacity: 72 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 53

Owner Information

KEENELAND NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004328

PEACH TREE PLACE
315 W ANDERSON ST
WEATHERFORD **TX** 76086

Phone (817) 599-4181 **Fax** (817) 594-2203

TOTAL Lic Capacity: 59 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 59 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360

PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004955

SANTA FE HEALTH & REHABILITATION CENTER
1205 SANTA FE DR
WEATHERFORD **TX** 76086

Phone (817) 594-2786 **Fax** (817) 594-0132

TOTAL Lic Capacity: 120 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 107

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067

PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005372

SENIOR CARE AT HOLLAND LAKE
1201 HOLLAND LAKE DR
WEATHERFORD **TX** 76086

Phone (817) 598-0160 **Fax** (817) 598-0162

TOTAL Lic Capacity: 120 **TITLE 18:** 73 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

HOLLAND LAKE SCC LLC
1717 6TH ST ,STE 450
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (512) 480-0258
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004865

WEATHERFORD HEALTH CARE CENTER
521 W 7TH ST
WEATHERFORD **TX** 76086
Phone (817) 594-8713 **Fax** (817) 594-4654

TOTAL Lic Capacity: 122 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360
PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **PARKER** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105943

WILLOW PARK REHABILITATION AND CARE CENTER
300 CROWNE POINT BLVD
WILLOW PARK **TX** 76087
Phone (817) 757-1200 **Fax** (817) 757-1201

TOTAL Lic Capacity: 125 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

PARKER COUNTY HOSPITAL DISTRICT
1130 PECAN
WEATHERFORD TX 76086
PHONE: (817) 341-2520 **FAX:** (817) 599-1241
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **PARMER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005093

FARWELL CARE AND REHABILITATION CENTER
305 FIFTH ST
FARWELL **TX** 79325
Phone (806) 481-9027 **Fax** (806) 481-9035

TOTAL Lic Capacity: 75 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 14 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information

FARWELL HOSPITAL DISTRICT
PO BOX 177
FARWELL TX 79325
PHONE: (806) 481-9027 **FAX:** (806) 481-9503
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/04/2017

County **PARMER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005095

PRAIRIE ACRES
201 E 15TH
FRIONA **TX** 79035
Phone (806) 250-3922 **Fax** (806) 250-2132

TOTAL Lic Capacity: 83 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

PARMER COUNTY HOSPITAL DISTRICT
1307 CLEVELAND ST
FRIONA TX 79035
PHONE: (806) 250-2754 **FAX:** (806) 250-2801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/31/2017

County **PECOS** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005310

FORT STOCKTON LIVING & REHABILITATION
501 N SYCAMORE
FORT STOCKTON **TX** 79735
Phone (432) 336-7631 **Fax** (432) 336-8870

TOTAL Lic Capacity: 120 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

FORT STOCKTON NURSING OPERATIONS LLC
306 W 7TH STREET ,STE 430
FORT WORTH TX 76102
PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **POLK** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005193

CORRIGAN LTC PARTNERS INC
300 HYDE ST
CORRIGAN **TX** 75939
Phone (936) 398-2220 **Fax** (936) 398-2249

TOTAL Lic Capacity: 86 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 82

Owner Information

CORRIGAN LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381
PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2017

County **POLK** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005072

PINE RIDGE HEALTH CARE LLP
1620 US 59 N
LIVINGSTON **TX** 77351
Phone (936) 327-5415 **Fax** (936) 327-7849

TOTAL Lic Capacity: 120 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

PINE RIDGE HEALTH CARE LLP
7150 GANTT ACCESS RD
AZLE TX 76020
PHONE: (817) 444-2516 **FAX:** (817) 444-5443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **POLK** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004658

THE BRADFORD AT BROOKSIDE
301 WEST PARK DRIVE
LIVINGSTON **TX** 77351
Phone (936) 328-5021 **Fax** (936) 328-5022

TOTAL Lic Capacity: 125 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 125

Owner Information

LIVINGSTON HEALTH CARE CENTER LTD CO
2537 GOLDEN BEAR DRIVE
CARROLLTON TX 75006
PHONE: (214) 954-4114 **FAX:** (214) 871-3057
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/07/2018

County **POLK** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005245

TIMBERWOOD NURSING AND REHABILITATION CENTER
4001 HWY 59 NORTH
LIVINGSTON **TX** 77351
Phone (936) 327-4446 **Fax** (936) 327-8435

TOTAL Lic Capacity: 120 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

LIBERTY COUNTY HOSPITAL DISTRICT NO 1
1353 TRAVIS ST
LIBERTY TX 77575
PHONE: (936) 336-7400 **FAX:** (936) 336-5768
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 105650

AMARILLO CENTER FOR SKILLED CARE
6641 W AMARILLO BLVD
AMARILLO **TX** 79106
Phone (806) 352-8800 **Fax** (806) 352-8812

TOTAL Lic Capacity: 122 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 122

Owner Information

AMARILLO II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **POTTER** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005162

BIVINS MEMORIAL NURSING HOME
1001 WALLACE BLVD
AMARILLO **TX** 79106
Phone (806) 355-7453 **Fax** (806) 354-8537

TOTAL Lic Capacity: 120 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 48 **TITLE 18/19:** 50

Owner Information

LEE BIVINS FOUNDATION
PO BOX 1727
AMARILLO TX 79105
PHONE: (806) 379-9400 **FAX:** (806) 379-9404
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **POTTER** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 102946

CHILDERS PLACE
6600 KILGORE
AMARILLO **TX** 79106
Phone (806) 350-2200 **Fax** (806) 350-2241

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 20 **TITLE19:** 0
PRIVATE Beds: 60 **TITLE 18/19:** 0

Owner Information

BETTY BIVINS CHILDERS FOUNDATION
PO BOX 1727
AMARILLO TX 79105
PHONE: (806) 379-9400 **FAX:** (806) 379-9404
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 06/15/2019

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004731

COUNTRY CLUB NURSING AND REHABILITATION LP
9 MEDICAL DR
AMARILLO **TX** 79106
Phone (806) 352-2731 **Fax** (806) 353-9507

TOTAL Lic Capacity: 102 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

COUNTRY CLUB NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004031

HERITAGE CONVALESCENT CENTER
1009 CLYDE ST
AMARILLO **TX** 79106
Phone (806) 352-5295 **Fax** (806) 352-6635

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

HERITAGE CONVALESCENT CENTER LTD
1009 CLYDE ST
AMARILLO TX 79106
PHONE: (806) 352-5295 **FAX:** (806) 463-2065
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004846

KIRKLAND COURT HEALTH AND REHABILITATION CENTER
1601 KIRKLAND DR
AMARILLO **TX** 79106
Phone (806) 355-8281 **Fax** (806) 467-2558

TOTAL Lic Capacity: 98 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

KIRKLAND COURT HEALTH CARE LLC
1601 KIRKLAND DR
AMARILLO TX 79106
PHONE: (806) 355-8281 **FAX:** (806) 467-2558
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005231

PLUM CREEK HEALTHCARE RESIDENCE
5601 PLUM CREEK DR
AMARILLO **TX** 79124
Phone (806) 351-1000 **Fax** (806) 355-9650

TOTAL Lic Capacity: 99 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320
PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 102425

THE ARBORS
1910 MEDI PARK DR
AMARILLO **TX** 79106
Phone (806) 457-4700 **Fax** (806) 457-4608

TOTAL Lic Capacity: 120 **TITLE 18:** 92 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 28

Owner Information

BAPTIST COMMUNITY AFFORDABLE HOUSING FOUNDATION
701 PARK PLACE ,2ND FLOOR
AMARILLO TX 79109
PHONE: (806) 337-5292 **FAX:** (806) 337-5085
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 103019

USSERY ROAN TEXAS STATE VETERANS HOME
1020 TASCOSA RD
AMARILLO **TX** 79124
Phone (806) 322-8387 **Fax** (806) 322-8388

TOTAL Lic Capacity: 120 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 30 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873
PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/07/2018

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005375

WARE MEMORIAL CARE CENTER
400 W 14TH ST BLDG A
AMARILLO **TX** 79101
Phone (806) 373-0471 **Fax** (806) 337-5184
TOTAL Lic Capacity: 187 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 45 **TITLE19:** 100
PRIVATE Beds: 87 **TITLE 18/19:** 0

Owner Information

BAPTIST COMMUNITY SERVICES
701 PARK PLACE ,SECOND FL
AMARILLO TX 79101
PHONE: (806) 337-5292 **FAX:** (806) 337-5075
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 12/30/2016

County **POTTER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005183

WINDFLOWER HEALTH CENTER
5500 SW 9TH AVE
AMARILLO **TX** 79106
Phone (806) 352-7244 **Fax** (806) 467-7485
TOTAL Lic Capacity: 120 **TITLE 18:** 72 **ICF/IID:** 0
Cert Alzh Capacity: 30 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

HEMPHILL COUNTY HOSPITAL DISTRICT
1020 S 4TH ST
CANADIAN TX 79014
PHONE: (806) 323-6422 **FAX:** (806) 323-8061
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2018

County **RAINS** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005184

SENIOR SUITE CARE & REHAB LLC
983 N TEXAS STREET
EMORY **TX** 75440
Phone (903) 473-3752 **Fax** (903) 473-3141
TOTAL Lic Capacity: 68 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

SENIOR SUITE CARE & REHAB LLC
5519 S COLLINS ST
ARLINGTON TX 76018
PHONE: (214) 773-6000 **FAX:** (817) 557-2215
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2018

County **RANDALL** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004604

GEORGIA MANOR NURSING HOME
2611 W 46TH AVE
AMARILLO **TX** 79110
Phone (806) 355-6517 **Fax** (806) 355-4190
TOTAL Lic Capacity: 76 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 71

Owner Information

AMARILLO VI ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109
PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **RANDALL** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004383

HILLSIDE HEIGHTS REHABILITATION SUITES
6650 SOUTH SONCY ROAD
AMARILLO **TX** 79119
Phone (806) 457-6700 **Fax** (806) 457-6705
TOTAL Lic Capacity: 120 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **RANDALL** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004348

LEGACY REHABILITATION AND LIVING
4033 W 51ST AVE
AMARILLO **TX** 79109
Phone (806) 355-4488 **Fax** (806) 353-0885
TOTAL Lic Capacity: 150 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 147

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/20/2018

County **REAGAN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005187

REAGAN COUNTY CARE CENTER
805 N MAIN
BIG LAKE **TX** 76932

Phone (325) 884-2561 **Fax** (325) 884-2891

TOTAL Lic Capacity: 48 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 42
PRIVATE Beds: 6 **TITLE 18/19:** 0

Owner Information

REAGAN HOSPITAL DISTRICT
805 N MAIN
BIG LAKE TX 76932

PHONE: (325) 884-2561 **FAX:** (325) 884-2891

PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY

License Exp Dt: 01/17/2017

County **REAL** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005273

CEDAR HILLS GERIATRIC CENTER
710 HWY 55
CAMP WOOD **TX** 78833-0130

Phone (830) 597-5445 **Fax** (830) 597-2352

TOTAL Lic Capacity: 86 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 06/30/2018

County **RED RIVER** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004495

CLARKSVILLE NURSING CENTER
300 E BAKER ST
CLARKSVILLE **TX** 75426

Phone (903) 427-2236 **Fax** (903) 427-5235

TOTAL Lic Capacity: 132 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

CLARKSVILLE SNF LLC
300 E BAKER STREET
CLARKSVILLE TX 75426

PHONE: (845) 746-5004 **FAX:** (845) 230-8622

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 12/01/2017

County **RED RIVER** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004267

REGENCY HEALTHCARE AND REHABILITATION CENTER AT RED RIVER
2407 WEST MAIN STREET
CLARKSVILLE **TX** 75426

Phone (903) 427-3821 **Fax** (903) 427-5111

TOTAL Lic Capacity: 120 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

NEXION HEALTH AT BOGATA INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 06/01/2018

County **REEVES** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004590

PECOS NURSING HOME
1819 MEMORIAL DR
PECOS **TX** 79772

Phone (432) 447-2183 **Fax** (432) 447-6815

TOTAL Lic Capacity: 89 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

HEALTH SELECT INC
1010 S EDDY ST ,STE A
PECOS TX 79772

PHONE: (432) 447-2266 **FAX:** (432) 447-2266

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 04/01/2018

County **REFUGIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005362

MISSION RIDGE REHABILITATION & NURSING CENTER LP
401 SWIFT ST
REFUGIO **TX** 78377

Phone (361) 526-9223 **Fax** (361) 526-2736

TOTAL Lic Capacity: 86 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

MISSION RIDGE REHABILITATION & NURSING CENTER LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410

PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF

License Exp Dt: 04/01/2018

County **REFUGIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004551

REFUGIO NURSING & REHAB CENTER
201 SWIFT ST
REFUGIO **TX** 78377

Phone (361) 526-4641 **Fax** (361) 526-2209

TOTAL Lic Capacity: 64 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

SHADY SHORES OF REFUGIO LLC
320 EAGLE DR ,STE 201
DENTON TX 76201

PHONE: (940) 228-1414 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **ROBERTSON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005161

BREMOND NURSING AND REHABILITATION CENTER
211 N MAIN
BREMOND **TX** 76629-0520

Phone (254) 746-7666 **Fax** (254) 746-5151

TOTAL Lic Capacity: 82 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

BREMOND HEALTH CARE LLC
211 N MAIN ST
BREMOND TX 76629

PHONE: (254) 746-7666 **FAX:** (254) 746-5151
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **ROBERTSON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005216

FRANKLIN NURSING HOME
700 HEARNE ST
FRANKLIN **TX** 77856

Phone (979) 828-5152 **Fax** (979) 828-5658

TOTAL Lic Capacity: 90 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

FRANKLIN II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **ROBERTSON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 106194

CROSSROADS NURSING & REHABILITATION
611 ROSE MARIE BLVD
HEARNE **TX** 77859

Phone (979) 280-0440 **Fax** (979) 280-0448

TOTAL Lic Capacity: 80 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 38

Owner Information

HEARNE I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/12/2019

County **ROBERTSON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004722

HEARNE HEALTHCARE CENTER
1101 W BROWN ST
HEARNE **TX** 77859

Phone (979) 279-5361 **Fax** (979) 279-6775

TOTAL Lic Capacity: 134 **TITLE 18:** 61 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 73

Owner Information

SENIOR LIVING PROPERTIES LLC
1300 S UNIVERSITY DR ,#306
FORT WORTH TX 76107

PHONE: (817) 410-7300 **FAX:** (817) 810-7411
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2016

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105444

BROADMOOR MEDICAL LODGE
5242 MEDICAL DRIVE
ROCKWALL **TX** 75032

Phone (972) 772-8700 **Fax** (972) 772-8701

TOTAL Lic Capacity: 140 **TITLE 18:** 73 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

SCC PARTNERS, INC.
4311 OAKLAWN #400
DALLAS TX 75219

PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/30/2018

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106108

HIGHLAND MEADOWS HEALTH & REHAB
1870 S JOHN KING BLVD
ROCKWALL **TX** 75032

Phone (972) 722-7408 **Fax** (972) 722-7011

TOTAL Lic Capacity: 120 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

ELLM HEALTHCARE LLC
8613 MID CITIES BLVD ,STE 200
NORTH RICHLAND HILLS TX 76182

PHONE: (817) 875-8185 **FAX:** (817) 887-5652
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/24/2019

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004076

ROCKWALL NURSING CARE CENTER
206 STORRS
ROCKWALL **TX** 75087

Phone (972) 771-5000 **Fax** (972) 771-1504

TOTAL Lic Capacity: 192 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 16 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

RW SCC LLC
1717 W 5TH ST ,STE 450
AUSTIN TX 78703

PHONE: (512) 340-7829 **FAX:** (877) 639-9530
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005359

SENIOR CARE AT LAKE POINTE
6700 HERITAGE PARKWAY
ROCKWALL **TX** 75087

Phone (972) 412-4000 **Fax** (972) 412-8366

TOTAL Lic Capacity: 190 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 146

Owner Information

LAKEPOINTE SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005290

ROWLETT HEALTH AND REHABILITATION CENTER
9300 LAKEVIEW PKWY
ROWLETT **TX** 75088

Phone (972) 475-4700 **Fax** (972) 412-2122

TOTAL Lic Capacity: 169 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 143

Owner Information

ROWLETT SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2016

County **ROCKWALL** Reg Svcs: TEAM 1 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103804

ROYSE CITY HEALTH AND REHABILITATION CENTER
901 W INTERSTATE 30
ROYSE CITY **TX** 75189

Phone (972) 636-9100 **Fax** (972) 636-7424

TOTAL Lic Capacity: 124 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 89

Owner Information

SENIOR CARE RESOURCES INC
1413 E I-30 ,STE 7
GARLAND TX 75043

PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/14/2018

County **RUNNELS** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004445

BALLINGER HEALTHCARE AND REHABILITATION CENTER
2001 6TH ST
BALLINGER **TX** 76821

Phone (325) 365-5766 **Fax** (325) 365-5449

TOTAL Lic Capacity: 114 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

DIVERSICARE BALLINGER LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2017

County **RUNNELS** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004835

CENTRAL TEXAS NURSING & REHABILITATION
1800 N BROADWAY ST
BALLINGER **TX** 76821

Phone (325) 365-2538 **Fax** (325) 365-2530

TOTAL Lic Capacity: 126 **TITLE 18:** 57 **ICF/IID:** 0
Cert Alzh Capacity: 28 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 69

Owner Information

BALLINGER I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,SUITE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **RUNNELS** Reg Svcs: SAN ANGLEO GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004358

WINTERS HEALTHCARE RESIDENCE
506 VAN NESS
WINTERS **TX** 79567

Phone (325) 754-4566 **Fax** (325) 754-4634

TOTAL Lic Capacity: 48 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 40

Owner Information

WINTERS HC OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **RUSK** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004499

AUTUMN LEAVES NURSING AND REHAB INC
321 KILGORE DRIVE
HENDERSON **TX** 75652

Phone (903) 657-1923 **Fax** (903) 657-6764

TOTAL Lic Capacity: 125 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

AUTUMN LEAVES NURSING AND REHAB INC
321 KILGORE DR.
HENDERSON TX 75652

PHONE: (903) 657-8969 **FAX:** (903) 657-8960
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2019

County **RUSK** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004555

HENDERSON HEALTH & REHABILITATION CENTER
1010 W MAIN ST
HENDERSON **TX** 75652

Phone (903) 657-6513 **Fax** (903) 657-5344

TOTAL Lic Capacity: 173 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

HENDERSON SNF LLC
1010 W MAIN ST
HENDERSON TX 75652

PHONE: (845) 746-5004 **FAX:** (845) 230-8622
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **RUSK** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004515

KILGORE HEALTH & REHABILITATION
2700 S HENDERSON BLVD
KILGORE **TX** 75662

Phone (903) 984-3511 **Fax** (903) 983-1031

TOTAL Lic Capacity: 115 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 40 **TITLE 18/19:** 74

Owner Information

KILGORE HEALTHCARE LLC
2700 HENDERSON BLVD
KILGORE TX 75662

PHONE: (323) 346-4052 **FAX:** (847) 933-9285
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **RUSK** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004996

OVERTON HEALTHCARE CENTER
1110 HWY 135 S
OVERTON **TX** 75684

Phone (903) 834-6166 **Fax** (903) 834-6750

TOTAL Lic Capacity: 100 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418

PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **SABINE** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005240

HEMPHILL CARE CENTER
2000 WORTH ST
HEMPHILL **TX** 75948

Phone (409) 787-3342 **Fax** (403) 787-4132

TOTAL Lic Capacity: 90 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 87

Owner Information

HEMPHILL LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **SABINE** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 105621

SHADY SHORES OF HEMPHILL
355 FM 83 W
HEMPHILL **TX** 75948

Phone (409) 787-5300 **Fax** (409) 787-5398

TOTAL Lic Capacity: 90 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

MOUNT MORIAH HEALTH AND REHABILITATION LLC
320 EAGLE DR ,STE 201
DENTON TX 76201

PHONE: (940) 228-1414 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/18/2017

County **SAN AUGUSTINE** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004170

COLONIAL PINES HEALTHCARE CENTER
1203 F M 1277
SAN AUGUSTINE **TX** 75972

Phone (936) 275-3412 **Fax** (936) 275-5394

TOTAL Lic Capacity: 107 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

COLONIAL SNF LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (866) 344-7294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **SAN AUGUSTINE** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 100023

TRINITY NURSING AND REHABILITATION LP
902 E MAIN ST
SAN AUGUSTINE **TX** 75972

Phone (936) 275-2055 **Fax** (936) 275-5658

TOTAL Lic Capacity: 88 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

TRINITY NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **SAN AUGUSTINE** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005195

TWIN LAKES REHABILITATION AND CARE CENTER
451 S EL CAMINO CROSSING
SAN AUGUSTINE **TX** 75972

Phone (936) 275-2900 **Fax** (936) 275-1479

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

D & H ENTERPRISES INC
451 SOUTH EL CAMINO CROSSING
SAN AUGUSTINE TX 75972

PHONE: (936) 275-2900 **FAX:** (936) 275-1479
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **SAN JACINTO** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005350

SHEPHERD LTC PARTNERS INC.
101 WOODLAND PARK DR
SHEPHERD **TX** 77371

Phone (936) 628-3388 **Fax** (936) 628-6387

TOTAL Lic Capacity: 100 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

SHEPHERD LTC PARTNERS INC.
8505 TECHNOLOGY FOREST #1004
THE WOODLANDS TX 77381

PHONE: (832) 489-9944 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **SAN PATRICIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004992

LEXINGTON PLACE NURSING & REHABILITATION
1661 W YOAKUM
ARANSAS PASS **TX** 78336
Phone (361) 758-7686 **Fax** (361) 758-3545

TOTAL Lic Capacity: 170 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 144

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **SAN PATRICIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005267

PALMA REAL
1220 LOOP 459
MATHIS **TX** 78368
Phone (361) 547-3318 **Fax** (361) 547-3737

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **SAN PATRICIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005391

TRISUN CARE CENTER-COASTAL PALMS
221 CEDAR DR
PORTLAND **TX** 78374
Phone (361) 643-1888 **Fax** (361) 777-3419

TOTAL Lic Capacity: 97 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

PM MANAGEMENT-PORTLAND NC LLC
600 NORTH PEARL STREET ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **SAN PATRICIO** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004582

TRISUN CARE CENTER-SINTON
936 W FOURTH ST
SINTON **TX** 78387
Phone (361) 364-3478 **Fax** (361) 364-4129

TOTAL Lic Capacity: 60 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

PM MANAGEMENT-SINTON NC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7703 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **SAN SABA** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004476

PECAN VALLEY HEALTHCARE RESIDENCE
1405 W STOREY ST
SAN SABA **TX** 76877
Phone (325) 372-5112 **Fax** (325) 372-5114

TOTAL Lic Capacity: 80 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 75

Owner Information

MCCULLOCH COUNTY HOSPITAL DISTRICT
2008 NINE ROAD
BRADY TX 76825
PHONE: (325) 597-2901 **FAX:** (325) 597-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **SAN SABA** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 106549

SHADY SHORES OF SAN SABA
2400 WEST BROWN STREET
SAN SABA **TX** 76877
Phone **Fax**

TOTAL Lic Capacity: 72 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 12 **TITLE 18/19:** 60

Owner Information

SHADY SHORES OF SAN SABA, LLC
320 EAGLE DRIVE ,SUITE 201
DENTON TX 76201
PHONE: (214) 422-1622 **FAX:** (972) 755-6795
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/30/2017

County **SCHLEICHER** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004675

SCHLEICHER COUNTY MEDICAL CENTER
104 N HWY 277
ELDORADO **TX** 76936
Phone (325) 853-2507 **Fax** (325) 853-3974

TOTAL Lic Capacity: 34 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 34
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SCHLEICHER COUNTY HOSPITAL DISTRICT
PO BOX V
ELDORADO TX 76936
PHONE: (325) 853-2507 **FAX:** (325) 853-3974
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 02/26/2017

County **SCURRY** Reg Svcs: MIDLAND GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004598

SNYDER HEALTHCARE CENTER
5311 BIG SPRING HWY
SNYDER **TX** 79549
Phone (325) 573-6332 **Fax** (325) 573-6334

TOTAL Lic Capacity: 80 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084
PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/27/2017

County **SCURRY** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005133

SNYDER OAKS CARE CENTER
210 E 37TH ST
SNYDER **TX** 79549
Phone (325) 573-9377 **Fax** (325) 573-8306

TOTAL Lic Capacity: 97 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **SHELBY** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004935

GREEN ACRES OF CENTER
501 TIMPSON ST
CENTER **TX** 75935
Phone (936) 598-2483 **Fax** (936) 598-6405

TOTAL Lic Capacity: 96 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 4 **TITLE 18/19:** 81

Owner Information

NEXION HEALTH AT CENTER INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **SHELBY** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004320

HOLIDAY NURSING CENTER
280 MOFFITT DR
CENTER **TX** 75935
Phone (936) 598-3371 **Fax** (936) 598-5726

TOTAL Lic Capacity: 137 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

CENTER NURSING & REHAB LLC
5967 WEST THIRD ST ,STE 360
LOS ANGELES CA 90036
PHONE: (323) 346-4052 **FAX:** (323) 346-4052
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2019

County **SHELBY** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005222

PINE GROVE NURSING CENTER
246 HALEY DRIVE
CENTER **TX** 75935
Phone (936) 598-6286 **Fax** (936) 598-6464

TOTAL Lic Capacity: 120 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 117

Owner Information

PINE GROVE SNF LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **SHERMAN** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005110

COLDWATER MANOR
1111 BEAVER RD
STRATFORD **TX** 79084

Phone (806) 396-5568 **Fax** (806) 396-5930

TOTAL Lic Capacity: 42 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 34
PRIVATE Beds: 8 **TITLE 18/19:** 0

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 01/31/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005213

COLONIAL NURSING & REHABILITATION CENTER
508 PIERCE ST
LINDALE **TX** 75771

Phone (903) 882-6169 **Fax** (903) 882-7458

TOTAL Lic Capacity: 90 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information

CNC SNF OPERATIONS, LLC
1500 WATERS RIDGE DRIVE
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004319

LINDALE HEALTHCARE CENTER
215 MARGARET ST
LINDALE **TX** 75771

Phone (903) 882-7561 **Fax** (903) 882-9797

TOTAL Lic Capacity: 80 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418

PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005229

BRIARCLIFF HEALTH CENTER
3403 S VINE AVE
TYLER **TX** 75701

Phone (903) 581-5714 **Fax** (903) 561-7405

TOTAL Lic Capacity: 230 **TITLE 18:** 48 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 182

Owner Information

SBS LEASECO BRIARCLIFF LLC
3403 S VINE AVE
TYLER TX 75701

PHONE: (940) 464-7018 **FAX:** (940) 464-7011
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/30/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004633

COLONIAL TYLER CARE CENTER
930 S BAXTER
TYLER **TX** 75701

Phone (903) 597-2068 **Fax** (903) 593-4962

TOTAL Lic Capacity: 172 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

HOPKINS COUNTY HOSPITAL DISTRICT
115 AIRPORT RD
SULPHUR SPRINGS TX 75482

PHONE: (903) 885-7671 **FAX:** (903) 885-4579
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/18/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005081

GREENBRIER NURSING & REHABILITATION CENTER OF TYLER
3526 W ERWIN ST
TYLER **TX** 75702

Phone (903) 593-6441 **Fax** (903) 531-2303

TOTAL Lic Capacity: 120 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

TYLER II ENTERPRISES LLC
1701 RIVER RUN SUITE 304
FORT WORTH TX 76107

PHONE: (817) 948-8959 **FAX:** (817) 948-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/02/2017

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104687

MEADOW LAKE HEALTH CENTER
16044 COUNTY ROAD 165
TYLER **TX** 75703
Phone (903) 526-5599 **Fax** (903) 526-3717

TOTAL Lic Capacity: 30 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
ER OPCO ML LLC
PO BOX 2107
BRENTWOOD TN 37024
PHONE: (615) 915-2932 **FAX:** (615) 915-2938
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/28/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005390

PARK PLACE NURSING & REHABILITATION CENTER
2450 E FIFTH ST
TYLER **TX** 75701
Phone (903) 592-6745 **Fax** (903) 592-1088

TOTAL Lic Capacity: 120 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 64

Owner Information
TYLER PP OPERATIONS LLC
1500 WATERS RIDGE DR
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005181

PINECREST NURSING & REHABILITATION CENTER
3505 OLD JACKSONVILLE RD
TYLER **TX** 75701
Phone (903) 561-2011 **Fax** (903) 534-8335

TOTAL Lic Capacity: 120 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information
PINECREST SENIOR CARE LLC
3017 OAK RIDGE RD
CRAWFORD TX 76638
PHONE: (254) 741-5929 **FAX:** (254) 741-5928
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/25/2017

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 103454

PROVIDENCE PARK REHABILITATION AND SKILLED NURSING
5505 NEW COPELAND RD
TYLER **TX** 75703
Phone (903) 939-2443 **Fax** (903) 939-2479

TOTAL Lic Capacity: 125 **TITLE 18:** 48 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information
BROADMORE SNF OPERATIONS LLC
1500 WATERS RIDGE DRIVE STE 200
LEWISVILLE TX 75057
PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 000257

REUNION PLAZA HEALTHCARE & REHABILITATION
1401 RICE RD
TYLER **TX** 75703
Phone (903) 561-6060 **Fax** (903) 534-8045

TOTAL Lic Capacity: 99 **TITLE 18:** 44 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information
SOUTHWEST LTC REUNION PLAZA LLC
1518 LEGACY DRIVE SUITE 110
FRISCO TX 75034
PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005186

THE CLAIRMONT TYLER
900 S BAXTER AVE
TYLER **TX** 75701
Phone (903) 597-8192 **Fax** (903) 597-8213

TOTAL Lic Capacity: 120 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information
HOPKINS COUNTY HOSPITAL DISTRICT
115 AIRPORT RD
SULPHUR SPRINGS TX 75482
PHONE: (903) 885-7671 **FAX:** (903) 885-4579
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/18/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104599

THE HEIGHTS OF TYLER
2650 ELKTON TRAIL
TYLER **TX** 75703

Phone (903) 266-7200 **Fax** (903) 266-7299

TOTAL Lic Capacity: 120 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

TOUCHSTONE STRATEGIES - TYLER LLC
1020 NE LOOP 410 ,STE 640
SAN ANTONIO TX 78209

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2017

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004506

THE MELROSE
1501 W 29TH ST
TYLER **TX** 75702

Phone (903) 592-8148 **Fax** (903) 595-1253

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

NORTHCREEK HEALTHCARE LLC
1501 W 29TH ST
TYLER TX 75702

PHONE: (903) 592-8148 **FAX:** (903) 595-1253
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/03/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 103323

THE WATERTON HEALTHCARE & REHABILITATION
2875 SHILOH ROAD
TYLER **TX** 75703

Phone (903) 561-1300 **Fax** (903) 939-1754

TOTAL Lic Capacity: 92 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 38

Owner Information

SOUTHWEST LTC - WATERTON LLC
1518 LEGACY DRIVE SUITE 110
FRISCO TX 75034

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104956

WATKINS-LOGAN TEXAS STATE VETERANS HOME
11466 HONOR LANE
TYLER **TX** 75708

Phone (903) 617-6150 **Fax** (903) 617-6498

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 20 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873

PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/27/2019

County **SMITH** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005250

OAK BROOK HEALTH CARE CENTER
107 STACY
WHITEHOUSE **TX** 75791

Phone (903) 839-5050 **Fax** (903) 839-8461

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

AMERICAN EAGLE NURSING HOME COMPANY OF WHITEHOUSE LLC
3819 HAWK CREST
ANN ARBOR MI 48103

PHONE: (734) 222-5264 **FAX:** (734) 222-8395
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **SOMERVELL** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005306

CHEROKEE ROSE NURSING AND REHABILITATION
203 GIBBS BLVD
GLEN ROSE **TX** 76043

Phone (254) 897-7361 **Fax** (254) 897-3970

TOTAL Lic Capacity: 102 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

GLEN ROSE I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107

PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **SOMERVELL** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004860

GLEN ROSE NURSING AND REHAB CENTER
1019 HOLDEN ST
GLEN ROSE **TX** 76043

Phone (254) 897-1429 **Fax** (254) 897-1486

TOTAL Lic Capacity: 118 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

GLEN ROSE NURSING AND REHABILITATION LLC
1019 HOLDEN STREET
GLEN ROSE TX 76043

PHONE: (817) 578-7344 **FAX:** (214) 540-1183
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **STARR** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004995

RETAMA MANOR HEALTH AND REHABILITATION CENTER/RIO GRANDE CITY
400 S PETE DIAZ JR AVE
RIO GRANDE CITY **TX** 78582

Phone (956) 487-2513 **Fax** (956) 487-1053

TOTAL Lic Capacity: 100 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 6 **TITLE 18/19:** 84

Owner Information

SSC RIO GRANDE CITY OPERATING COMPANY LLC
400 S. PETER DIAZ JR AVE
RIO GRANDE CITY TX 78582

PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **STARR** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 102773

RIO GRANDE CITY NURSING AND REHABILITATION CENTER
2530 CENTRAL PALM DR
RIO GRANDE CITY **TX** 78582

Phone (956) 487-3996 **Fax** (956) 487-1321

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

STARR COUNTY HOSPITAL DISTRICT
128 N FM 3167
RIO GRANDE CITY TX 78582

PHONE: (956) 487-5561 **FAX:** (956) 716-8710
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **STEPHENS** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004255

CEDAR CREST CARE CENTER
1901 W ELLIOTT
BRECKENRIDGE **TX** 76424

Phone (254) 559-3302 **Fax** (254) 559-9099

TOTAL Lic Capacity: 71 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 38

Owner Information

TLC GP LLC DBA COLONIAL RIDGE NURSING HOME LLC
5519 S COLLINS ST
ARLINGTON TX 76018

PHONE: (925) 984-3584 **FAX:** (925) 943-5387
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/11/2017

County **STEPHENS** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004773

VILLA HAVEN HEALTH AND REHABILITATION CENTER
300 S JACKSON ST
BRECKENRIDGE **TX** 76424

Phone (254) 559-3386 **Fax** (254) 559-7259

TOTAL Lic Capacity: 92 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

VILLA HAVEN HEALTH CARE LLC
300 S JACKSON STREET
BRECKENRIDGE TX 76424

PHONE: (254) 559-3386 **FAX:** (254) 559-7259
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **STERLING** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004889

STERLING COUNTY NURSING HOME
309 FIFTH ST
STERLING CITY **TX** 76951-0046

Phone (325) 378-2134 **Fax** (325) 378-2170

TOTAL Lic Capacity: 44 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

STERLING COUNTY
PO BOX 819
STERLING CITY TX 76951

PHONE: (325) 378-3481 **FAX:** (325) 378-2266
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/20/2017

County **STONEWALL** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005066

GIBSON CARE CENTER
931 N BROADWAY
ASPERMONT **TX** 79502

Phone (940) 989-3526 **Fax** (940) 989-3606

TOTAL Lic Capacity: 80 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 38

Owner Information

STONEWALL MEMORIAL HOSPITAL
821 N BROADWAY
ASPERMONT TX 79502

PHONE: (940) 989-3551 **FAX:** (940) 989-3395
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **SWISHER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004559

TULIA HEALTH AND REHABILITATION CENTER
714 S AUSTIN
TULIA **TX** 79088

Phone (806) 995-4810 **Fax** (806) 995-2263

TOTAL Lic Capacity: 52 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 50

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101157

ARBROOK PLAZA
401 W ARBROOK BLVD
ARLINGTON **TX** 76014

Phone (817) 466-3094 **Fax** (817) 466-1473

TOTAL Lic Capacity: 120 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 70

Owner Information

MERIDIAN ARLINGTON SNF L P
3811 TURTLE CREEK BLVD ,SUITE 1050
DALLAS TX 75219

PHONE: (214) 651-4000 **FAX:** (214) 651-4001
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004852

ARLINGTON RESIDENCE AND REHABILITATION CENTER
405 DUNCAN PERRY RD
ARLINGTON **TX** 76011

Phone (817) 649-3366 **Fax** (817) 633-3513

TOTAL Lic Capacity: 118 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

JACK COUNTY HOSPITAL DISTRICT
717 MAGNOLIA ST
JACKSBORO TX 76458-1111

PHONE: (940) 567-6633 **FAX:** (940) 567-3975
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/30/2017

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004239

ARLINGTON VILLA RETIREMENT COMMUNITY
2601 W RANDOL MILL RD
ARLINGTON **TX** 76012

Phone (817) 274-5571 **Fax** (817) 274-4341

TOTAL Lic Capacity: 144 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 144

Owner Information

PINNACLE HEALTH FACILITIES XXIX LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004725

HERITAGE OAKS
1112 GIBBINS RD
ARLINGTON **TX** 76011

Phone (817) 274-2584 **Fax** (817) 274-5390

TOTAL Lic Capacity: 204 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 152

Owner Information

GIBBONS TX MANAGEMENT LLC
1112 GIBBINS RD
ARLINGTON TX 76011

PHONE: (817) 274-2584 **FAX:** (817) 274-5390
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000237

HOME FOR AGED MASONS CLINIC NURSING CENTER
1501 WEST DIVISION
ARLINGTON **TX** 76012
Phone (817) 275-2893 **Fax** (817) 275-1065

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 90 **TITLE 18/19:** 0

Owner Information

GRAND ROYAL ARCH CHAPTER OF TEXAS
1501 WEST DIVISION
ARLINGTON TX 76012
PHONE: (817) 275-2893 **FAX:** (817) 275-1065
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 05/12/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005031

INTERLOCHEN HEALTH AND REHABILITATION CENTER
2645 W RANDOL MILL RD
ARLINGTON **TX** 76012
Phone (817) 277-6789 **Fax** (817) 861-7920

TOTAL Lic Capacity: 122 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

SSC ARLINGTON OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103035

MATLOCK PLACE HEALTH AND REHABILITATION CENTER
7100 MATLOCK RD
ARLINGTON **TX** 76002-3346
Phone (817) 466-2511 **Fax** (817) 466-2427

TOTAL Lic Capacity: 120 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

CASCADE-TARRANT HEALTH SERVICES LTD
5040 CHAMPIONS DRIVE
LUFKIN TX 75901
PHONE: (936) 634-6633 **FAX:** (936) 634-6613
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/19/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004276

OAKWOOD NURSING AND REHABILITATION LP
301 W RANDOL MILL RD
ARLINGTON **TX** 76011
Phone (817) 460-2002 **Fax** (817) 265-2059

TOTAL Lic Capacity: 114 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 102

Owner Information

OAKWOOD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106480

ONPOINTE TRANSITIONAL CARE AT TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL
800 W. RANDOL MILL ROAD, 6TH FLOOR
ARLINGTON **TX** 76012
Phone (817) 601-8000 **Fax** (817) 601-8000

TOTAL Lic Capacity: 54 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 5
PRIVATE Beds: 49 **TITLE 18/19:** 0

Owner Information

OP OPS ARL TX LLC
8820 HORIZON BLVD NE
ALBUQUERQUE NM 87113
PHONE: (505) 980-4582 **FAX:** (505) 980-4582
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/18/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102993

SENIOR CARE OF GREEN OAKS
3033 W GREEN OAKS BLVD
ARLINGTON **TX** 76016
Phone (817) 222-6000 **Fax** (817) 457-1737

TOTAL Lic Capacity: 142 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 101

Owner Information

GREEN OAKS SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000240

TOWN HALL ESTATES ARLINGTON INC
824 W MAYFIELD RD
ARLINGTON **TX** 76015
Phone (817) 465-2222 **Fax** (817) 465-2849
TOTAL Lic Capacity: 116 **TITLE 18:** 75 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 41

Owner Information

TOWN HALL ESTATES ARLINGTON INC
824 W MAYFIELD RD
ARLINGTON TX 76015
PHONE: (817) 465-2222 **FAX:** (817) 465-2849
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/02/2018

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004984

AZLE MANOR HEALTH CARE AND REHABILITATION
721 DUNAWAY LN
AZLE **TX** 76020
Phone (817) 444-2536 **Fax** (817) 444-8432
TOTAL Lic Capacity: 142 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

AZLE MANOR HEALTH CARE LLLP
7150 GANTT ACCESS RD
AZLE TX 76020
PHONE: (817) 444-2516 **FAX:** (817) 444-5443
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106566

FORUM PARKWAY HEALTH & REHABILITATION
2112 FORUM PARKWAY
BEDFORD **TX** 76021
Phone (817) 799-4600 **Fax** (817) 799-4601
TOTAL Lic Capacity: 139 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 113
PRIVATE Beds: 26 **TITLE 18/19:** 0

Owner Information

HEB SNF OE LP
3811 TURTLE CREEK BLVD ,STE 1050
DALLAS TX 75219
PHONE: (214) 651-4000 **FAX:** (214) 651-4001
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/08/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005271

HEARTLAND HEALTH CARE CENTER
2001 FOREST RIDGE DR
BEDFORD **TX** 76021
Phone (817) 571-6804 **Fax** (817) 267-4176
TOTAL Lic Capacity: 120 **TITLE 18:** 86 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 34

Owner Information

HEARTLAND OF BEDFORD TX, LLC DBA HCR HEARTLAND OF BEDFORD TX LLC
333 NORTH SUMMIT ST
TOLEDO OH 43604
PHONE: (419) 252-5500 **FAX:** (419) 254-5494
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2018

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004341

LA DORA NURSING AND REHABILITATION CENTER
1960 BEDFORD RD
BEDFORD **TX** 76021
Phone (817) 283-4771 **Fax** (817) 283-4020
TOTAL Lic Capacity: 62 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

7 X 7 HEALTHCARE MANAGEMENT - LA DORA LODGE LIMITED
1412 W MAGNOLIA AVE ,STE 300
FORT WORTH TX 76104
PHONE: (817) 289-3990 **FAX:** (817) 289-3995
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/15/2017

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000268

PARKWOOD HEALTHCARE COMMUNITY
2600 PARKVIEW LN
BEDFORD **TX** 76022
Phone (817) 354-6556 **Fax** (817) 354-1808
TOTAL Lic Capacity: 107 **TITLE 18:** 107 **ICF/IID:** 0
Cert Alzh Capacity: 24 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

LCS-PHC LLC
CAPITAL SQUARE ,800 LOCUST ST STE 820
DES MOINES IA 50309
PHONE: (515) 875-4590 **FAX:** (515) 875-4780
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 06/30/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004606

BENBROOK NURSING & REHABILITATION CENTER
1000 MCKINLEY ST
BENBROOK **TX** 76126
Phone (817) 249-0020 **Fax** (817) 249-6514
TOTAL Lic Capacity: 115 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067
PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005258

HUGULEY NURSING & REHAB CENTER
301 HUGULEY BLVD
BURLESON **TX** 76028
Phone (817) 551-5900 **Fax** (817) 293-2380
TOTAL Lic Capacity: 178 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

BURLESON NURSING & REHAB CENTER, INC.
301 HUGULEY BLVD
BURLESON TX 76028
PHONE: (817) 551-5900 **FAX:** (817) 293-2380
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103223

SENIOR CARE OF CROWLEY
920 E FM 1187
CROWLEY **TX** 76036
Phone (817) 297-5600 **Fax** (817) 297-9613
TOTAL Lic Capacity: 120 **TITLE 18:** 23 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

CROWLEY SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005041

LEGEND OAKS HEALTH AND REHABILITATION - EULESS
900 WESTPARK WAY
EULESS **TX** 76040-3977
Phone (817) 545-4071 **Fax** (817) 684-8341
TOTAL Lic Capacity: 140 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 130

Owner Information

TREE CITY HEALTHCARE, INC.
900 WESTPARK WAY
EULESS TX 76040
PHONE: (817) 545-4071 **FAX:** (908) 455-0472
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005018

ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER
4825 WELLESLEY ST
FORT WORTH **TX** 76107
Phone (817) 732-6608 **Fax** (817) 377-4714
TOTAL Lic Capacity: 180 **TITLE 18:** 63 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 117

Owner Information

SSC FORT WORTH NURSING & REHABILITATION CENTER OPERATING COMPANY L
ONE RAVINIA DR. ,STE 1500
ATLANTA GA 30346
PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000236

BROOKDALE BROADWAY CITYVIEW
5301 BRYANT IRVIN RD
FORT WORTH **TX** 76132
Phone (817) 346-9407 **Fax** (817) 294-3232
TOTAL Lic Capacity: 122 **TITLE 18:** 122 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FORT AUSTIN LIMITED PARTNERSHIP
111 WESWOOD PLACE ,STE 400
BRENTWOOD TN 37027
PHONE: (312) 977-3742 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 07/25/2019

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000274

CITYVIEW CARE CENTER
5801 BRYANT IRVIN RD
FORT WORTH **TX** 76132

Phone (817) 346-3030 **Fax** (817) 346-1201

TOTAL Lic Capacity: 210 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 143

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004002

DFW NURSING & REHAB
900 W LEUDA ST
FORT WORTH **TX** 76104

Phone (817) 332-7003 **Fax** (817) 332-2325

TOTAL Lic Capacity: 98 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004688

DOWNTOWN HEALTH AND REHABILITATION CENTER
424 S ADAMS ST
FORT WORTH **TX** 76104

Phone (817) 335-5781 **Fax** (817) 338-0502

TOTAL Lic Capacity: 161 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

SSC FORT WORTH DOWNTOWN OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005121

ESTATES HEALTHCARE AND REHABILITATION CENTER
201 SYCAMORE SCHOOL RD
FORT WORTH **TX** 76134

Phone (817) 293-7610 **Fax** (817) 293-5766

TOTAL Lic Capacity: 143 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 141

Owner Information

DIVERSICARE ESTATES LLC
1621 GALLERIA BLVD
BRENTWOOD TN 37027-2926

PHONE: (615) 771-7575 **FAX:** (615) 620-7875
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005371

FIRESIDE LODGE RETIREMENT CENTER INC
4800 WHITE SETTLEMENT RD
FORT WORTH **TX** 76114

Phone (817) 738-6556 **Fax** (817) 738-6559

TOTAL Lic Capacity: 92 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 51

Owner Information

FIRESIDE LODGE RETIREMENT CENTER INC
4800 WHITE SETTLEMENT RD
FORT WORTH TX 76114

PHONE: (817) 738-6556 **FAX:** (817) 738-6556
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/07/2017

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104379

FORT WORTH CENTER OF REHABILITATION
850 12TH AVENUE
FORT WORTH **TX** 76104

Phone (817) 882-8289 **Fax** (817) 882-8290

TOTAL Lic Capacity: 136 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/25/2018

County **TARRANT** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004822

FORT WORTH MANOR
4900 E BERRY
FORT WORTH **TX** 76105-4314

Phone (817) 531-3707 **Fax** (817) 536-1648

TOTAL Lic Capacity: 129 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

FWM HEALTHCARE LLC
2712 N HURSTVIEW DR
HURST TX 76054

PHONE: (817) 281-6707 **FAX:** (817) 281-6717
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/20/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005197

FT WORTH SOUTHWEST NURSING CENTER
5300 ALTA MESA BLVD
FORT WORTH **TX** 76133

Phone (817) 346-1800 **Fax** (817) 346-0149

TOTAL Lic Capacity: 198 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 160

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000277

GARDEN TERRACE ALZHEIMERS CENTER OF EXCELLENCE
7500 OAKMONT BLVD
FORT WORTH **TX** 76132

Phone (817) 346-8080 **Fax** (817) 346-9191

TOTAL Lic Capacity: 120 **TITLE 18:** 120 **ICF/IID:** 0
Cert Alzh Capacity: 120 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BRYANT IRVIN MEDICAL INVESTORS LLC
3570 KEITH ST NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 12/06/2016

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103112

GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER
6850 RUFE SNOW DR
FORT WORTH **TX** 76148

Phone (817) 514-4940 **Fax** (817) 514-2198

TOTAL Lic Capacity: 124 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

NEXION HEALTH AT NORTH RICHLAND HILLS INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (443) 280-6566
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/22/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004780

HEARTLAND HEALTH CARE CENTER-FT. WORTH
2129 SKYLINE DR
FORT WORTH **TX** 76114

Phone (817) 626-1956 **Fax** (817) 625-2515

TOTAL Lic Capacity: 104 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 67

Owner Information

MANOR CARE OF FORT WORTH TX (NW) LLC
333 N SUMMIT ST
TOLEDO OH 43604

PHONE: (419) 252-5500 **FAX:** (877) 385-9446
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2018

County **TARRANT** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 009048

HUGULEY MEMORIAL HOSPITAL
11801 SOUTH FREEWAY
FORT WORTH **TX** 76115

Phone (817) 293-9110 **Fax** (817) 293-9110

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

UNKNOWN
UNKNOWN
UNKNOWN TX

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004529

IMMANUELS HEALTHCARE
4515 VILLAGE CREEK RD
FORT WORTH **TX** 76119

Phone (817) 451-8704 **Fax** (817) 451-0048

TOTAL Lic Capacity: 84 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

FORT WORTH SKILLED CARE LLC
1019 HOLDEN ST
GLEN ROSE TX 76043

PHONE: (817) 578-7344 **FAX:** (254) 897-1486
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/30/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000239

JAMES L WEST PRESBYTERIAN SPECIAL CARE CENTER
1111 SUMMIT AVE
FORT WORTH **TX** 76102

Phone (817) 877-1199 **Fax** (817) 877-1414

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 100 **TITLE19:** 0
PRIVATE Beds: 100 **TITLE 18/19:** 0

Owner Information

JAMES L WEST PRESBYTERIAN SPECIAL CARE CENTER
1111 SUMMIT AVE
FORT WORTH TX 76102

PHONE: (817) 877-1199 **FAX:** (817) 877-1414
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 08/05/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102497

KINDRED TRANSITIONAL CARE AND REHABILITATION-RIDGMAR
6600 LANDS END COURT
FORT WORTH **TX** 76116

Phone (817) 665-1971 **Fax** (817) 665-1977

TOTAL Lic Capacity: 155 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000174

LAKEWOOD VILLAGE HEALTH CARE CENTER
5100 RANDOL MILL RD
FORT WORTH **TX** 76112-1583

Phone (817) 451-8001 **Fax** (866) 216-8401

TOTAL Lic Capacity: 48 **TITLE 18:** 43 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 5

Owner Information

CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE TX 75150

PHONE: (972) 686-2400 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/27/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005090

LIFE CARE CENTER OF HALTOM
2936 MARKUM DR
FORT WORTH **TX** 76117

Phone (817) 831-0545 **Fax** (817) 831-3051

TOTAL Lic Capacity: 127 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 107

Owner Information

HALTOM OPERATIONS LLC
3570 KEITH ST NW
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (723) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005388

MARINE CREEK NURSING AND REHABILITATION LP
3600 ANGLE AVE
FORT WORTH **TX** 76106

Phone (817) 624-6164 **Fax** (817) 624-7523

TOTAL Lic Capacity: 170 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 157

Owner Information

MARINE CREEK NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004069

MIRA VISTA COURT
7021 BRYANT IRVIN RD
FORT WORTH **TX** 76132

Phone (817) 361-1400 **Fax** (817) 361-1401

TOTAL Lic Capacity: 142 **TITLE 18:** 61 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

BRYANT IRVIN CONSULTING LLC DBA PCC CONSULTING LLC
7021 BRYANT IRVIN RD
FORT WORTH TX 76132

PHONE: (817) 361-1400 **FAX:** (817) 361-1401
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/21/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004814

PARK VIEW CARE CENTER
3301 VIEW ST
FORT WORTH **TX** 76103

Phone (817) 531-3616 **Fax** (817) 535-6952

TOTAL Lic Capacity: 179 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 179

Owner Information

JACK COUNTY HOSPITAL DISTRICT
717 MAGNOLIA ST
JACKSBORO TX 76458-1111

PHONE: (940) 567-6633 **FAX:** (940) 567-3975
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005001

PENNSYLVANIA REHAB LP
901 PENNSYLVANIA AVE
FORT WORTH **TX** 76104

Phone (817) 335-3030 **Fax** (817) 335-2518

TOTAL Lic Capacity: 123 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 105

Owner Information

PENNSYLVANIA REHAB LP
901 PENNSYLVANIA AVE
FORT WORTH TX 76104

PHONE: (817) 335-3030 **FAX:** (817) 335-2518
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/28/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104767

REMARKABLE HEALTHCARE OF FORT WORTH
6649 N RIVERSIDE DR
FORT WORTH **TX** 76137

Phone (817) 847-1860 **Fax** (817) 847-0685

TOTAL Lic Capacity: 120 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

REMARKABLE HEALTHCARE OF FORT WORTH LP
904 EMERALD BLVD
SOUTHLAKE TX 76092

PHONE: (817) 308-6226 **FAX:** (817) 442-5918
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/09/2017

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005401

RENAISSANCE PARK MULTI CARE CENTER
4252 BRYANT IRVIN RD
FORT WORTH **TX** 76109

Phone (817) 738-2975 **Fax** (817) 731-7002

TOTAL Lic Capacity: 120 **TITLE 18:** 97 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 23

Owner Information

UNITED INVESTORS LIMITED PARTNERSHIP
3570 KEITH ST N W
CLEVELAND TN 37312

PHONE: (423) 473-5867 **FAX:** (423) 339-8339
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/30/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004530

RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER
3109 KINGS CT
FORT WORTH **TX** 76118

Phone (817) 589-2431 **Fax** (817) 953-8884

TOTAL Lic Capacity: 92 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

FOSSIL CREEK HEALTHCARE INC
3109 KINGS COURT
FORT WORTH TX 76118

PHONE: (817) 589-2431 **FAX:** (817) 284-2831
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/17/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004979

RIVER OAKS HEALTH AND REHABILITATION CENTER
2416 NW 18TH ST
FORT WORTH **TX** 76106

Phone (817) 626-5454 **Fax** (817) 740-1100

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS VI, LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005387

SENIOR CARE OF STONEGATE
4201 STONEGATE BLVD
FORT WORTH **TX** 76109

Phone (817) 924-5440 **Fax** (817) 924-5447

TOTAL Lic Capacity: 134 **TITLE 18:** 121 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 13

Owner Information

STONEGATE SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 010251

TARRANT COUNTY HOSPITAL DISTRICT
1500 S MAIN ST
FORT WORTH **TX** 76104

Phone (817) 927-4177 **Fax** (817) 927-4180

TOTAL Lic Capacity: 15 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

TARRANT COUNTY HOSPITAL DISTRICT
1025 S JENNINGS AVE ,STE 100
FORT WORTH TX 76104

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105172

THE HARRISON AT HERITAGE
4600 HERITAGE TRACE PARKWAY
FORT WORTH **TX** 76244

Phone (817) 741-9360 **Fax** (817) 741-9361

TOTAL Lic Capacity: 120 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 53

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104963

THE STAYTON AT MUSEUM WAY
2501 MUSEUM WAY
FORT WORTH **TX** 76107

Phone (817) 632-3600 **Fax** (817) 632-3610

TOTAL Lic Capacity: 46 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

TARRANT COUNTY SENIOR LIVING CENTER INC
12720 HILLCREST RD ,STE 106
DALLAS TX 75230

PHONE: (469) 916-8958 **FAX:** (214) 623-6115
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 12/29/2017

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102791

TRAIL LAKE NURSING & REHABILITATION
7100 TRAIL LAKE DR
FORT WORTH **TX** 76133

Phone (817) 263-2224 **Fax** (817) 263-2220

TOTAL Lic Capacity: 120 **TITLE 18:** 22 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

DTD DEVELOPMENT COMPANY LLC
7100 TRAIL LAKE DR
FORT WORTH TX 76133

PHONE: (817) 263-2224 **FAX:** (817) 263-2220
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/29/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004980

TRINITY HEALTHCARE RESIDENCE
8001 WESTERN HILLS BLVD
FORT WORTH **TX** 76108

Phone (817) 246-4953 **Fax** (817) 246-3037

TOTAL Lic Capacity: 265 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 225

Owner Information

TRINITY HC OPERATOR LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 000141

TRINITY TERRACE
1600 TEXAS ST
FORT WORTH **TX** 76102

Phone (817) 338-2400 **Fax** (817) 338-8233

TOTAL Lic Capacity: 60 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

THE CUMBERLAND REST INC
1600 TEXAS ST
FORT WORTH TX 76102

PHONE: (817) 338-2400 **FAX:** (817) 338-8233
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 04/13/2017

County **TARRANT** Reg Svcs: TEAM 4 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004770

VILLAGE CREEK NURSING HOME
3825 VILLAGE CREEK RD
FORT WORTH **TX** 76119

Phone (817) 534-9933 **Fax** (817) 536-5008

TOTAL Lic Capacity: 100 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

KB HEALTHCARE INC
3825 VILLAGE CREEK RD
FORT WORTH TX 76119

PHONE: (817) 534-9933 **FAX:** (817) 536-5008
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004960

WEDGEWOOD NURSING HOME
6621 DAN DANCIGER RD
FORT WORTH **TX** 76133

Phone (817) 292-6330 **Fax** (817) 346-7980

TOTAL Lic Capacity: 128 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067

PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004264

WELLINGTON OAKS NURSING AND REHABILITATION LP
701 SAINT LOUIS AVE
FORT WORTH **TX** 76104

Phone (817) 332-9962 **Fax** (817) 332-9252

TOTAL Lic Capacity: 100 **TITLE 18:** 7 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

WELLINGTON OAKS NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102525

KINDRED TRANSITIONAL CARE AND REHABILITATION-GRAPEVINE
1005 IRA E. WOODS PARKWAY
GRAPEVINE **TX** 76051

Phone (817) 421-1313 **Fax** (817) 488-3948

TOTAL Lic Capacity: 132 **TITLE 18:** 49 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106495

THE LODGE AT BEAR CREEK
3729 IRA E WOODS AVENUE
GRAPEVINE **TX** 76051

Phone (817) 809-8000 **Fax**

TOTAL Lic Capacity: 100 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 88
PRIVATE Beds: 12 **TITLE 18/19:** 0

Owner Information

RIO ONE AT TARRANT COUNTY LLC
8820 HORIZON BLVD NE
ALBUQUERQUE NM 87113

PHONE: (505) 980-4582 **FAX:** (505) 980-4582
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/21/2017

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005052

WOODRIDGE NURSING & REHABILITATION
1500 AUTUMN DR
GRAPEVINE **TX** 76051

Phone (817) 488-8585 **Fax** (817) 488-7298

TOTAL Lic Capacity: 126 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 123

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005106

BISHOP DAVIES NURSING CENTER
2712 N HURSTVIEW
HURST **TX** 76054

Phone (817) 281-6707 **Fax** (817) 281-6717

TOTAL Lic Capacity: 161 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 129

Owner Information

BISHOP HEALTHCARE LLC
2712 N HURSTVIEW
HURST TX 76054

PHONE: (817) 281-6707 **FAX:** (817) 281-6717
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/28/2018

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004588

HURST PLAZA NURSING & REHAB
215 E PLAZA BLVD
HURST **TX** 76053

Phone (817) 282-6777 **Fax** (817) 282-6149

TOTAL Lic Capacity: 106 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS VII, LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2019

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005078

HERITAGE HOUSE AT KELLER REHAB & NURSING
1150 WHITLEY ROAD
KELLER **TX** 76248

Phone (817) 431-2518 **Fax** (817) 379-0369

TOTAL Lic Capacity: 120 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067

PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 101884

KELLER OAKS HEALTHCARE CENTER
8703 DAVIS BLVD
KELLER **TX** 76248

Phone (817) 577-9999 **Fax** (817) 849-8388

TOTAL Lic Capacity: 146 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS III LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/03/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004403

PECAN MANOR NURSING AND REHABILITATION LP
413 E MANSFIELD CARDINAL
KENNEDALE **TX** 76060
Phone (817) 561-4495 **Fax** (817) 561-6033
TOTAL Lic Capacity: 58 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 58

Owner Information

PECAN MANOR NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005143

LAKE LODGE NURSING AND REHABILITATION LP
3800 MARINA DR
LAKE WORTH **TX** 76135
Phone (817) 237-7231 **Fax** (817) 237-5086
TOTAL Lic Capacity: 148 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 124

Owner Information

LAKE LODGE NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005038

LAKE WORTH NURSING HOME
4220 WELLS DR
LAKE WORTH **TX** 76135
Phone (817) 237-7184 **Fax** (817) 237-4864
TOTAL Lic Capacity: 109 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 12 **TITLE 18/19:** 96

Owner Information

LAKE WORTH INVESTMENTS INC
4220 WELLS DRIVE
FORT WORTH TX 76135
PHONE: (817) 237-6101 **FAX:** (817) 237-4864
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/21/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102788

KINDRED TRANSITIONAL CARE AND REHABILITATION-MANSFIELD PLAZA
301 N MILLER RD
MANSFIELD **TX** 76063
Phone (817) 276-4800 **Fax** (817) 276-4823
TOTAL Lic Capacity: 118 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234
PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004357

MANSFIELD NURSING AND REHABILITATION LP
1402 E BROAD ST
MANSFIELD **TX** 76063
Phone (979) 639-1515 **Fax** (979) 696-0462
TOTAL Lic Capacity: 127 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

MANSFIELD NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **TARRANT** Reg Svcs: TEAM 7 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 106248

THE PAVILION AT CREEKWOOD
2100 CANNON DR
MANSFIELD **TX** 76063
Phone (817) 779-6500 **Fax** (817) 779-6501
TOTAL Lic Capacity: 126 **TITLE 18:** 67 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

MANSFIELD LONG TERM CARE LLC
2100 CANNON DR
MANSFIELD TX 76063
PHONE: (817) 779-6500 **FAX:** (817) 779-6501
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/03/2019

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 102789

EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER
5600 DAVIS BLVD
NORTH RICHLAND HILLS **TX** 76180

Phone (817) 503-4700 **Fax** (817) 503-4750

TOTAL Lic Capacity: 118 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

J-S NORTH RICHLAND HILLS OPERATIONS LP
1500 WATERS RIDGE DR ,STE 200
LEWISVILLE TX 75057

PHONE: (972) 899-4401 **FAX:** (972) 899-4806
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/03/2018

County **TARRANT** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004741

HEARTLAND HEALTH CARE CENTER - NORTH RICHLAND HILLS
7625 GLENVIEW DR
NORTH RICHLAND HILLS **TX** 76180

Phone (817) 284-1427 **Fax** (817) 284-2978

TOTAL Lic Capacity: 163 **TITLE 18:** 109 **ICF/IID:** 0
Cert Alzh Capacity: 25 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 54

Owner Information

MANOR CARE OF FORT WORTH TX (NRH) LLC
333 N SUMMIT ST
TOLEDO OH 43604

PHONE: (419) 252-5500 **FAX:** (419) 254-5155
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2018

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004660

LEXINGTON PLACE NURSING & REHABILITATION
7146 BAKER BLVD
RICHLAND HILLS **TX** 76118

Phone (817) 589-1734 **Fax** (817) 589-0647

TOTAL Lic Capacity: 114 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

PINNACLE HEALTH FACILITIES XV LP
5420 W PLANO PKWY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 104244

THE CARLYLE AT STONEBRIDGE PARK
170 STONEBRIDGE LANE
SOUTHLAKE **TX** 76092

Phone (817) 431-5778 **Fax** (817) 431-5667

TOTAL Lic Capacity: 112 **TITLE 18:** 81 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 31

Owner Information

DECATUR HOSPITAL AUTHORITY
2000 FM 51 S
DECATUR TX 76234

PHONE: (940) 627-1287 **FAX:** (940) 626-0101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 105651

THE LANDING AT WATERMERE
201 WATERMERE DRIVE
SOUTHLAKE **TX** 76092

Phone (817) 482-1340 **Fax** (817) 431-1314

TOTAL Lic Capacity: 41 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

NORTH TOWER CARE GROUP LP
5307 E. MOCKINGBIRD LANE ,STE 1010
DALLAS TX 75206

PHONE: (214) 370-2600 **FAX:** (214) 370-2699
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/22/2018

County **TARRANT** Reg Svcs: TEAM 6 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004240

NORTH POINTE NURSING AND REHABILITATION LP
7804 VIRGIL ANTHONY BLVD
WATAUGA **TX** 76148

Phone (817) 498-7220 **Fax** (817) 498-6735

TOTAL Lic Capacity: 130 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 128

Owner Information

NORTH POINTE NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 387-4388
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TARRANT** Reg Svcs: TEAM 2 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005204

WEST SIDE CAMPUS OF CARE
1950 S LAS VEGAS TRAIL
WHITE SETTLEMENT **TX** 76108

Phone (817) 246-4995 **Fax** (817) 246-1025

TOTAL Lic Capacity: 240 **TITLE 18:** 33 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 207

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528

PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **TARRANT** Reg Svcs: TEAM 5 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004726

WHITE SETTLEMENT NURSING CENTER
7820 SKYLINE PARK DR
WHITE SETTLEMENT **TX** 76108

Phone (817) 246-4671 **Fax** (817) 246-5531

TOTAL Lic Capacity: 108 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 108

Owner Information

PALO PINTO COUNTY HOSPITAL DISTRICT
400 SW 25TH AVE
MINERAL WELLS TX 76067

PHONE: (940) 328-6403 **FAX:** (940) 325-7903
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 009581

ABILENE REGIONAL MEDICAL CENTER SKILLED NURSING UNIT
6250 HWY 83 84 AT ANTILLEY RD
ABILENE **TX** 79606

Phone (325) 428-5205 **Fax** (325) 428-1030

TOTAL Lic Capacity: 25 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

ARMC LP
6250 HWY 83/84
ABILENE TX 79606

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004028

CORONADO NURSING CENTER
1751 N 15TH ST
ABILENE **TX** 79603

Phone (325) 673-3531 **Fax** (325) 675-5123

TOTAL Lic Capacity: 217 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 217

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448

PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/11/2018

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 009006

HENDRICK SKILLED NURSING FACILITY
1900 PINE
ABILENE **TX** 79601-2432

Phone (325) 670-6151 **Fax** (325) 670-6156

TOTAL Lic Capacity: 20 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

HENDRICK MEDICAL CENTER
1242 N 19TH ST
ABILENE TX 79601-2316

PHONE: (915) 670-2000 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005378

MESA SPRINGS HEALTHCARE CENTER
7171 BUFFALO GAP RD
ABILENE **TX** 79606

Phone (325) 692-8080 **Fax** (325) 692-6228

TOTAL Lic Capacity: 89 **TITLE 18:** 56 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 33

Owner Information

FORREST HILL HEALTHCARE INC
7171 BUFFALO GAP RD
ABILENE TX 79606

PHONE: (325) 692-1249 **FAX:** (325) 692-6228
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004681

NORTHERN OAKS LIVING & REHABILITATION CENTER
2722 OLD ANSON RD
ABILENE **TX** 79603

Phone (325) 676-1677 **Fax** (325) 676-3941

TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448

PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 106050

SILVER SPRING
1690 N. TREADWAY BLVD.
ABILENE **TX** 79601

Phone (325) 701-9975 **Fax** (325) 701-9974

TOTAL Lic Capacity: 120 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

CASCADE-ABILENE HEALTH SERVICES LTD
5040 CHAMPIONS DRIVE
LUFKIN TX 75901

PHONE: (936) 634-6633 **FAX:** (936) 634-6613
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/18/2018

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005033

THE OAKS AT RADFORD HILLS
725 MEDICAL DR
ABILENE **TX** 79601

Phone (325) 672-3236 **Fax** (325) 677-1033

TOTAL Lic Capacity: 116 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 106

Owner Information

PINNACLE HEALTH FACILITIES OF TEXAS X LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 767-6210
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/06/2017

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 102003

WESLEY COURT HEALTH CENTER
2617 ANTILLEY ROAD
ABILENE **TX** 79606

Phone (325) 437-1184 **Fax** (325) 437-1185

TOTAL Lic Capacity: 30 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

ER OPCO WC, LLC
PO BOX 2107
BRENTWOOD TN 37024-2107

PHONE: (615) 915-2932 **FAX:** (615) 915-2938
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/28/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004205

WILLOW SPRINGS HEALTH & REHABILITATION CENTER
4934 S 7TH ST
ABILENE **TX** 79605-2642

Phone (325) 692-2172 **Fax** (325) 695-2646

TOTAL Lic Capacity: 101 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

CARE INN OF ABILENE LLC
4934 S 7TH ST
ABILENE TX 79605-2642

PHONE: (325) 692-2172 **FAX:** (325) 695-2646
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005347

WINDCREST HEALTH & REHABILITATION
6050 HOSPITAL DR
ABILENE **TX** 79606

Phone (325) 692-1533 **Fax** (325) 698-1208

TOTAL Lic Capacity: 120 **TITLE 18:** 65 **ICF/IID:** 0
Cert Alzh Capacity: 90 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

ABILENE SNF LLC
6050 HOSPITAL DR
ABILENE TX 79606

PHONE: (718) 338-2999 **FAX:** (718) 338-3837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005167

WISTERIA PLACE
3202 S WILLIS ST
ABILENE **TX** 79605

Phone (325) 692-6145 **Fax** (325) 695-2629

TOTAL Lic Capacity: 123 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

EASTLAND MEMORIAL HOSPITAL DISTRICT
304 S DAUGHERTY ST
EASTLAND TX 76448

PHONE: (254) 631-5342 **FAX:** (254) 629-8929
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TAYLOR** Reg Svcs: ABILENE GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004122

MERKEL NURSING CENTER
1704 N 1ST
MERKEL **TX** 79536

Phone (325) 928-5673 **Fax** (325) 928-3011

TOTAL Lic Capacity: 66 **TITLE 18:** 6 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 1 **TITLE 18/19:** 59

Owner Information

DISTINGUISHED HEALTH CARE INC
1801 MORROW LANE
ABILENE TX 79601

PHONE: (254) 647-3111 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **TERRY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005014

APEX SECURE CARE BROWNFIELD
1101 E LAKE ST
BROWNFIELD **TX** 79316-5629

Phone (806) 637-7561 **Fax** (806) 637-6230

TOTAL Lic Capacity: 108 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 95

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
901 US HIGHWAY 83 NORTH
CHILDRESS TX 79201-2320

PHONE: (940) 937-6371 **FAX:** (940) 937-9133
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **TERRY** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 004283

BROWNFIELD REHABILITATION AND CARE CENTER
510 S FIRST ST
BROWNFIELD **TX** 79316

Phone (806) 637-4307 **Fax** (806) 637-3185

TOTAL Lic Capacity: 54 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 54

Owner Information

BROWNFIELD HEALTH CARE LLC
510 S FIRST ST
BROWNFIELD TX 79316

PHONE: (806) 637-4307 **FAX:** (806) 637-3185
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **TITUS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104115

GREENHILL VILLAS
2530 GREENHILL RD
MOUNT PLEASANT **TX** 75455-6744

Phone (903) 572-0974 **Fax** (903) 572-0842

TOTAL Lic Capacity: 150 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 113

Owner Information

GRUENEPOINTE 1 MT PLEASANT LLC
8502 HUEBNER ROAD SUITE 400
SAN ANTONIO TX 78240

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **TITUS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005020

MOUNT PLEASANT HEALTHCARE CENTER
1606 MEMORIAL AVE
MOUNT PLEASANT **TX** 75455

Phone (903) 572-3618 **Fax** (903) 572-8247

TOTAL Lic Capacity: 128 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

NEXION HEALTH AT MOUNT PLEASANT INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **TITUS** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005192

PLEASANT SPRINGS HEALTHCARE CENTER
2003 N EDWARDS ST
MOUNT PLEASANT **TX** 75455

Phone (903) 572-5511 **Fax** (903) 572-2274

TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

PLEASANT SPRINGS OPERATING COMPANY LLC
ONE RAVINIA DR ,STE 1500
ATLANTA GA 30346

PHONE: (770) 829-5100 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004815

ARBOR TERRACE HEALTHCARE CENTER
609 RIO CONCHO DR
SAN ANGELO **TX** 76903-6029

Phone (325) 653-1266 **Fax** (325) 655-6938

TOTAL Lic Capacity: 129 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

STRATFORD HOSPITAL DISTRICT
1111 BEAVER RD
STRATFORD TX 79084

PHONE: (806) 396-5568 **FAX:** (806) 396-5930
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2017

County **TOM GREEN** Reg Svcs: ABILENE GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005236

CEDAR MANOR NURSING AND REHABILITATION
1915 GREENWOOD ST
SAN ANGELO **TX** 76901

Phone (325) 942-0677 **Fax** (325) 942-1331

TOTAL Lic Capacity: 166 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 141

Owner Information

WEST TEXAS LTC PARTNERS INC
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004129

ELSIE GAYER HEALTH CARE CENTER
902 N MAIN ST
SAN ANGELO **TX** 76903

Phone (325) 655-7391 **Fax** (325) 653-1413

TOTAL Lic Capacity: 69 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360

PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/24/2018

County **TOM GREEN** Reg Svcs: ABILENE GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 004561

PARK PLAZA LTC PARTNERS, INC.
2210 HOWARD ST
SAN ANGELO **TX** 76901

Phone (325) 944-0561 **Fax** (325) 944-0562

TOTAL Lic Capacity: 90 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

PARK PLAZA LTC PARTNERS, INC.
8505 TECHNOLOGY FOREST ,#1004
THE WOODLANDS TX 77381

PHONE: (281) 414-5744 **FAX:** (866) 354-8161
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2017

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005370

REGENCY HOUSE
3745 SUMMER CREST DR
SAN ANGELO **TX** 76901

Phone (325) 942-7700 **Fax** (325) 224-2666

TOTAL Lic Capacity: 120 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

SUMMER REGENCY SCC LLC
600 N PEARL STREET ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 100313

SAGECREST ALZHEIMERS CARE CENTER
438 HOUSTON-HARTE
SAN ANGELO **TX** 76903

Phone (325) 486-3702 **Fax** (325) 486-9905

TOTAL Lic Capacity: 72 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 72 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
209 NW 8TH ST
SEMINOLE TX 79360

PHONE: (432) 758-5811 **FAX:** (432) 758-4880
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/24/2017

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 000170

SENIOR CARE OF MEADOW CREEK
4343 OAK GROVE BLVD
SAN ANGELO **TX** 76904

Phone (325) 949-2559 **Fax** (325) 949-3598

TOTAL Lic Capacity: 80 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 26

Owner Information

MEADOW CREEK SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 102530

SENIOR CARE OF SAN ANGELO
5455 KNICKERBOCKER RD
SAN ANGELO **TX** 76904

Phone (325) 944-1600 **Fax** (325) 944-1660

TOTAL Lic Capacity: 125 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SAN ANGELO SCC LLC
600 N PEARL ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **TOM GREEN** Reg Svcs: SAN ANGLEO GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 009022

SHANNON MEDICAL CENTER
2018 PULLIAM
SAN ANGELO **TX** 76903

Phone (325) 653-6741 **Fax** (325) 658-8295

TOTAL Lic Capacity: 28 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

SHANNON MEDICAL CENTER
120 EAST HARRIS AVE
SAN ANGELO TX 76903

PHONE: (915) 653-6741 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104451

BRODIE RANCH NURSING & REHAB CENTER
2101 FRATE BARKER RD
AUSTIN **TX** 78748

Phone (512) 444-5627 **Fax** (512) 368-2034

TOTAL Lic Capacity: 120 **TITLE 18:** 32 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

SOUTH OAKS SCC LLC
600 NORTH PEARL STREET ,SUITE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 000262

BROOKDALE SPICEWOOD SPRINGS
4401 SPICEWOOD SPRINGS RD
AUSTIN **TX** 78759

Phone (512) 418-8822 **Fax** (512) 418-8825

TOTAL Lic Capacity: 46 **TITLE 18:** 46 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

S-H OPCO SPICEWOOD SPRINGS LLC
6737 W WASHINGTON ST ,#2300
MILWAUKEE WI 92614

PHONE: (414) 918-5000 **FAX:** (414) 918-6076
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 08/29/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 000213

BROOKDALE WESTLAKE HILLS
1034 LIBERTY PARK DR
AUSTIN **TX** 78746
Phone (512) 328-3775 **Fax** (512) 329-6533

TOTAL Lic Capacity: 90 **TITLE 18:** 90 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

FORT AUSTIN LIMITED PARTNERSHIP
111 WESWOOD PLACE ,STE 400
BRENTWOOD TN 37027
PHONE: (312) 977-3742 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 07/25/2017

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005263

BRUSH COUNTRY NURSING AND REHABILITATION
6500 BRUSH COUNTRY RD
AUSTIN **TX** 78749
Phone (512) 892-5774 **Fax** (512) 892-5334

TOTAL Lic Capacity: 118 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 88

Owner Information

DHC OPCO-AUSTIN, LLC
6500 BRUSH COUNTRY ROAD
AUSTIN TX 78749
PHONE: (512) 892-5774 **FAX:** (512) 892-5334
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2019

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 000230

BUCKNER VILLA SIESTA HOME
11110 TOM ADAMS DR
AUSTIN **TX** 78753-3301
Phone (512) 836-1515 **Fax** (512) 836-1951

TOTAL Lic Capacity: 76 **TITLE 18:** 28 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 48 **TITLE 18/19:** 0

Owner Information

BUCKNER RETIREMENT SERVICES INC
700 N PEARL ST ,STE 1200
DALLAS TX 75201
PHONE: (214) 758-8000 **FAX:** (214) 758-8153
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 12/27/2017

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005356

GRACY WOODS II LIVING CENTER
12042 BITTERN HOLLOW
AUSTIN **TX** 78758
Phone (512) 730-2100 **Fax** (512) 339-0023

TOTAL Lic Capacity: 110 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 109

Owner Information

GRACY WOODS HEALTHCARE LLC
12042 BITTERN HOLLOW
AUSTIN TX 78758
PHONE: (718) 382-1313 **FAX:** (718) 879-6471
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2018

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005261

GRACY WOODS NURSING CENTER
12021 METRIC BLVD
AUSTIN **TX** 78758
Phone (512) 228-3300 **Fax** (512) 228-3349

TOTAL Lic Capacity: 118 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

GRACY WOODS SNF LLC
12021 METRIC BLVD
AUSTIN TX 78758
PHONE: (718) 382-1313 **FAX:** (718) 879-6471
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005270

HEARTLAND HEALTHCARE CENTER
11406 RUSTIC ROCK DRIVE
AUSTIN **TX** 78750
Phone (512) 335-5028 **Fax** (512) 335-0709

TOTAL Lic Capacity: 120 **TITLE 18:** 86 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 34

Owner Information

HEARTLAND OF AUSTIN TX LLC DBA HCR HEARTLAND OF AUSTIN TX LLC
333 N SUMMIT ST
TOLEDO OH 43604
PHONE: (419) 252-5500 **FAX:** (877) 385-9446
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2018

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004781

HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER
2806 REAL ST
AUSTIN **TX** 78722
Phone (512) 474-1411 **Fax** (512) 474-5401
TOTAL Lic Capacity: 201 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 201

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469
PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104003

LEGEND OAKS HEALTHCARE AND REHABILITATION - NORTH AUSTIN
11020 DESSAU RD
AUSTIN **TX** 78754-2053
Phone (512) 873-2244 **Fax** (512) 873-2249
TOTAL Lic Capacity: 124 **TITLE 18:** 26 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

DESSAU HEALTHCARE INC
11020 DESSAU ROAD
AUSTIN TX 78754-2053
PHONE: (949) 540-1249 **FAX:** (949) 540-1966
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **TRAVIS** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 103910

LONGHORN VILLAGE
12001 LONGHORN PARKWAY
AUSTIN **TX** 78732
Phone (512) 266-5600 **Fax** (512) 628-6170
TOTAL Lic Capacity: 60 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 6

Owner Information

LONGHORN VILLAGE
12001 LONGHORN PKWY
AUSTIN TX 78732
PHONE: (512) 382-4664 **FAX:** (512) 628-6170
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/25/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004409

MONTE SIESTA NURSING AND REHABILITATION LP
4501 DUDMAR DR
AUSTIN **TX** 78735
Phone (512) 892-1131 **Fax** (512) 892-7548
TOTAL Lic Capacity: 126 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 118

Owner Information

MONTE SIESTA NURSING AND REHABILITATION LP
401 N ELM STREET
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004548

OAKCREST NURSING AND REHABILITATION CENTER
9808 CROFFORD LN
AUSTIN **TX** 78724
Phone (512) 272-5511 **Fax** (512) 272-5520
TOTAL Lic Capacity: 67 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 66

Owner Information

OAKCREST OPERATING, LLC
9808 CROFFORD LANE
AUSTIN TX 78724
PHONE: (512) 272-5511 **FAX:** (512) 272-5520
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/09/2017

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 100244

PARK BEND SN HEALTH CENTER
2122 PARK BEND DR
AUSTIN **TX** 78758
Phone (512) 836-9777 **Fax** (512) 833-9759
TOTAL Lic Capacity: 124 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

PARK BEND SCC LLC
600 N. PEARL STREET ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 103117

QUERENCIA AT BARTON CREEK
2500 BARTON CREEK BLVD
AUSTIN **TX** 78735
Phone (512) 610-9400 **Fax** (512) 617-9810

TOTAL Lic Capacity: 42 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

BARTON CREEK SENIOR LIVING CENTER, INC
12720 HILLCREST DR ,STE 106
DALLAS TX 75230
PHONE: (469) 916-8958 **FAX:** (214) 623-6115
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 02/08/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004118

RETIREMENT AND NURSING CENTER AUSTIN
6909 BURNET LN
AUSTIN **TX** 78757
Phone (512) 452-5719 **Fax** (512) 452-3675

TOTAL Lic Capacity: 157 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 157

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104266

RIVERSIDE NURSING & REHAB CENTER
6801 E RIVERSIDE DR
AUSTIN **TX** 78741
Phone (512) 247-9000 **Fax** (512) 697-2701

TOTAL Lic Capacity: 122 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

RIVERSIDE SCC LLC
600 NORTH PEARL ST STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104663

SENIOR CARE OF ONION CREEK
1700 ONION CREEK PKWY
AUSTIN **TX** 78748-1948
Phone (512) 291-4900 **Fax** (214) 291-5700

TOTAL Lic Capacity: 125 **TITLE 18:** 42 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

ONION CREEK SCC LLC
600 N. PEARL ST. ,SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/16/2017

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 102537

SENIOR CARE OF WEST OAKS
3200 W. SLAUGHTER LANE
AUSTIN **TX** 78748
Phone (512) 282-0141 **Fax** (512) 282-0451

TOTAL Lic Capacity: 125 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

CAPITOL SCC LLC
600 NORTH PEARL STREET ,SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TRAVIS** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 104778

SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER
9801 S 1ST STREET
AUSTIN **TX** 78748
Phone (512) 292-3071 **Fax** (512) 292-3079

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SMITHVILLE HOSPITAL AUTHORITY
800 HIGHWAY 71 EAST
SMITHVILLE TX 78957
PHONE: (512) 237-5792 **FAX:** (512) 660-5797
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005117

SOUTHWOOD CARE CENTER
3759 VALLEY VIEW RD
AUSTIN **TX** 78704
Phone (512) 443-3436 **Fax** (512) 445-4211

TOTAL Lic Capacity: 118 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801
PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/24/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004461

STONEBRIAR NURSING AND REHABILITATION CENTER
110 E LIVE OAK ST
AUSTIN **TX** 78704
Phone (512) 444-3511 **Fax** (512) 444-6428

TOTAL Lic Capacity: 134 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 134

Owner Information

AUSTIN HEALTH FACILITIES LP
5420 W PLANO PARKWAY
PLANO TX 75093
PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004215

STONEBRIDGE SN HEALTH CENTER
11127 CIRCLE DR
AUSTIN **TX** 78736
Phone (512) 288-8844 **Fax** (512) 288-5333

TOTAL Lic Capacity: 116 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

STONEBRIDGE SCC LLC
600 PEARL ST SUITE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 000176

THE ARBOUR AT WESTMINSTER MANOR
4200 JACKSON AVE
AUSTIN **TX** 78731
Phone (512) 454-2140 **Fax** (512) 458-5713

TOTAL Lic Capacity: 85 **TITLE 18:** 85 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

WESTMINSTER MANOR
4200 JACKSON
AUSTIN TX 78731
PHONE: (512) 454-4711 **FAX:** (512) 454-8350
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF
License Exp Dt: 08/18/2019

County **TRAVIS** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004570

WALNUT HILLS NURSING AND REHABILITATION
3509 ROGGE LN
AUSTIN **TX** 78723
Phone (512) 926-2070 **Fax** (512) 926-9570

TOTAL Lic Capacity: 120 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
GATESVILLE TX 76528
PHONE: (254) 248-6300 **FAX:** (254) 248-6306
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004970

WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL
5301 W DUVAL RD
AUSTIN **TX** 78727
Phone (512) 345-1805 **Fax** (512) 346-0918

TOTAL Lic Capacity: 206 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 201

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954
PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 105994

PARK MANOR BEE CAVE
14058 BEE CAVES PARKWAY, BLDG B
BEE CAVE **TX** 78738

Phone (512) 872-8170 **Fax** (512) 717-3056

TOTAL Lic Capacity: 140 **TITLE 18:** 60 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

MERIDIAN HMG BEE CAVE LLC
3811 TURTLE CREEK BLVD ,STE 1050
DALLAS TX 75219

PHONE: (214) 651-4000 **FAX:** (214) 651-4001
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/03/2018

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 102914

BROOKDALE LAKEWAY 2
1917 LOHMANS CROSSING RD
LAKEWAY **TX** 78734

Phone (512) 261-3211 **Fax** (512) 261-7147

TOTAL Lic Capacity: 98 **TITLE 18:** 88 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 10

Owner Information

ARC LAKEWAY SNF LLC
111 WESTWOOD PL STE 200
BRENTWOOD TN 37027

PHONE: (615) 221-2250 **FAX:** (615) 221-2280
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/20/2019

County **TRAVIS** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005191

MARBRIDGE VILLA
2504 BLISS SPILLAR ROAD
MANCHACA **TX** 78652

Phone (512) 282-1811 **Fax** (512) 381-2499

TOTAL Lic Capacity: 92 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

MARBRIDGE FOUNDATION INC
PO BOX 2250
MANCHACA TX 78652

PHONE: (512) 282-1144 **FAX:** (512) 282-3723
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/24/2017

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005300

PFLUGERVILLE CARE CENTER
521 S HEATHERWILDE BLVD
PFLUGERVILLE **TX** 78660

Phone (512) 670-5800 **Fax** (512) 670-5818

TOTAL Lic Capacity: 111 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

PFLUGERVILLE HEALTH CARE CENTER LLC
211 N. BROADWAY STE. 2035
ST. LOUIS MO 63102

PHONE: (314) 588-7518 **FAX:** (314) 588-7321
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **TRAVIS** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104157

PFLUGERVILLE NURSING AND REHABILITATION CENTER
104 REX KERWIN COURT
PFLUGERVILLE **TX** 78660

Phone (512) 251-3915 **Fax** (512) 291-9884

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **TRINITY** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004778

GROVETON NURSING HOME
1020 W 1ST ST
GROVETON **TX** 75845

Phone (936) 642-1221 **Fax** (936) 642-2727

TOTAL Lic Capacity: 47 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 35

Owner Information

GROVETON I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2017

County **TRINITY** Reg Svcs: NACOGDOCHES GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005199

AVALON PLACE TRINITY
808 S ROBB
TRINITY **TX** 75862
Phone (936) 594-7521 **Fax** (936) 594-3430
TOTAL Lic Capacity: 118 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 97

Owner Information

SOUTHWEST LTC TRINITY LTD
1518 LEGACY DR ,STE 110
FRISCO TX 75034
PHONE: (469) 916-6100 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **TYLER** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 005312

DOGWOOD TRAILS MANOR
647 US HWY 190 W
WOODVILLE **TX** 75979
Phone (409) 283-8147 **Fax** (409) 283-3919
TOTAL Lic Capacity: 90 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

WOODVILLE II ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109
PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2019

County **TYLER** Reg Svcs: BEAUMONT GERIATRIC Region 05 - BEAUMONT

Facility Information: **Facility ID:** 004652

WOODVILLE HEALTH AND REHABILITATION CENTER
102 N BEECH ST
WOODVILLE **TX** 75979
Phone (409) 283-2555 **Fax** (409) 283-8446
TOTAL Lic Capacity: 98 **TITLE 18:** 11 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 5 **TITLE 18/19:** 82

Owner Information

TYLER COUNTY HOSPITAL DISTRICT
1100 W BLUFF ST
WOODVILLE TX 75979
PHONE: (409) 283-8141 **FAX:** (409) 283-5961
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **UPSHUR** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004470

GILMER NURSING AND REHABILITATION LP
703 TITUS STREET
GILMER **TX** 75644
Phone (903) 843-5529 **Fax** (903) 680-0114
TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 28 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

GILMER NURSING AND REHABILITATION LP
401 N ELM STREET
DENTON TX 76201
PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/07/2019

County **UPSHUR** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005293

UPSHUR MANOR NURSING HOME
623 HWY 155N
GILMER **TX** 75644
Phone (903) 797-2143 **Fax** (903) 797-2725
TOTAL Lic Capacity: 112 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 92

Owner Information

NEXION HEALTH AT GILMER INC
6937 WARFIELD AVE
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/02/2017

County **UPSHUR** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005326

LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER
1201 FM 2685
GLADEWATER **TX** 75647
Phone (903) 845-2175 **Fax** (903) 844-2435
TOTAL Lic Capacity: 100 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 90

Owner Information

DAFFODIL HEALTHCARE INC
1201 FM 2685
GLADEWATER TX 75647-8201
PHONE: (903) 845-2175 **FAX:** (903) 844-2435
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **UPSHUR** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005266

TRUMAN W SMITH CHILDRENS CARE CENTER
2200 HWY 80 W
GLADEWATER **TX** 75647

Phone (903) 845-2181 **Fax** (903) 845-3704

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 120
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

NEXION HEALTH AT TRUMAN INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 11/01/2017

County **UPTON** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005024

MCCAMEY CONVALESCENT CENTER
2500 HWY 305 S
MCCAMEY **TX** 79752

Phone (432) 652-8628 **Fax** (432) 652-4007

TOTAL Lic Capacity: 30 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 30
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

MCCAMEY COUNTY HOSPITAL DISTRICT
2500 HWY 305 SOUTH
MC CAMEY TX 79752

PHONE: (915) 652-8626 **FAX:** (915) 652-4007
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 09/20/2018

County **UVALDE** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004216

AMISTAD NURSING AND REHABILITATION CENTER
200 RIVERSIDE DR
UVALDE **TX** 78801

Phone (830) 278-5641 **Fax** (830) 278-5361

TOTAL Lic Capacity: 200 **TITLE 18:** 68 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 132

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **UVALDE** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004523

UVALDE HEALTHCARE AND REHABILITATION CENTER
535 N PARK ST
UVALDE **TX** 78801-4363

Phone (830) 278-2505 **Fax** (830) 591-2540

TOTAL Lic Capacity: 115 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 81

Owner Information

DIGNITY HEALTHCARE LLC
206 TIARA TRAIL
FORT WORTH TX 76108

PHONE: (817) 723-2095 **FAX:** (817) 448-9209
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **VAL VERDE** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004743

DEL RIO NURSING AND REHABILITATION CENTER
301 W MARTIN ST
DEL RIO **TX** 78840

Phone (830) 775-2459 **Fax** (830) 775-4439

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840

PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **VAL VERDE** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005286

LA VIDA SERENA NURSING AND REHABILITATION
711 KINGS WAY
DEL RIO **TX** 78840

Phone (830) 774-0698 **Fax** (830) 774-0959

TOTAL Lic Capacity: 120 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

DEL RIO I ENTERPRISES LLC
4150 INTERNATIONAL PLAZA ,STE 600
FORT WORTH TX 76109

PHONE: (817) 348-8959 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **VAL VERDE** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004543

VAL VERDE NURSING AND REHABILITATION CENTER
100 HERMANN DR
DEL RIO **TX** 78840
Phone (830) 775-7477 **Fax** (830) 774-1451

TOTAL Lic Capacity: 80 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

VAL VERDE COUNTY HOSPITAL DISTRICT
801 NORTH BEDELL AVE
DEL RIO TX 78840
PHONE: (830) 775-8566 **FAX:** (830) 775-7690
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004836

CANTON HEALTHCARE CENTER
1661 S BUFFALO
CANTON **TX** 75103
Phone (903) 567-4135 **Fax** (903) 567-1077

TOTAL Lic Capacity: 66 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 45

Owner Information

FANNIN COUNTY HOSPITAL AUTHORITY
504 LIPSCOMB BLVD
BONHAM TX 75418
PHONE: (903) 583-8585 **FAX:** (903) 640-7601
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/04/2019

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 104845

CANTON OAKS
1901 S TRADE DAYS BLVD
CANTON **TX** 75103
Phone (903) 567-0444 **Fax** (903) 567-0445

TOTAL Lic Capacity: 120 **TITLE 18:** 47 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 73

Owner Information

CANTON LONG TERM CARE LLC
1901 S TRADE DAYS BLVD
CANTON TX 75103
PHONE: (903) 567-0444 **FAX:** (903) 567-0445
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/31/2017

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004180

ANDERSON NURSING CENTER
520 BRADBURN RD
GRAND SALINE **TX** 75140
Phone (903) 962-4234 **Fax** (903) 962-3517

TOTAL Lic Capacity: 76 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 57

Owner Information

VAN ZANDT HEALTHCARE PROPERTY INC
13110 WEST HWY 290 ,STE 103
AUSTIN TX 78737-8500
PHONE: (512) 288-9119 **FAX:** (512) 288-9120
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2017

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005172

AZALEA TRAIL NURSING AND REHABILITATION CENTER
411 SPRING CREEK RD
GRAND SALINE **TX** 75140
Phone (903) 962-4226 **Fax** (903) 962-4492

TOTAL Lic Capacity: 76 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

EKKLESIA HEALTHCARE LLC
PO BOX 2576
WHITNEY TX 76692
PHONE: (254) 694-3555 **FAX:** (254) 694-4252
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005277

COUNTRY TRAILS WELLNESS & REHABILITATION CENTER
1638 VZ CR 1803
GRAND SALINE **TX** 75140
Phone (903) 962-7595 **Fax** (903) 962-7202

TOTAL Lic Capacity: 120 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 115

Owner Information

CAMP HEALTHCARE PARTNERS, LLC
1523 TEXAS AVENUE
BASTROP LA 71220
PHONE: (318) 281-0078 **FAX:** (318) 281-2753
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004671

VAN HEALTHCARE LLC
169 S OAK ST
VAN **TX** 75790
Phone (903) 963-8641 **Fax** (903) 963-5413

TOTAL Lic Capacity: 60 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 59

Owner Information

VAN HEALTHCARE PARTNERS LLC
712 FAIR PARK DR
HENDERSON TX 75654-3252
PHONE: (903) 657-8969 **FAX:** (903) 657-8960
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/14/2018

County **VAN ZANDT** Reg Svcs: TYLER SW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004777

FREE STATE CRESTWOOD
1448 HOUSTON ST
WILLS POINT **TX** 75169
Phone (903) 873-5400 **Fax** (903) 873-4404

TOTAL Lic Capacity: 121 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

CRESTWOOD SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201
PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 009505

CITIZENS MEDICAL CENTER
2701 HOSPITAL DR
VICTORIA **TX** 77901
Phone (361) 572-5113 **Fax** (361) 572-5070

TOTAL Lic Capacity: 20 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004623

LA VILLA REHABILITATION AND HEALTHCARE CENTER
3007 N NAVARRO
VICTORIA **TX** 77901-3978
Phone (361) 575-2356 **Fax** (361) 578-4386

TOTAL Lic Capacity: 152 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 49
PRIVATE Beds: 46 **TITLE 18/19:** 57

Owner Information

SPRING CREEK HEALTHCARE INC
3007 NORTH NAVARRO STREET
VICTORIA TX 77901
PHONE: (361) 575-2356 **FAX:** (361) 578-4386
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004946

RETAMA MANOR NURSING CENTER/VICTORIA SOUTH
3103 E AIRLINE DR
VICTORIA **TX** 77901
Phone (361) 575-6457 **Fax** (361) 576-5569

TOTAL Lic Capacity: 142 **TITLE 18:** 9 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 133

Owner Information

RETAMA MANOR NURSING CENTER/VICTORIA SOUTH LLC
3103 E AIRLINE DR
VICTORIA TX 77901
PHONE: (361) 575-6457 **FAX:** (361) 576-6659
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2019

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004733

THE COURTYARD REHABILITATION AND HEALTHCARE CENTER
3401 E AIRLINE DR
VICTORIA **TX** 77901
Phone (361) 573-2467 **Fax** (361) 576-3604

TOTAL Lic Capacity: 56 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 56

Owner Information

CHAPARRAL HEALTHCARE INC
3401 E AIRLINE RD
VICTORIA TX 77901-3921
PHONE: (361) 573-2467 **FAX:** (361) 576-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2017

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 105831

TWIN PINES NORTH NURSING AND REHABILITATION CENTER, LLC
1301 MALLETTE DRIVE
VICTORIA **TX** 77904
Phone (361) 576-9454 **Fax** (361) 576-2994

TOTAL Lic Capacity: 90 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 50

Owner Information

TWIN PINES NORTH NURSING AND REHABILITATION CENTER LLC
1301 MALLETTE DR
VICTORIA TX 77904
PHONE: (361) 576-9454 **FAX:** (361) 576-2994
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/11/2018

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004975

TWIN PINES NURSING AND REHABILITATION
3301 E. MOCKINGBIRD LANE
VICTORIA **TX** 77904-2499
Phone (361) 573-3201 **Fax** (361) 573-0601

TOTAL Lic Capacity: 200 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 182

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901
PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **VICTORIA** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005209

VICTORIA RESIDENCE AND REHABILITATION CENTER
114 MEDICAL DR
VICTORIA **TX** 77904
Phone (361) 576-6128 **Fax** (361) 576-6563

TOTAL Lic Capacity: 122 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954
PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WALKER** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 004943

GREEN ACRES OF HUNTSVILLE
1302 NOTTINGHAM ST
HUNTSVILLE **TX** 77340
Phone (936) 295-6313 **Fax** (936) 295-8112

TOTAL Lic Capacity: 88 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 78

Owner Information

NEXION HEALTH AT HUNTSVILLE INC
6937 WARFIELD AVE ,STE 108
SYKESVILLE MD 21784
PHONE: (410) 552-4800 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 09/01/2016

County **WALKER** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 004439

HUNTSVILLE HEALTH CARE CENTER
2628 MILAM
HUNTSVILLE **TX** 77340
Phone (936) 293-8062 **Fax** (936) 291-7384

TOTAL Lic Capacity: 92 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 80

Owner Information

HSMTX/HUNTSVILLE LLC
2628 MILAM
HUNTSVILLE TX 77340
PHONE: (936) 293-8062 **FAX:** (936) 291-7384
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2016

County **WALKER** Reg Svcs: BEAUMONT GERIATRIC Region 06 - HOUSTON

Facility Information: **Facility ID:** 005190

MRC CREEKSIDE
1433 VETERANS MEMORIAL PARKWAY
HUNTSVILLE **TX** 77340
Phone (936) 439-4700 **Fax** (936) 291-2907

TOTAL Lic Capacity: 66 **TITLE 18:** 40 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 26

Owner Information

MRC TOWNCREEK
1433 VETERANS MEMORIAL PKWY
HUNTSVILLE TX 77340
PHONE: (281) 363-2600 **FAX:** (281) 292-6360
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **WALLER** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004501

BROOKSHIRE RESIDENCE AND REHABILITATION CENTER
710 HWY 359 S
BROOKSHIRE **TX** 77423

Phone (281) 375-5272 **Fax** (281) 375-5383

TOTAL Lic Capacity: 130 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 112

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WALLER** Reg Svcs: UNIT 15 Region 06 - HOUSTON

Facility Information: **Facility ID:** 103520

HERITAGE PARK OF KATY NURSING AND REHABILITATION
6001 GEORGE BUSH DR
KATY **TX** 77493

Phone (281) 395-1124 **Fax** (281) 395-1123

TOTAL Lic Capacity: 118 **TITLE 18:** 27 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

HERITAGE PARK OF KATY LLC
750 CREEL CREEK ROAD
FREDERICKSBURG TX 78624-7087

PHONE: (830) 997-1033 **FAX:** (830) 997-1044
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/02/2019

County **WARD** Reg Svcs: MIDLAND GERIATRIC Region 09 - ABILENE

Facility Information: **Facility ID:** 005164

MONAHANS MANAGED CARE CENTER
1200 W 15TH ST
MONAHANS **TX** 79756

Phone (432) 943-2741 **Fax** (432) 943-6452

TOTAL Lic Capacity: 92 **TITLE 18:** 13 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 77

Owner Information

MONAHANS NURSING OPERATIONS LLC
306 W 7TH ST ,STE 430
FORT WORTH TX 76102

PHONE: (817) 339-6177 **FAX:** (817) 339-6178
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2018

County **WASHINGTON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005397

BRENHAM NURSING AND REHABILITATION CENTER
400 E SAYLES ST
BRENHAM **TX** 77833

Phone (979) 836-9770 **Fax** (979) 836-6100

TOTAL Lic Capacity: 128 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 107

Owner Information

OAKBEND MEDICAL CENTER
1705 JACKSON ST
RICHMOND TX 77469

PHONE: (281) 341-4819 **FAX:** (281) 341-3056
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WASHINGTON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004153

BRENHAM REST HOME
406 COTTONWOOD ST
BRENHAM **TX** 77833

Phone (979) 836-3434 **Fax** (979) 836-3461

TOTAL Lic Capacity: 76 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

BRENHAM HEALTH CARE LTD
1020 NORTH EAST LOOP 410 ,STE 640
SAN ANTONIO TX 78209

PHONE: (210) 828-5686 **FAX:** (210) 824-4669
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **WASHINGTON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 005377

E F AND BERTHA KRUSE MEMORIAL LUTHERAN VILLAGE
1700 E STONE ST
BRENHAM **TX** 77833

Phone (979) 830-1996 **Fax** (979) 830-0215

TOTAL Lic Capacity: 65 **TITLE 18:** 57 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 8

Owner Information

LUTHERAN SOCIAL SERVICES OF THE SOUTH INC
8305 CROSS PARK DR
AUSTIN TX 78754

PHONE: (512) 459-1000 **FAX:** (512) 706-7576
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/08/2017

County **WASHINGTON** Reg Svcs: SOUTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 000203

GAZEBO TERRACE SKILLED CARE & REHABILITATION
1303 HWY 290 E
BRENHAM **TX** 77833

Phone (979) 830-7100 **Fax** (979) 830-0820

TOTAL Lic Capacity: 62 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 12

Owner Information

GAZEBO TERRACE SKILLED CARE AND REHABILITATION LLC
1303 HIGHWAY 290 E
BRENHAM TX 77833

PHONE: (979) 451-3776 **FAX:** (888) 210-6332
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **WASHINGTON** Reg Svcs: BRENHAM Region 07 - AUSTIN

Facility Information: **Facility ID:** 004558

HIGH HOPE CARE CENTER OF BRENHAM
401 EAST BLUE BELL ROAD
BRENHAM **TX** 77833

Phone (979) 836-6611 **Fax** (979) 836-2256

TOTAL Lic Capacity: 96 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 96

Owner Information

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DR
GROESBECK TX 76642

PHONE: (254) 729-3281 **FAX:** (254) 729-2689
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/23/2019

County **WEBB** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 009550

LAREDO MEDICAL CENTER
1700 E SAUNDERS ST
LAREDO **TX** 78044

Phone (956) 718-8730 **Fax**

TOTAL Lic Capacity: 18 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

LAREDO TEXAS HOSPITAL COMPANY LP
155 FRANKLIN RD ,STE 400
BRENTWOOD TN 37027

PHONE: (502) 587-3747 **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **WEBB** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 105179

LAREDO NURSING AND REHABILITATION CENTER
1701 TOURNAMENT TRAIL DR
LAREDO **TX** 78041

Phone (956) 727-3422 **Fax** (956) 727-0062

TOTAL Lic Capacity: 120 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 99

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WEBB** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005303

REGENT CARE CENTER OF LAREDO
7001 MCPHERSON RD
LAREDO **TX** 78041

Phone (956) 723-7001 **Fax** (956) 725-5611

TOTAL Lic Capacity: 186 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 186

Owner Information

REGENT CARE CENTER OF LAREDO LP
2302 POST OFFICE ST ,STE 402
GALVESTON TX 77550

PHONE: (409) 763-6000 **FAX:** (409) 770-0223
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/09/2016

County **WEBB** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004758

RETAMA MANOR NURSING CENTER/LAREDO-WEST
1200 LANE
LAREDO **TX** 78043

Phone (956) 722-0031 **Fax** (956) 725-2997

TOTAL Lic Capacity: 198 **TITLE 18:** 21 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 177

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WEBB** Reg Svcs: CORPUS CHRISTI 11 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005042

RETAMA MANOR/LAREDO SOUTH
1100 GALVESTON
LAREDO **TX** 78040

Phone (956) 723-2068 **Fax** (956) 723-1724

TOTAL Lic Capacity: 112 **TITLE 18:** 1 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 111

Owner Information

UVALDE COUNTY HOSPITAL AUTHORITY
1025 GARNER FIELD RD
UVALDE TX 78801

PHONE: (830) 278-6251 **FAX:** (830) 278-8529
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WHARTON** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004712

GARDEN VILLA NURSING HOME
106 DEL NORTE DR
EL CAMPO **TX** 77437

Phone (979) 543-6762 **Fax** (979) 543-9626

TOTAL Lic Capacity: 150 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 135

Owner Information

PHPM MISSION CARE CENTERS-NEW COVENANT LP
5420 W PLANO PARKWAY
PLANO TX 75093

PHONE: (972) 931-3800 **FAX:** (972) 931-3801
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2019

County **WHARTON** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004105

S.P.J.S.T. REST HOME 3
248 WISTERIA LANE
EL CAMPO **TX** 77437

Phone (979) 648-2628 **Fax** (979) 648-2884

TOTAL Lic Capacity: 57 **TITLE 18:** 5 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

S. P. J. S. T. REST HOME
801 EAST LAKE DRIVE
TAYLOR TX 76574

PHONE: (512) 352-6337 **FAX:** (512) 352-7209
PROGRAM TYPE: NURSING **SERVICE TYPE** NF MEDICAID ONLY
License Exp Dt: 01/01/2019

County **WHARTON** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 005227

AVALON PLACE WHARTON
1405 VALHALLA DR
WHARTON **TX** 77488

Phone (979) 532-1244 **Fax** (979) 532-1142

TOTAL Lic Capacity: 120 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 100

Owner Information

SOUTHWEST LTC - WHARTON LTD
1518 LEGACY DR ,STE 110
FRISCO TX 75034

PHONE: (469) 916-6100 **FAX:** (469) 916-6105
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/01/2018

County **WHARTON** Reg Svcs: UNIT 11 Region 06 - HOUSTON

Facility Information: **Facility ID:** 004115

WHARTON NURSING AND REHABILITATION CENTER
1220 SUNNY LANE
WHARTON **TX** 77488

Phone (979) 532-5020 **Fax** (979) 532-8853

TOTAL Lic Capacity: 120 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
2701 HOSPITAL DR
VICTORIA TX 77901

PHONE: (361) 573-9181 **FAX:** (361) 572-5126
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2018

County **WHEELER** Reg Svcs: HIGH PLAINS GERI 1 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 005178

WHEELER NURSING AND REHABILITATION LP
1000 S KIOWA ST
WHEELER **TX** 79096

Phone (806) 826-3505 **Fax** (806) 826-3195

TOTAL Lic Capacity: 90 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 52

Owner Information

WHEELER NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004413

EVERGREEN HEALTHCARE CENTER
406 E SEVENTH ST
BURKBURNETT **TX** 76354

Phone (940) 569-2236 **Fax** (940) 569-0895

TOTAL Lic Capacity: 60 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 56

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255

PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004026

ELECTRA HEALTHCARE CENTER
511 S BAILEY ST
ELECTRA **TX** 76360-1226

Phone (940) 495-2184 **Fax** (940) 495-3717

TOTAL Lic Capacity: 64 **TITLE 18:** 29 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 35

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255

PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004386

IOWA PARK HEALTHCARE CENTER
1109 N THIRD ST
IOWA PARK **TX** 76367

Phone (940) 592-4139 **Fax** (940) 592-5576

TOTAL Lic Capacity: 77 **TITLE 18:** 30 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 47

Owner Information

IOWA PARK LLC
1109 N THIRD STREET
IOWA PARK TX 76367

PHONE: (940) 592-4139 **FAX:** (940) 592-5576
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/18/2019

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004742

ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS
4810 KEMP BLVD
WICHITA FALLS **TX** 76308

Phone (940) 766-0281 **Fax** (940) 723-4935

TOTAL Lic Capacity: 180 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 180

Owner Information

BAYLOR COUNTY HOSPITAL DISTRICT
200 STADIUM DR
SEYMOUR TX 76380

PHONE: (940) 889-5572 **FAX:** (940) 888-1983
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004200

COURTYARD GARDENS
1501 7TH ST
WICHITA FALLS **TX** 76301

Phone (940) 322-0741 **Fax** (940) 322-1845

TOTAL Lic Capacity: 109 **TITLE 18:** 54 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 55

Owner Information

MCCASKILL HEALTH CARE LLC
27400 GOPHER HILL RD
MYAKKA CITY FL 34251

PHONE: (940) 235-9592 **FAX:** (941) 322-1345
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 06/08/2019

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 102830

EARLE W CRAWFORD - HOUSE OF HOPE
5100 STONE LAKE DR
WICHITA FALLS **TX** 76310

Phone (940) 689-7200 **Fax** (940) 689-7220

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 45 **TITLE19:** 0
PRIVATE Beds: 60 **TITLE 18/19:** 0

Owner Information

PRESBYTERIAN MANOR INC
4600 TAFT BLVD
WICHITA FALLS TX 76308

PHONE: (940) 691-1710 **FAX:** (940) 691-3742
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 02/06/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005155

MIDWESTERN HEALTHCARE CENTER
601 MIDWESTERN PKWY
WICHITA FALLS **TX** 76302

Phone (940) 723-0885 **Fax** (940) 763-8142

TOTAL Lic Capacity: 121 **TITLE 18:** 2 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 119

Owner Information

NEXION HEALTH AT WICHITA FALLS INC
6937 WARFIELD AVE
SYKESVILLE MD 21784

PHONE: (410) 552-4837 **FAX:** (410) 552-4837
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/31/2017

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 000143

PRESBYTERIAN MANOR INC
4600 TAFT BLVD
WICHITA FALLS **TX** 76308

Phone (940) 691-1710 **Fax** (940) 691-3742

TOTAL Lic Capacity: 57 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 57 **TITLE 18/19:** 0

Owner Information

PRESBYTERIAN MANOR INC
4600 TAFT BLVD
WICHITA FALLS TX 76308

PHONE: (940) 691-1710 **FAX:** (940) 691-3742
PROGRAM TYPE: NURSING **SERVICE TYPE** NF LICENSED ONLY
License Exp Dt: 08/04/2017

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005301

PROMISE SKILLED NURSING FACILITY OF WICHITA FALLS INC
1101 GRACE ST
WICHITA FALLS **TX** 76301

Phone (940) 322-3393 **Fax** (940) 720-5117

TOTAL Lic Capacity: 72 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 62

Owner Information

PROMISE SKILLED NURSING FACILITY OF WICHITA FALLS INC.
1101 GRACE STREET
WICHITA FALLS TX 76301

PHONE: (561) 869-3100 **FAX:** (866) 710-3238
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004322

RIVER OAKS CARE CENTER
100 BAILEY AVE
WICHITA FALLS **TX** 76301

Phone (940) 766-0279 **Fax** (940) 767-5637

TOTAL Lic Capacity: 58 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 56

Owner Information

BAYLOR COUNTY HOSPITAL DISTRICT
200 STADIUM DR
SEYMOUR TX 76380

PHONE: (940) 889-5572 **FAX:** (940) 888-1983
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 000144

ROLLING MEADOWS
3006 MCNIEL
WICHITA FALLS **TX** 76309-4998

Phone (940) 691-7511 **Fax** (940) 696-5154

TOTAL Lic Capacity: 86 **TITLE 18:** 14 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 70 **TITLE 18/19:** 2

Owner Information

WICHITA FALLS RETIREMENT FOUNDATION
3006 MCNEIL
WICHITA FALLS TX 76309

PHONE: (940) 691-7511 **FAX:** (940) 696-5154
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/10/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 103091

SENIOR CARE HEALTH & REHABILITATION CENTER - WICHITA FALLS
910 MIDWESTERN PKWY
WICHITA FALLS **TX** 76302

Phone (940) 767-5500 **Fax** (940) 235-4000

TOTAL Lic Capacity: 144 **TITLE 18:** 50 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 94

Owner Information

NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA TX 76255

PHONE: (940) 825-3235 **FAX:** (940) 825-3604
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005170

TEXHOMA CHRISTIAN CARE CENTER INC
300 LOOP 11
WICHITA FALLS **TX** 76306

Phone (940) 723-8420 **Fax** (940) 264-5276

TOTAL Lic Capacity: 367 **TITLE 18:** 83 **ICF/IID:** 0
Cert Alzh Capacity: 50 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 284

Owner Information

TEXHOMA CHRISTIAN CARE CENTER INC
300 LOOP 11
WICHITA FALLS TX 76306

PHONE: (940) 723-8420 **FAX:** (940) 767-3101
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/27/2018

County **WICHITA** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004879

UNIVERSITY PARK NURSING AND REHABILITATION LP
4511 CORONADO AVE
WICHITA FALLS **TX** 76310

Phone (940) 692-8001 **Fax** (940) 692-8954

TOTAL Lic Capacity: 98 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 98

Owner Information

UNIVERSITY PARK NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2017

County **WILBARGER** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004345

ADVANCED REHABILITATION AND HEALTHCARE OF VERNON
4401 COLLEGE DR
VERNON **TX** 76384

Phone (940) 552-9316 **Fax** (940) 552-5570

TOTAL Lic Capacity: 120 **TITLE 18:** 37 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 83

Owner Information

BAYLOR COUNTY HOSPITAL DISTRICT
200 STADIUM DR
SEYMOUR TX 76380

PHONE: (940) 889-5572 **FAX:** (940) 888-1983
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WILBARGER** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004808

VISTA LIVING OF VERNON
4301 HOSPITAL DR
VERNON **TX** 76384

Phone (940) 552-2568 **Fax** (940) 552-6256

TOTAL Lic Capacity: 106 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 71

Owner Information

VISTA LIVING OF VERNON, INC.
8101 CHAPIN ROAD
BENBROOK TX 76116

PHONE: (214) 233-6006 **FAX:** (940) 463-8094
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2019

County **WILLACY** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 004542

RETAMA MANOR NURSING CENTER/RAYMONDVILLE
1700 S EXPRESSWAY 77
RAYMONDVILLE **TX** 78580

Phone (956) 689-2126 **Fax** (956) 689-5131

TOTAL Lic Capacity: 120 **TITLE 18:** 47 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 73

Owner Information

SSC RAYMONDVILLE OPERATING COMPANY LLC
1700 S. EXPRESSWAY 77 ,SUITE 1500
RAYMONDVILLE TX 78580

PHONE: (678) 443-6753 **FAX:** (770) 351-9323
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/11/2016

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 105223

COTTONWOOD CREEK NURSING AND REHABILITATION CENTER
1500 COTTONWOOD CREEK TRAIL
CEDAR PARK **TX** 78613

Phone (512) 259-4259 **Fax** (512) 259-2248

TOTAL Lic Capacity: 120 **TITLE 18:** 52 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 2 **TITLE 18/19:** 66

Owner Information

PM MANAGEMENT - CEDAR PARK NC LLC
600 NORTH PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104860

ISLE AT CEDAR RIDGE
2200 S LAKELINE BLVD
CEDAR PARK **TX** 78613

Phone (512) 219-0200 **Fax** (512) 219-0466

TOTAL Lic Capacity: 36 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 36 **TITLE 18/19:** 0

Owner Information

CHP ISLE AT CEDAR RIDGE TX TENANT CORP
450 S. ORANGE AVE
ORLANDO FL 32801

PHONE: (407) 650-1000 **FAX:** (407) 540-2544
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2018

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005242

NEW HOPE MANOR
1623 W NEW HOPE DR
CEDAR PARK **TX** 78613

Phone (512) 259-3999 **Fax** (512) 259-1179

TOTAL Lic Capacity: 114 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 114

Owner Information

NEW HOPE SNF LLC
1623 W NEW HOPE DR
CEDAR PARK TX 78613

PHONE: (718) 382-1313 **FAX:** (718) 879-6471
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 101151

SAGEBROOK SN HEALTH CENTER
901 DISCOVERY BLVD
CEDAR PARK **TX** 78613

Phone (512) 259-9993 **Fax** (512) 259-8262

TOTAL Lic Capacity: 124 **TITLE 18:** 47 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 77

Owner Information

SAGEBROOK SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 104710

ESTRELLA OAKS REHABILITATION AND CARE CENTER
4011 WILLIAMS DR
GEORGETOWN **TX** 78628-2941

Phone (512) 868-2700 **Fax** (512) 868-2999

TOTAL Lic Capacity: 142 **TITLE 18:** 38 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 104

Owner Information

CARE INN OF LLANO LLC DBA LLANO CARE LLC
4011 WILLIAMS DRIVE
GEORGETOWN TX 78628

PHONE: (512) 868-2700 **FAX:** (512) 868-2999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005364

PARK PLACE CARE CENTER
121 FM 971
GEORGETOWN **TX** 78626

Phone (512) 868-6200 **Fax** (512) 869-4180

TOTAL Lic Capacity: 116 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 116

Owner Information

PARK PLACE HEALTH CARE CENTER LLC
211 N BROADWAY ,STE 2035
ST LOUIS MO 63102

PHONE: (314) 588-7518 **FAX:** (314) 588-7321
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2019

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004236

THE WESLEYAN AT SCENIC
2001 SCENIC DR
GEORGETOWN **TX** 78626

Phone (512) 863-9511 **Fax** (512) 931-0006

TOTAL Lic Capacity: 184 **TITLE 18:** 58 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 126

Owner Information

WESLEYAN HOMES INC
1811 N AUSTIN AVE ,STE 201
GEORGETOWN TX 78626

PHONE: (512) 868-1205 **FAX:** (512) 868-1039
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **WILLIAMSON** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004871

GRANGER VILLA
800 N COMMERCE ST
GRANGER **TX** 76530

Phone (512) 859-2800 **Fax** (512) 859-2905

TOTAL Lic Capacity: 68 **TITLE 18:** 19 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 49

Owner Information

GRANGER VILLA INC
1507 PARKWAY
AUSTIN TX 78703

PHONE: (512) 472-2057 **FAX:** (512) 472-2109
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2017

County **WILLIAMSON** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 106146

FALCON RIDGE REHABILITATION
149 KLATTENHOFF LANE
HUTTO **TX** 78634

Phone (512) 840-7000 **Fax** (512) 840-7111

TOTAL Lic Capacity: 140 **TITLE 18:** 75 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 65

Owner Information

RETAMA MANOR DEL RIO LLC
149 KLATTENHOFF LANE
HUTTO TX 78634

PHONE: (512) 840-7000 **FAX:** (512) 840-7111
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/02/2018

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 105595

BEL AIR AT TERAVISTA
4105 TERAVISTA CLUB DRIVE
ROUND ROCK **TX** 78665

Phone (512) 310-3700 **Fax** (512) 310-3701

TOTAL Lic Capacity: 112 **TITLE 18:** 70 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 42

Owner Information

HAMILTON COUNTY HOSPITAL DISTRICT
400 NORTH BROWN
HAMILTON TX 76531

PHONE: (254) 386-1950 **FAX:** (254) 386-5173
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 005264

HEARTHSTONE SN HEALTH CENTER
401 OAKWOOD BLVD
ROUND ROCK **TX** 78681

Phone (512) 388-7494 **Fax** (512) 388-2166

TOTAL Lic Capacity: 120 **TITLE 18:** 35 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 85

Owner Information

HEARTHSTONE SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/01/2017

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 103508

PARK VALLEY INN HEALTH CENTER
17751 PARK VALLEY DR
ROUND ROCK **TX** 78681-3592

Phone (512) 218-6000 **Fax** (512) 716-0046

TOTAL Lic Capacity: 128 **TITLE 18:** 18 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 110

Owner Information

PM MANAGEMENT - PARK VALLEY NC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 04/01/2018

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 103467

RELIANT REHABILITATION HOSPITAL CENTRAL TEXAS
1400 HESTERS CROSSING
ROUND ROCK **TX** 78681

Phone (512) 244-4400 **Fax** (512) 244-4744

TOTAL Lic Capacity: 25 **TITLE 18:** 25 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information

RELIANT REHABILITATION HOSPITAL CENTRAL TEXAS LP
15851 DALLAS PKWY
ADDISON TX 75001

PHONE: **FAX:**
PROGRAM TYPE: NURSING **SERVICE TYPE** HOSPITAL-BASED SNF
License Exp Dt:

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 105009

SAN GABRIEL REHABILITATION AND CARE CENTER
4100 COLLEGE PARK DR
ROUND ROCK **TX** 78665

Phone (512) 334-8000 **Fax** (512) 334-8005

TOTAL Lic Capacity: 142 **TITLE 18:** 55 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 87

Owner Information

CARE INN OF SEGUIN LLC DBA SEGUIN CARE LLC
4100 COLLEGE PARK DR
ROUND ROCK TX 78665

PHONE: (512) 334-8000 **FAX:** (512) 334-8005
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 05/01/2017

County **WILLIAMSON** Reg Svcs: NORTH AUSTIN Region 07 - AUSTIN

Facility Information: **Facility ID:** 004038

TRINITY CARE CENTER
1000 E MAIN ST
ROUND ROCK **TX** 78664

Phone (512) 634-3000 **Fax** (512) 634-3074

TOTAL Lic Capacity: 179 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 179

Owner Information

ROUND ROCK SCC LLC
600 N PEARL ST ,STE 1100
DALLAS TX 75201

PHONE: (214) 252-7600 **FAX:** (214) 252-7599
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/01/2018

County **WILLIAMSON** Reg Svcs: TEMPLE Region 07 - AUSTIN

Facility Information: **Facility ID:** 004106

SPJST REST HOME 1
1810 OLD GRANGER ROAD
TAYLOR **TX** 76574

Phone (512) 352-6337 **Fax** (512) 352-7209

TOTAL Lic Capacity: 96 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

S. P. J. S. T. REST HOME
801 EAST LAKE DRIVE
TAYLOR TX 76574

PHONE: (512) 352-6337 **FAX:** (512) 352-7209
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 12/04/2018

County **WILSON** Reg Svcs: TEAM Y Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004552

FLORESVILLE RESIDENCE AND REHABILITATION CENTER
1811 SIXTH ST
FLORESVILLE **TX** 78114

Phone (830) 393-2561 **Fax** (830) 393-8817

TOTAL Lic Capacity: 144 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 136

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WILSON** Reg Svcs: TEAM Z Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 100260

FRANK M TEJEDA TEXAS STATE VETERANS HOME
200 VETERANS DR
FLORESVILLE **TX** 78114-2709

Phone (830) 216-9456 **Fax** (830) 393-7764

TOTAL Lic Capacity: 160 **TITLE 18:** 20 **ICF/IID:** 0
Cert Alzh Capacity: 32 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 140

Owner Information

STATE OF TEXAS VETERANS LAND BOARD
P O BOX 12873
AUSTIN TX 78711-2873

PHONE: (512) 463-5001 **FAX:** (512) 475-2294
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 01/25/2018

County **WILSON** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005344

REGENCY MANOR NURSING AND REHABILITATION LP
1615 ELEVENTH ST
FLORESVILLE **TX** 78114

Phone (830) 216-7090 **Fax** (830) 393-0381

TOTAL Lic Capacity: 120 **TITLE 18:** 34 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 86

Owner Information

REGENCY MANOR NURSING AND REHABILITATION LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WILSON** Reg Svcs: TEAM X Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 005299

COUNTRY CARE MANOR
2736 FARM TO MARKET 775
LA VERNIA **TX** 78121

Phone (830) 779-2355 **Fax** (830) 779-5503

TOTAL Lic Capacity: 91 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

BEXAR COUNTY HOSPITAL DISTRICT
4502 MEDICAL DR ,MS
SAN ANTONIO TX 78229

PHONE: (210) 358-2000 **FAX:** (210) 358-4020
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/28/2019

County **WILSON** Reg Svcs: TEAM V Region 08 - SAN ANTONIO

Facility Information: **Facility ID:** 004277

STOCKDALE RESIDENCE AND REHABILITATION CENTER
300 SALMON
STOCKDALE **TX** 78160

Phone (830) 996-3721 **Fax** (830) 996-3355

TOTAL Lic Capacity: 68 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 68

Owner Information

DEWITT MEDICAL DISTRICT
2550 N ESPLANADE
CUERO TX 77954

PHONE: (361) 275-0504 **FAX:** (361) 275-3999
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **WISE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 005260

SENIOR CARE HEALTH AND REHABILITATION CENTER - BRIDGEPORT
2108 15TH ST
BRIDGEPORT **TX** 76426

Phone (940) 683-5023 **Fax** (940) 683-5307

TOTAL Lic Capacity: 152 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 142

Owner Information

SCC PARTNERS, INC.
4311 OAKLAWN #400
DALLAS TX 75219

PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/01/2019

County **WISE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004483

HERITAGE PLACE OF DECATUR
605 W MULBERRY
DECATUR **TX** 76234

Phone (940) 627-5444 **Fax** (940) 627-2912

TOTAL Lic Capacity: 60 **TITLE 18:** 12 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 48

Owner Information

DECATUR NURSING AND REHABILITATION L P
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2017

County **WISE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 103455

SENIOR CARE HEALTH & REHABILITATION CENTER - DECATUR
701 W BENNETT RD
DECATUR **TX** 76234

Phone (940) 626-2800 **Fax** (940) 626-2801

TOTAL Lic Capacity: 124 **TITLE 18:** 4 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 120

Owner Information

SENIOR CARE RESOURCES INC
1413 E I-30 ,STE 7
GARLAND TX 75043

PHONE: (972) 303-9000 **FAX:** (972) 303-9700
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/03/2018

County **WISE** Reg Svcs: TEAM 3 Region 03 - ARLINGTON

Facility Information: **Facility ID:** 004945

THE HILLS NURSING & REHABILITATION
201 E THOMPSON ST
DECATUR **TX** 76234

Phone (940) 627-2165 **Fax** (940) 627-3937

TOTAL Lic Capacity: 110 **TITLE 18:** 17 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 93

Owner Information

DECATUR I ENTERPRISES LLC
1701 RIVER RUN ,STE 304
FORT WORTH TX 76107

PHONE: (817) 348-8841 **FAX:** (817) 348-0466
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 03/01/2017

County **WOOD** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 005037

MINEOLA HEALTHCARE RESIDENCE
716 MIMOSA STREET
MINEOLA **TX** 75773

Phone (903) 569-5366 **Fax** (903) 569-9050

TOTAL Lic Capacity: 82 **TITLE 18:** 10 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 72

Owner Information

MINEOLA NURSING AND REHAB CENTER LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **WOOD** Reg Svcs: TYLER SE TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004396

WOOD MEMORIAL NURSING HOME
320 GREENVILLE HIGHWAY
MINEOLA **TX** 75773

Phone (903) 569-3852 **Fax** (903) 569-1168

TOTAL Lic Capacity: 115 **TITLE 18:** 24 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

WOOD MEMORIAL HOSPITAL AND NURSING HOME
320 GREENVILLE HWY
MINEOLA TX 75773

PHONE: (903) 569-3852 **FAX:** (903) 569-1168
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/18/2018

County **WOOD** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004108

HERITAGE HEALTHCARE RESIDENCE
1026 E GOODE ST
QUITMAN **TX** 75783

Phone (903) 763-2284 **Fax** (903) 763-4301

TOTAL Lic Capacity: 164 **TITLE 18:** 39 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 125

Owner Information

QUITMAN NURSING AND REHAB CENTER LLC
6203 TURNER WAY
DALLAS TX 75230

PHONE: (214) 396-3462 **FAX:** (214) 396-3482
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/01/2019

County **WOOD** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004769

TRINITY NURSING AND REHABILITATION OF WINNSBORO LP
502 EAST COKE RD
WINNSBORO **TX** 75494

Phone (903) 342-6951 **Fax** (903) 342-3387

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

TRINITY NURSING AND REHABILITATION OF WINNSBORO LP
401 N ELM ST
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 07/01/2018

County **WOOD** Reg Svcs: TYLER NW TEAM Region 04 - TYLER

Facility Information: **Facility ID:** 004787

WHISPERING PINES NURSING AND REHABILITATION LP
910 S BEECH ST
WINNSBORO **TX** 75494

Phone (903) 342-5243 **Fax** (903) 342-5141

TOTAL Lic Capacity: 120 **TITLE 18:** 41 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 79

Owner Information

WHISPERING PINES NURSING AND REHABILITATION LP
401 N ELM
DENTON TX 76201

PHONE: (940) 387-4388 **FAX:** (940) 380-2410
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **YOAKUM** Reg Svcs: HIGH PLAINS GERI 2 Region 01 - LUBBOCK

Facility Information: **Facility ID:** 104320

SHINNERY OAKS COMMUNITY
711 WEST BROADWAY
DENVER CITY **TX** 79323

Phone (806) 592-2551 **Fax**

TOTAL Lic Capacity: 60 **TITLE 18:** 0 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 60

Owner Information

COUNTY OF YOAKUM
603 COWBOY WAY
PLAINS TX 79355

PHONE: (806) 456-7491 **FAX:** (806) 456-6175
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 08/12/2018

County **YOUNG** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004896

GARDEN TERRACE HEALTHCARE CENTER
1224 CORVADURA ST
GRAHAM **TX** 76450

Phone (940) 549-4646 **Fax** (940) 549-8006

TOTAL Lic Capacity: 116 **TITLE 18:** 53 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 63

Owner Information

COUNTY OF THROCKMORTON
802 N MINTER AVE
THROCKMORTON TX 76483

PHONE: (940) 849-2141 **FAX:** (940) 849-7141
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 11/01/2018

County **YOUNG** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 005241

GRAHAM OAKS CARE CENTER
1325 FIRST ST
GRAHAM **TX** 76450

Phone (940) 549-8787 **Fax** (940) 521-0355

TOTAL Lic Capacity: 120 **TITLE 18:** 3 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 117

Owner Information

COUNTY OF THROCKMORTON
802 N MINTER AVE
THROCKMORTON TX 76483

PHONE: (940) 849-2141 **FAX:** (940) 849-7141
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 02/18/2019

County **YOUNG** Reg Svcs: WICHITA FALLS GERIATRIC Region 02 - ABILENE

Facility Information: **Facility ID:** 004870

GRACE CARE CENTER OF OLNEY
1402 W ELM
OLNEY **TX** 76374

Phone (940) 564-5631 **Fax** (940) 564-5172

TOTAL Lic Capacity: 99 **TITLE 18:** 8 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 91

Owner Information

OLNEY-HAMILTON HOSPITAL DISTRICT
901 W HAMILTON ST
OLNEY TX 76374

PHONE: (940) 564-5521 **FAX:** (940) 564-2188
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/01/2018

County **ZAPATA** Reg Svcs: CORPUS CHRISTI 12 Region 11 - CORPUS CHRISTI

Facility Information: **Facility ID:** 005353

FALCON LAKE NURSING HOME
200 CARLA ST
ZAPATA **TX** 78076

Phone (956) 765-3040 **Fax** (956) 765-4039

TOTAL Lic Capacity: 59 **TITLE 18:** 15 **ICF/IID:** 0
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 44

Owner Information

FALCON LAKE HEALTH CARE LTD
200 CARLA
ZAPATA TX 78076

PHONE: (956) 765-3040 **FAX:** (956) 765-4039
PROGRAM TYPE: NURSING **SERVICE TYPE** SNF/NF
License Exp Dt: 10/18/2017