

Long-Term Care Facilities

Tuesday, March 3, 2020

County APACHE Total = 1

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	CHINLE NURSING HOME	Tele: (928)674-5216	to	NONE	
	PO BOX 910	Fax: (928)674-5218	Capacity :		
	CHINLE AZ 86503		Medicaid_Cert: Certified		

County COCHISE Total = 4

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-399	GOOD SAMARITAN SOCIETY - QUIBURI MISSION	Tele: (520)586-2372	07/01/2019 to 06/30/2020	B	04/11/2019
	850 SOUTH HIGHWAY 80	Fax: (520)586-7003	Capacity : 58		
	BENSON AZ 85602		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2708	HAVEN OF DOUGLAS, LLC	Tele: (520)364-7937	02/01/2020 to 01/31/2021	A	06/27/2019
	1400 NORTH SAN ANTONIO AVENUE	Fax: (520)805-9146	Capacity : 58		
	DOUGLAS AZ 85607		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-338	HAVEN OF SIERRA VISTA, LLC	Tele: (520)459-4900	11/01/2019 to 10/31/2020	A	03/14/2019
	660 SOUTH CORONADO DRIVE	Fax: (520)458-4082	Capacity : 100		
	SIERRA VISTA AZ 85635		Medicaid_Cert: Certified		

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-392	LIFE CARE CENTER OF SIERRA VISTA	Tele: (520)458-1050	07/01/2019 to 06/30/2020	A	01/31/2020
	2305 EAST WILCOX DRIVE	Fax: (520)458-6944	Capacity : 152		
	SIERRA VISTA AZ 85635		Medicaid_Cert: Certified		

County COCONINO Total = 4

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI- 3730	WELBROOK SENIOR LIVING FLAGSTAFF LLC	Tele: (928)440-2350	08/01/2019 to 07/31/2020	B	
	1521 NORTH PINE CLIFF DRIVE	Fax: (928)440-5412	Capacity : 50		
	EAST FLAGSTAFF AZ 86001		Medicaid_Cert: Not Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2662	HAVEN OF FLAGSTAFF, LLC	Tele: (928)779-6931	02/01/2020 to 01/31/2021	A	12/31/2019
	800 WEST UNIVERSITY AVENUE	Fax: (928)779-2180	Capacity : 83		
	FLAGSTAFF AZ 86001		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2709	HAVEN OF SEDONA, LLC	Tele: (928)284-1000	07/01/2019 to 06/30/2020	A	08/28/2019
	505 JACKS CANYON ROAD	Fax: (714)256-2003	Capacity : 112		
	SEDONA AZ 86351		Medicaid_Cert: Certified		



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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2515	THE PEAKS HEALTH & REHABILITATION	Tele: (928)774-7106	04/01/2020 to 03/31/2021	A	11/30/2019
	3150 NORTH WINDING BROOK ROAD	Fax: (928)213-0831	Capacity : 58		
	FLAGSTAFF AZ 86001		Medicaid_Cert: Certified		

County GILA Total = 4

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2668	RIM COUNTRY HEALTH & RETIREMENT COMMUNITY	Tele: (928)474-1120	10/01/2019 to 09/30/2020	B	11/25/2019
	807 WEST LONGHORN ROAD	Fax: (928)474-0505	Capacity : 109		
	PAYSON AZ 85541		Medicaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2720	HAVEN OF GLOBE	Tele: (928)425-5721	11/01/2019 to 10/31/2020	A	10/25/2019
	1100 MONROE STREET	Fax: (928)425-3745	Capacity : 104		
	GLOBE AZ 85501		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2650	HERITAGE HEALTH CARE CENTER	Tele: (928)425-3118	03/01/2020 to 02/28/2021	A	01/31/2020
	1300 SOUTH STREET	Fax: (928)425-0707	Capacity : 96		
	GLOBE AZ 85501		Medicaid_Cert: Certified		

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2655	PAYSON CARE CENTER	Tele: (928)474-6896	10/01/2019 to 09/30/2020	A	06/30/2019
	107 EAST LONE PINE DRIVE	Fax: (928)474-6997	Capacity : 163		
	PAYSON AZ 85541		Medicaid_Cert: Certified		

County GRAHAM Total = 1

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2653	HAVEN OF SAFFORD	Tele: (928)428-4910	02/01/2020 to 01/31/2021	A	02/28/2018
	1933 PEPPERTREE DRIVE	Fax: (928)567-3794	Capacity : 106		
	SAFFORD AZ 85546		Medicaid_Cert: Certified		

County MARICOPA Total = 89

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF004	ARIZONA TRAINING PROGRAM OF PHOENIX - CAMPBELL	Tele: (602)230-8494	01/01/2020 to	NOT APPLICABLE	
	2327 WEST CAMPBELL	Fax: (602)264-8561	Capacity :		
	PHOENIX AZ 85015		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF002	ARIZONA TRAINING PROGRAM OF PHOENIX - EARLL	Tele: (602)224-9986	to	NOT APPLICABLE	
	3043 NORTH 37TH STREET	Fax: (602)957-4259	Capacity :		
	PHOENIX AZ 85018		Medicaid_Cert: Certified		

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Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF003	ARIZONA TRAINING PROGRAM OF PHOENIX - PINCHOT	Tele: (602)956-7782	01/01/2020 to	NOT APPLICABLE	
	3322 EAST PINCHOT	Fax: (602)957-4250	Capacity :		
	PHOENIX AZ 85018		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF005	ARIZONA TRAINING PROGRAM OF PHOENIX - WINDSOR	Tele: (602)230-8197	01/01/2020 to	NONE	
	1750 EAST WINDSOR	Fax: (602)266-9588	Capacity :		
	PHOENIX AZ 85006		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF001	HACIENDA DE LOS ANGELES	Tele: (602)243-4231	04/26/2019 to 03/31/2020	NOT APPLICABLE	
	1402 EAST SOUTH MOUNTAIN AVENUE	Fax: (602)243-1217	Capacity : 60		
	PHOENIX AZ 85040		Medicaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2694	ACACIA HEALTH CENTER	Tele: (480)384-5600	01/01/2020 to 12/31/2020	A	01/31/2020
	4555 EAST MAYO BLVD	Fax: (480)948-1584	Capacity : 78		
	PHOENIX AZ 85050		Medicaid_Cert: Not Certified		

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Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2663	ADVANCE HEALTHCARE OF SCOTTSDALE	Tele: (480)214-4200	04/01/2020 to 03/31/2021	A	05/22/2019
	9846 NORTH 95TH STREET	Fax: (480)214-4250	Capacity : 38		
	SCOTTSDALE AZ 85258		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2687	AHC OF GLENDALE LLC	Tele: (602)732-3400	01/01/2020 to 12/31/2020	A	01/31/2020
	16825 NORTH 63RD AVENUE	Fax: (602)732-3470	Capacity : 54		
	GLENDALE AZ 85306		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2657	AHC OF MESA LLC	Tele: (480)214-2400	05/01/2019 to 04/30/2020	A	05/08/2019
	5755 EAST MAIN STREET	Fax: (480)214-2450	Capacity : 38		
	MESA AZ 85205		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2733	CENTER AT ARROWHEAD, LLC	Tele: (623)773-6100	10/01/2019 to 09/30/2020	B	05/16/2019
	7201 W CAMINO SAN XAVIER AVE	Fax: (719)685-8958	Capacity : 96		
	GLENDALE AZ 85308		Medicaid_Cert: Not Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2658	FOUNTAIN VIEW VILLAGE	Tele: (480)836-4800	05/01/2019 to 04/30/2020	A	05/31/2019
	16455 EAST AVENUE OF THE FOUNTAINS FOUNTAIN HILLS AZ 85268	Fax: (480)836-4876	Capacity : 48 Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2630	FREEDOM PLAZA CARE CENTER	Tele: (623)815-6100	04/01/2020 to 03/31/2021	A	02/28/2017
	13714 NORTH PLAZA DEL RIO BLVD PEORIA AZ 85381	Fax: (623)815-6111	Capacity : 111 Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2646	FRIENDSHIP VILLAGE OF TEMPE	Tele: (480)831-3184	02/01/2020 to 01/31/2021	A	12/31/2019
	2525 EAST SOUTHERN AVENUE TEMPE AZ 85282	Fax: (480)831-3259	Capacity : 128 Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-395	LIFE CARE CENTER OF SCOTTSDALE	Tele: (480)860-6396	12/01/2019 to 11/30/2020	A	04/30/2018
	9494 EAST BECKER LANE SCOTTSDALE AZ 85260	Fax: (480)391-9699	Capacity : 132 Medicaid_Cert: Not Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1981	LUDDEN HEALTHCARE, INC	Tele: (623)546-5030	08/12/2019 to 07/31/2020	NONE	
	14660 W PARKWOOD DRIVE	Fax: (623)546-5031	Capacity : 100		
	SURPRISE AZ 85374		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-343	PUEBLO NORTE SENIOR LIVING COMMUNITY	Tele: (480)948-5800	08/01/2019 to 07/31/2020	A	01/08/2020
	7100 EAST MESCAL STREET	Fax: (480)951-7389	Capacity : 92		
	SCOTTSDALE AZ 85254		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2701	SANTE OF CHANDLER	Tele: (480)361-6636	09/01/2019 to 08/31/2020	A	10/31/2019
	825 SOUTH 94TH STREET	Fax: (480)361-8386	Capacity : 70		
	CHANDLER AZ 85224		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2697	SANTE OF MESA	Tele: (480)699-9624	04/01/2020 to 03/31/2021	A	02/28/2017
	5358 EAST BASELINE ROAD	Fax: (480)383-6777	Capacity : 70		
	MESA AZ 85206		Medicaid_Cert: Not Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2703	SANTE OF NORTH SCOTTSDALE	Tele: (480)588-5386	02/01/2020 to 01/31/2021	A	08/31/2018
	17490 NORTH 93RD STREET	Fax: (480)584-5632	Capacity : 72		
	SCOTTSDALE AZ 85255		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2700	SANTE OF SURPRISE	Tele: (623)594-5050	09/01/2019 to 08/31/2020	A	07/31/2019
	14775 WEST YORKSHIRE DRIVE	Fax: (623)594-5074	Capacity : 70		
	SURPRISE AZ 85374		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-418	SIERRA WINDS	Tele: (623)972-0212	11/01/2019 to 10/31/2020	B	05/31/2019
	17300 NORTH 88TH AVE	Fax: (623)876-3076	Capacity : 70		
	PEORIA AZ 85382		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-421	SNH AZ TENANT, LLC	Tele: (623)972-0995	04/01/2020 to 03/31/2021	B	07/10/2019
	13840 NORTH DESERT HARBOR DRIVE	Fax: (623)974-4519	Capacity : 57		
	PEORIA AZ 85381		Medicaid_Cert: Not Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1468	SUN HEALTH GRANDVIEW TERRACE 14505 WEST GRANITE VALLEY DRIVE SUN CITY WEST AZ 85375	Tele: (623)975-8100 Fax: (623)975-8192	01/01/2020 to 12/31/2020 Capacity : 72 Medicaid_Cert: Not Certified	A	11/30/2019
NCI-2654	SUN HEALTH LA LOMA CARE CENTER 14260 SOUTH DENNY BOULEVARD LITCHFIELD PARK AZ 85340	Tele: (623)537-7400 Fax: (623)537-7480	03/01/2020 to 02/28/2021 Capacity : 43 Medicaid_Cert: Not Certified	A	03/31/2017
NCI-4211	THE CENTER AT VAL VISTA, LLC 3744 SOUTH ROME STREET GILBERT AZ 85297	Tele: (480)224-9500 Fax: (480)224-9551	10/01/2019 to 09/30/2020 Capacity : 96 Medicaid_Cert: Not Certified	A	
NCI-2645	THE GARDENS OF SCOTTSDALE 6001 EAST THOMAS ROAD SCOTTSDALE AZ 85251	Tele: (480)941-2222 Fax: (480)941-2741	09/01/2019 to 08/31/2020 Capacity : 44 Medicaid_Cert: Not Certified	A	01/31/2020

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2616	VI AT GRAYHAWK, A VI AND PLAZA COMPANIES COMMUNITY	Tele: (480)361-3200	10/01/2019 to 09/30/2020	A	07/31/2019
	7501 EAST THOMPSON PEAK PARKWAY	Fax: (480)659-5166	Capacity : 36		
	SCOTTSDALE AZ 85255		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2695	VI AT SILVERSTONE, A VI AND PLAZA COMPANIES COMMUNITY	Tele: (480)478-6200	01/01/2020 to 12/31/2020	A	01/31/2019
	22605 NORTH 74TH STREET	Fax: (480)478-6297	Capacity : 24		
	SCOTTSDALE AZ 85255		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-3012	WELLSPRINGS OF PHOENIX, LLC	Tele: (602)313-6000	05/01/2019 to 04/30/2020	A	
	3008 NORTH 3RD STREET	Fax: (602)687-7660	Capacity : 46		
	PHOENIX AZ 85012		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2669	WELLSPRINGS THERAPY CENTER OF GILBERT	Tele: (480)729-6500	11/01/2019 to 10/31/2020	A	11/30/2019
	3319 SOUTH MERCY ROAD	Fax: (602)234-8149	Capacity : 32		
	GILBERT AZ 85297		Medicaid_Cert: Not Certified		



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Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-411	WEYRICH HEALTH CARE CENTER OF WESTMINSTER VILLAGE 12000 NORTH 90TH STREET SCOTTSDALE AZ 85260	Tele: (480)451-2020 Fax: (480)451-2057	05/01/2019 to 04/30/2020 Capacity : 60 Medicaid_Cert: Not Certified	A	05/01/2019

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2680	NEURORESTORATIVE 5301 EAST THOMAS ROAD PHOENIX AZ 85018	Tele: (602)687-1100 Fax: (602)687-1112	06/01/2019 to 05/31/2020 Capacity : 31 Medicaid_Cert: Certified	A	01/31/2018

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-050	SUNCREST HEALTHCARE CENTER 2211 EAST SOUTHERN AVENUE PHOENIX AZ 85040	Tele: (602)305-7134 Fax: (602)305-8862	03/01/2020 to 02/28/2021 Capacity : 115 Medicaid_Cert: Certified	A	09/19/2019

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-232	THE TERRACES OF PHOENIX 7550 NORTH 16TH STREET PHOENIX AZ 85020	Tele: (602)944-4455 Fax: (602)944-0285	11/01/2019 to 10/31/2020 Capacity : 64 Medicaid_Cert: Certified	A	07/31/2019

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2679	ALLEGIANT HEALTHCARE OF MESA	Tele: (480)924-7777	03/01/2020 to 02/28/2021	C	06/30/2019
	3130 EAST BROADWAY ROAD	Fax: (480)924-5712	Capacity : 204		
	MESA AZ 85204		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2737	ALLEGIANT HEALTHCARE OF PHOENIX, LLC	Tele: (602)253-4570	11/01/2019 to 10/31/2020	A	06/14/2019
	1880 EAST VAN BUREN STREET	Fax: () -	Capacity : 120		
	PHOENIX AZ 85006		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-390	ARCHSTONE CARE CENTER	Tele: (480)821-1268	09/01/2019 to 08/31/2020	A	09/30/2017
	1980 WEST PECOS ROAD	Fax: (480)782-1073	Capacity : 120		
	CHANDLER AZ 85224		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-447	ARIZONA STATE VETERAN HOME-PHX	Tele: (602)248-1550	03/01/2020 to 02/28/2021	A	10/31/2019
	4141 NORTH S HERRERA WAY	Fax: (602)263-1826	Capacity : 200		
	PHOENIX AZ 85012		Medicaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2677	BANNER BOSWELL REHABILITATION CENTER 10601 WEST SANTA FE DRIVE SUN CITY AZ 85351	Tele: (623)832-7000 Fax: (623)974-7102	09/01/2018 to 08/31/2019 Capacity : 91 Medicaid_Cert: Certified	A	08/31/2019
NCI-256	BEATITUDES CAMPUS 1712 WEST GLENDALE AVENUE PHOENIX AZ 85021	Tele: (602)995-2611 Fax: (602)995-0704	08/01/2019 to 07/31/2020 Capacity : 72 Medicaid_Cert: Certified	A	10/10/2019
NCI-345	BELLA VITA HEALTH AND REHABILITATION CENTER 5125 NORTH 58TH AVENUE GLENDALE AZ 85301	Tele: (623)931-5800 Fax: (623)931-8776	12/01/2018 to 11/30/2019 Capacity : 176 Medicaid_Cert: Certified	A	07/31/2019
NCI-159	CAMELBACK POST ACUTE AND REHABILITATION 4635 NORTH 14TH STREET PHOENIX AZ 85014	Tele: (602)264-9039 Fax: (602)264-1017	03/01/2020 to 02/28/2021 Capacity : 107 Medicaid_Cert: Certified	B	05/30/2019

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2734	CHANDLER POST ACUTE AND REHABILITATION	Tele: (480)899-6717	11/01/2019 to 10/31/2020	A	04/19/2019
	2121 WEST ELGIN STREET	Fax: (480)899-6364	Capacity : 120		
	CHANDLER AZ 85224		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-332	CHRISTIAN CARE NURSING CENTER	Tele: (602)861-3241	01/01/2020 to 12/31/2020	A	11/30/2019
	11812 NORTH 19TH AVE	Fax: (602)443-5401	Capacity : 68		
	PHOENIX AZ 85029		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2732	CITADEL POST ACUTE	Tele: (480)832-5555	07/01/2019 to 06/30/2020	A	07/31/2019
	5121 EAST BROADWAY ROAD	Fax: (480)924-0090	Capacity : 128		
	MESA AZ 85206		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2637	CORONADO HEALTHCARE CENTER	Tele: (602)256-7500	07/01/2019 to 08/01/2020	A	05/31/2015
	11411 NORTH 19TH AVE	Fax: (602)943-7697	Capacity : 191		
	PHOENIX AZ 85029		Medicaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2696	DESERT BLOSSOM HEALTH & REHAB CENTER 60 SOUTH 58TH STREET MESA AZ 85206	Tele: (480)832-3903 Fax: (480)981-0963	09/01/2019 to 08/31/2020 Capacity : 106 Medicaid_Cert: Certified	A	08/08/2019
NCI-351	DESERT COVE NURSING CENTER 1750 WEST FRYE ROAD CHANDLER AZ 85224	Tele: (480)899-0641 Fax: (480)899-1785	10/01/2019 to 09/30/2020 Capacity : 120 Medicaid_Cert: Certified	B	12/31/2018
NCI-2625	DESERT HAVEN CARE CENTER 2645 EAST THOMAS ROAD PHOENIX AZ 85016	Tele: (602)956-8000 Fax: (602)224-5363	07/01/2019 to 06/30/2020 Capacity : 115 Medicaid_Cert: Certified	B	01/31/2018
NCI-237	DESERT TERRACE HEALTHCARE CENTER 2509 NORTH 24TH STREET PHOENIX AZ 85008	Tele: (602)273-1347 Fax: (602)273-6260	07/01/2019 to 06/30/2020 Capacity : 108 Medicaid_Cert: Certified	A	02/28/2020

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-378	ESTRELLA CENTER	Tele: (623)932-2282	09/01/2019 to 08/31/2020	A	02/28/2017
	350 EAST LA CANADA	Fax: (623)925-8827	Capacity : 161		
	AVONDALE AZ 85323		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-339	GOLDFIELD MOUNTAIN HEALTHCARE, INC	Tele: (480)981-0098	05/01/2019 to 04/30/2020	A	12/31/2017
	5848 EAST UNIVERSITY DRIVE	Fax: (480)396-3023	Capacity : 70		
	MESA AZ 85205		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2618	HAVEN OF PHOENIX	Tele: (602)264-3824	06/01/2019 to 05/31/2020	A	12/31/2019
	4202 NORTH 20TH AVENUE	Fax: (602)279-6234	Capacity : 100		
	PHOENIX AZ 85015		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2762	HAVEN OF SCOTTSDALE	Tele: (480)947-7443	04/01/2019 to 03/31/2020	C	12/31/2019
	3293 NORTH DRINKWATER BOULEVARD	Fax: (480)429-9195	Capacity : 56		
	SCOTTSDALE AZ 85251		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2730	HERITAGE COURT POST ACUTE OF SCOTTSDALE 3339 NORTH DRINKWATER BOULEVARD SCOTTSDALE AZ 85251	Tele: (480)949-5400 Fax: (480)949-9467	07/01/2019 to 06/30/2020 Capacity : 108 Medicaid_Cert: Certified	A	06/01/2019
NCI-2714	HORIZON POST ACUTE AND REHABILITATION CENTER 4704 WEST DIANA AVENUE GLENDALE AZ 85302	Tele: (623)247-3949 Fax: (623)930-1104	03/01/2020 to 02/28/2021 Capacity : 196 Medicaid_Cert: Certified	A	08/31/2019
NCI-066	IMMANUEL CAMPUS OF CARE 11301 NORTH 99TH AVENUE PEORIA AZ 85345	Tele: (623)977-8373 Fax: (623)876-6337	05/01/2019 to 04/30/2020 Capacity : 228 Medicaid_Cert: Certified	A	07/31/2017
NCI-2672	LA ESTANCIA NURSING AND REHABILITATION CENTER 15810 SOUTH 42ND STREET PHOENIX AZ 85048	Tele: (480)759-0358 Fax: (480)759-7666	11/01/2019 to 10/31/2020 Capacity : 192 Medicaid_Cert: Certified	C	07/31/2017

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2727	LAKE PLEASANT POST ACUTE REHABILITATION CENTER	Tele: (623)566-0642	07/01/2019 to 06/30/2020	A	06/13/2019
	20625 NORTH LAKE PLEASANT ROAD	Fax: (623)476-3664	Capacity : 128		
	PEORIA AZ 85382		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-381	LIFE CARE CENTER OF NORTH GLENDALE	Tele: (602)843-8433	05/01/2019 to 04/30/2020	B	01/08/2020
	13620 NORTH 55TH AVENUE	Fax: (602)588-1056	Capacity : 223		
	GLENDALE AZ 85304		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-400	LIFE CARE CENTER OF PARADISE VALLEY	Tele: (602)867-0212	02/01/2020 to 01/31/2021	A	07/31/2018
	4065 EAST BELL ROAD	Fax: (602)867-0321	Capacity : 210		
	PHOENIX AZ 85032		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-382	LIFESTREAM AT COOK HEALTH CARE	Tele: (623)933-4683	11/01/2019 to 10/31/2020	B	02/28/2019
	11527 WEST PEORIA AVE	Fax: (623)974-6652	Capacity : 109		
	YOUNGTOWN AZ 85363		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-406	LIFESTREAM AT SUN RIDGE 12215 WEST BELL ROAD SURPRISE AZ 85378	Tele: (623)583-5482 Fax: (623)583-1465	11/01/2019 to 10/31/2020 Capacity : 58 Medicaid_Cert: Certified	B	05/16/2019
NCI-2673	LOOKOUT MOUNTAIN HEALTHCARE, INC 13232 NORTH TATUM BLVD PHOENIX AZ 85032	Tele: (602)996-5200 Fax: (602)996-6160	04/01/2020 to 03/31/2021 Capacity : 130 Medicaid_Cert: Certified	B	01/17/2020
NCI-2659	MARAVILLA CARE CENTER 8825 SOUTH 7TH STREET PHOENIX AZ 85042	Tele: (602)243-6121 Fax: (602)268-3349	07/01/2019 to 06/30/2020 Capacity : 194 Medicaid_Cert: Certified	C	11/30/2019
NCI-2670	MARYLAND GARDENS CARE CENTER 31 WEST MARYLAND AVENUE PHOENIX AZ 85013	Tele: (602)265-7484 Fax: (602)285-1320	12/01/2019 to 11/30/2020 Capacity : 60 Medicaid_Cert: Certified	A	07/31/2019

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Long-Term Care Facilities

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County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2675	MESA CHRISTIAN HEALTH AND REHABILITATION CENTER	Tele: (480)833-3988	11/01/2018 to 10/31/2019	A	09/30/2017
	255 WEST BROWN ROAD	Fax: (480)962-1996	Capacity : 191		
	MESA AZ 85201		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-372	MI CASA NURSING CENTER	Tele: (480)981-0687	03/01/2020 to 02/28/2021	A	09/30/2018
	330 SOUTH PINNULE CIRCLE	Fax: (480)396-5011	Capacity : 180		
	MESA AZ 85206		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2674	MISSION PALMS POST ACUTE	Tele: (480)832-5160	05/01/2019 to 04/30/2020	A	11/30/2018
	6461 EAST BAYWOOD AVENUE	Fax: (480)854-7046	Capacity : 160		
	MESA AZ 85206		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2638	MONTECITO POST ACUTE CARE AND REHABILITATION	Tele: (480)832-8333	03/01/2020 to 02/28/2021	A	11/07/2019
	51 SOUTH 48TH STREET	Fax: (480)830-2466	Capacity : 222		
	MESA AZ 85206		Medicaid_Cert: Certified		

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Long-Term Care Facilities

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County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2647	NORTH MOUNTAIN MEDICAL AND REHABILITATION CENTER 9155 NORTH THIRD STREET PHOENIX AZ 85020	Tele: (602)944-1666 Fax: (602)944-8549	03/01/2020 to 02/28/2021 Capacity : 155 Medicaid_Cert: Certified	A	10/31/2019

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2636	OSBORN HEALTH AND REHABILITATION 3333 NORTH CIVIC CENTER PLAZA SCOTTSDALE AZ 85251	Tele: (480)994-1333 Fax: (480)990-3895	06/01/2019 to 05/31/2020 Capacity : 130 Medicaid_Cert: Certified	A	08/31/2017

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2684	PALM VALLEY REHABILITATION & CARE CENTER 13575 WEST MCDOWELL ROAD GOODYEAR AZ 85338	Tele: (623)536-9911 Fax: (623)536-9502	12/01/2019 to 11/30/2020 Capacity : 180 Medicaid_Cert: Certified	A	04/05/2019

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2631	PEORIA POST ACUTE AND REHABILITATION 13215 NORTH 94TH DRIVE PEORIA AZ 85381	Tele: (623)933-7722 Fax: (623)933-9796	04/01/2020 to 03/31/2021 Capacity : 128 Medicaid_Cert: Certified	A	05/31/2013

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County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2661	PLAZA HEALTHCARE	Tele: (480)990-1904	11/01/2019 to 10/31/2020	A	11/30/2019
	1475 NORTH GRANITE REEF ROAD	Fax: (480)946-6286	Capacity : 179		
	SCOTTSDALE AZ 85257		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2724	PRICE ROAD SENIOR LIVING, LLC	Tele: (480)345-8500	02/01/2019 to 01/31/2020	A	07/31/2019
	2555 NORTH PRICE ROAD	Fax: (480)730-5264	Capacity : 66		
	CHANDLER AZ 85224		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-334	PROVIDENCE PLACE AT GLENCROFT	Tele: (623)939-9475	11/01/2019 to 10/31/2020	A	09/30/2019
	8641 NORTH 67TH AVE	Fax: (623)847-3192	Capacity : 225		
	GLENDALE AZ 85302		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2690	RIDGECREST HEALTHCARE	Tele: (602)482-6671	12/01/2019 to 11/30/2020	B	02/28/2019
	16640 NORTH 38TH STREET	Fax: (602)482-3541	Capacity : 200		
	PHOENIX AZ 85032		Medicaid_Cert: Certified		

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County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-313	RIO VISTA POST ACUTE AND REHABILITATION	Tele: (623)875-0100	05/01/2019 to 04/30/2020	B	07/31/2019
	10323 WEST OLIVE AVENUE	Fax: (623)875-0110	Capacity : 150		
	PEORIA AZ 85345		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-068	SCOTTSDALE VILLAGE SQUARE	Tele: (480)946-6571	02/01/2020 to 01/31/2021	A	09/30/2019
	2620 NORTH 68TH STREET	Fax: (480)946-5942	Capacity : 141		
	SCOTTSDALE AZ 85257		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2735	SHEA POST ACUTE REHABILITATION CENTER	Tele: (480)860-1766	11/01/2019 to 10/31/2020	C	09/30/2019
	11150 NORTH 92ND STREET	Fax: (480)451-1539	Capacity : 120		
	SCOTTSDALE AZ 85260		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2729	SOUTH MOUNTAIN POST ACUTE	Tele: (602)243-2780	07/01/2019 to 06/30/2020	A	05/31/2019
	8008 S. JESSE OWENS PARKWAY	Fax: (602)243-7079	Capacity : 124		
	PHOENIX AZ 85042		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2678	SPRINGDALE VILLAGE HEALTHCARE	Tele: (480)981-8844	03/31/2019 to 02/28/2020	B	12/31/2018
	7255 EAST BROADWAY ROAD	Fax: (480)981-6998	Capacity : 122		
	MESA AZ 85208		Medicaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2676	SUN CITY HEALTH AND REHABILITATION CENTER	Tele: (623)933-0022	11/01/2019 to 10/31/2020	B	04/22/2019
	9940 WEST UNION HILLS DRIVE	Fax: (623)933-0532	Capacity : 118		
	SUN CITY AZ 85373		Medicaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2648	SUN WEST CHOICE HEALTHCARE & REHAB	Tele: (623)584-6161	06/01/2019 to 05/31/2020	A	07/12/2019
	14002 WEST MEEKER BLVD	Fax: (623)546-6487	Capacity : 140		
	SUN CITY WEST AZ 85375		Medicaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2689	SUNVIEW RESPIRATORY AND REHABILITATION	Tele: (623)977-6532	12/01/2018 to 11/30/2019	B	10/31/2019
	12207 NORTH 113TH AVENUE	Fax: (623)977-6541	Capacity : 127		
	YOUNGTOWN AZ 85363		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MARICOPA Total = 89

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2323	THE REHABILITATION CENTER AT THE PALAZZO	Tele: (602)433-6300	05/01/2019 to 04/30/2020	A	12/31/2019
	6246 NORTH 19TH AVENUE	Fax: (602)433-6458	Capacity : 60		
	PHOENIX AZ 85015		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-327	WESTCHESTER CARE CENTER	Tele: (480)831-8660	02/01/2020 to 01/31/2021	C	06/21/2019
	6100 SOUTH RURAL ROAD	Fax: (480)838-2243	Capacity : 56		
	TEMPE AZ 85283		Medicaid_Cert: Certified		

Sub-Type : STATE ONLY FACILITY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-258	SUN VALLEY LODGE	Tele: (623)933-0137	01/01/2020 to 12/31/2021	A	04/04/2019
	12415 NORTH 103RD AVE	Fax: (623)933-5846	Capacity : 58		
	SUN CITY AZ 85351		Medicaid_Cert: Not Certified		

County MOHAVE Total = 7

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2716	HAVASU REGIONAL MEDICAL CENTER	Tele: (928)505-5793	04/01/2020 to 03/31/2021	A	01/31/2019
	1811 MESQUITE AVE	Fax: (928)505-5799	Capacity : 19		
	LAKE HAVASU CITY AZ 86403		Medicaid_Cert: Not Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MOHAVE Total = 7

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-306	DESERT HIGHLANDS CARE CENTER 1081 KATHLEEN AVE KINGMAN AZ 86401	Tele: (928)753-5580 Fax: (928)753-3880	11/01/2019 to 10/31/2020 Capacity : 120 Medicaid_Cert: Certified	D	06/30/2018
NCI-355	HAVASU NURSING CENTER 3576 KEARSAGE DRIVE LAKE HAVASU AZ 86406 CITY	Tele: (928)453-1500 Fax: (928)453-6675	02/01/2020 to 01/31/2021 Capacity : 118 Medicaid_Cert: Certified	A	10/31/2018
NCI-1209	HAVEN OF LAKE HAVASU 2781 OSBORNE DRIVE LAKE HAVASU AZ 86406 CITY	Tele: (928)505-5552 Fax: (801)296-5111	06/01/2019 to 05/31/2020 Capacity : 104 Medicaid_Cert: Certified	A	07/31/2019
NCI-1979	THE GARDENS REHAB & CARE CENTER 3131 WESTERN AVENUE KINGMAN AZ 86401	Tele: (928)718-0718 Fax: (928)718-1177	05/01/2019 to 04/30/2020 Capacity : 120 Medicaid_Cert: Certified	A	05/19/2019

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Long-Term Care Facilities

Tuesday, March 3, 2020

County MOHAVE Total = 7

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2664	THE LEGACY REHAB & CARE CENTER	Tele: (928)763-1404	09/01/2019 to 08/31/2020	A	04/30/2019
	2812 SILVER CREEK ROAD	Fax: (928)763-9795	Capacity : 120		
	BULLHEAD CITY AZ 86442		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2635	THE LINGENFELTER CENTER	Tele: (928)718-4852	10/01/2019 to 09/30/2020	A	02/28/2018
	1099 SUNRISE AVENUE	Fax: (928)718-1729	Capacity : 88		
	KINGMAN AZ 86401		Medicaid_Cert: Certified		

County NAVAJO Total = 3

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2723	HAVEN OF LAKESIDE	Tele: (928)368-2060	03/01/2020 to 02/28/2021	A	12/31/2018
	3401 NORTH LOCKWOOD DRIVE	Fax: (928)368-2061	Capacity : 112		
	LAKESIDE AZ 85929		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2704	HAVEN OF SHOW LOW	Tele: (928)537-5333	02/01/2020 to 01/31/2021	A	08/31/2019
	2401 EAST HUNT STREET	Fax: (928)537-1762	Capacity : 58		
	SHOW LOW AZ 85901		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County NAVAJO Total = 3

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2284	WINSLOW CAMPUS OF CARE	Tele: (928)289-4678	08/01/2019 to 07/31/2020	A	09/12/2019
	826 WEST DESMOND STREET	Fax: (928)289-2893	Capacity : 119		
	WINSLOW AZ 86047		Medicaid_Cert: Certified		

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1718	BROOKDALE SANTA CATALINA	Tele: (520)742-6242	02/01/2020 to 01/31/2021	A	02/29/2016
	7500 NORTH CALLE SIN ENVIDIA	Fax: (520)742-4533	Capacity : 42		
	TUCSON AZ 85718		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1470	CENTER AT TUCSON, LLC	Tele: (520)347-5555	05/01/2019 to 04/30/2020	NONE	
	5020 EAST GLENN STREET	Fax: (520)347-5550	Capacity : 96		
	TUCSON AZ 85712		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2725	COPPER HEALTH ORO VALLEY	Tele: (520)825-4669	03/01/2020 to 02/28/2021	A	08/31/2019
	1119 EAST RANCHO VISTOSO BLVD	Fax: (602)368-8211	Capacity : 36		
	ORO VALLEY AZ 85755		Medicaid_Cert: Not Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-3011	SAPPHIRE ESTATES REHAB CENTRE, LLC	Tele: (520)300-6115	05/01/2019 to 04/30/2020	A	
	2040 NORTH WILMOT ROAD	Fax: (844)658-9555	Capacity : 103		
	TUCSON AZ 85712		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2671	SPLENDIDO AT RANCHO VISTOSO	Tele: (520)878-2600	02/01/2019 to 01/31/2020	A	01/31/2020
	13500 NORTH RANCHO VISTOSO BLVD	Fax: (520)878-2705	Capacity : 42		
	TUCSON AZ 85755		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1980	THE SPRINGS AT THE HACIENDA BLDG 6	Tele: (520)485-1020	06/01/2019 to 05/31/2020	A	10/31/2019
	2720 EAST RIVER ROAD	Fax: (520)365-3660	Capacity : 66		
	TUCSON AZ 85718		Medicaid_Cert: Not Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2698	HAVEN OF SAGUARO VALLEY, LLC	Tele: (520)731-8500	07/01/2019 to 06/30/2020	C	03/31/2018
	6651 EAST CARONDELET DRIVE	Fax: (714)256-2003	Capacity : 120		
	TUCSON AZ 85710		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2736	HAVEN OF TUCSON	Tele: (520)299-7088	11/01/2019 to 10/31/2020	A	06/30/2019
	3705 NORTH SWAN ROAD	Fax: (520)529-0038	Capacity : 118		
	TUCSON AZ 85718		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2621	SANTA ROSA CARE CENTER	Tele: (520)795-1610	04/01/2020 to 03/31/2021	A	12/31/2019
	1650 NORTH SANTA ROSA AVENUE	Fax: (520)795-6355	Capacity : 144		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-263	VILLA MARIA CARE CENTER, LLC	Tele: (520)323-9351	05/01/2019 to 04/30/2020	A	12/31/2019
	4310 EAST GRANT ROAD	Fax: (520)323-6490	Capacity : 83		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY	Tele: (520)585-5500	to	NONE	
	HCO 1 BOX 9100	Fax: (520)361-3656	Capacity :		
	SELLS AZ 85634		Medicaid_Cert: Certified		

Vertical line with a blue segment at the top and a black segment at the bottom.

Long-Term Care Facilities

Tuesday, March 3, 2020

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-212	ARIZONA STATE VETERAN HOME-TUCSON	Tele: (520)638-2150	12/01/2019 to 11/30/2020	A	12/31/2017
	555 EAST AJO WAY	Fax: (520)638-2166	Capacity : 120		
	TUCSON AZ 85713		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2715	CASAS ADOBES POST ACUTE REHAB CENTER	Tele: (520)297-8311	05/01/2019 to 04/30/2020	A	02/28/2017
	1919 WEST MEDICAL STREET	Fax: (888)893-8637	Capacity : 230		
	TUCSON AZ 85704		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2634	CATALINA POST ACUTE AND REHABILITATION	Tele: (520)795-9574	05/01/2019 to 04/30/2020	A	09/30/2018
	2611 NORTH WARREN AVENUE	Fax: (520)321-4983	Capacity : 102		
	TUCSON AZ 85719		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2652	DEVON GABLES REHABILITATION CENTER	Tele: (520)296-6181	08/01/2019 to 07/31/2020	A	12/12/2019
	6150 EAST GRANT ROAD	Fax: (520)298-0997	Capacity : 312		
	TUCSON AZ 85712		Medicaid_Cert: Certified		



Long-Term Care Facilities

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County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2702	FOOTHILLS REHABILITATION CENTER	Tele: (520)733-8700	01/01/2020 to 12/31/2020	A	04/30/2019
	2250 NORTH CRAYCROFT ROAD	Fax: (520)733-8980	Capacity : 149		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-235	HANDMAKER HOME FOR THE AGING	Tele: (520)881-2323	05/01/2019 to 04/30/2020	A	12/31/2019
	2221 NORTH ROSEMONT BOULEVARD	Fax: (520)881-3466	Capacity : 94		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2731	LA CANADA CARE CENTER	Tele: (520)797-1191	07/01/2019 to 06/30/2020	A	06/30/2014
	7970 NORTH LA CANADA DRIVE	Fax: (520)742-3437	Capacity : 128		
	TUCSON AZ 85704		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2721	LIFE CARE CENTER OF TUCSON	Tele: (520)575-0900	02/01/2019 to 01/31/2020	A	03/31/2018
	6211 NORTH LA CHOLLA BOULEVARD	Fax: (520)575-0483	Capacity : 162		
	TUCSON AZ 85741		Medicaid_Cert: Certified		



Long-Term Care Facilities

Tuesday, March 3, 2020

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2726	MOUNTAIN VIEW CARE CENTER	Tele: (520)797-2600	07/01/2019 to 06/30/2020	B	10/31/2019
	1313 WEST MAGEE ROAD	Fax: (520)575-6234	Capacity : 120		
	TUCSON AZ 85704		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2639	PARK AVENUE HEALTH AND REHABILITATION CENTER	Tele: (520)882-6151	12/01/2018 to 11/30/2019	A	07/31/2019
	2001 NORTH PARK AVENUE	Fax: (520)620-1546	Capacity : 200		
	TUCSON AZ 85719		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2688	PUEBLO SPRINGS REHABILITATION CENTER	Tele: (520)296-2306	09/01/2019 to 08/31/2020	A	04/30/2018
	5545 EAST LEE STREET	Fax: (520)296-4072	Capacity : 129		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-279	SABINO CANYON REHABILITATION & CARE CENTER	Tele: (520)722-5515	03/01/2020 to 02/28/2021	A	05/31/2016
	5830 EAST PIMA STREET	Fax: (520)886-8082	Capacity : 112		
	TUCSON AZ 85712		Medicaid_Cert: Certified		



Long-Term Care Facilities

Tuesday, March 3, 2020

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2649	SANTA RITA NURSING & REHABILITATION CENTER	Tele: (520)625-0178	12/01/2019 to 11/30/2020	A	02/28/2018
	150 NORTH LA CANADA DRIVE	Fax: (520)625-7107	Capacity : 111		
	GREEN VALLEY AZ 85614		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2643	SAPPHIRE OF TUCSON NURSING AND REHAB, LLC	Tele: (520)294-0005	08/01/2019 to 07/31/2020	B	12/31/2019
	2900 EAST MILBER STREET	Fax: (520)294-0076	Capacity : 240		
	TUCSON AZ 85714		Medicaid_Cert: Certified		

County PINAL Total = 9

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF008	ARIZONA TRAINING PROGRAM AT COOLIDGE - 30 OASIS COURT	Tele: (520)723-2600	01/01/2020 to	NOT APPLICABLE	
	2800 N HWY 87	Fax: (520)723-7618	Capacity :		
	COOLIDGE AZ 85128		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF006	ARIZONA TRAINING PROGRAM OF COOLIDGE - 10 SANDSTONE COURT	Tele: (520)723-2600	01/01/2020 to	NOT APPLICABLE	
	2800 N HWY 87	Fax: (520)723-7618	Capacity :		
	COOLIDGE AZ 85128		Medicaid_Cert: Certified		



Long-Term Care Facilities

Tuesday, March 3, 2020

County PINAL Total = 9

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF007	ARIZONA TRAINING PROGRAM OF COOLIDGE - 20 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	01/01/2020 to Capacity : Medicaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF009	ARIZONA TRAINING PROGRAM OF COOLIDGE - 30 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	01/01/2020 to Capacity : Medicaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF010	ARIZONA TRAINING PROGRAM OF COOLIDGE - 40 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	01/01/2020 to Capacity : Medicaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
ICF011	ARIZONA TRAINING PROGRAM OF COOLIDGE - 50 OASIS COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	01/01/2020 to Capacity : Medicaid_Cert: Certified	NONE	

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

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Tuesday, March 3, 2020

County PINAL Total = 9

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-363	APACHE JUNCTION HLTH CENTER	Tele: (480)983-0700	02/01/2020 to 01/31/2021	A	01/16/2020
	2012 WEST SOUTHERN AVE	Fax: (480)983-7318	Capacity : 190		
	APACHE AZ 85120 JUNCTION		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	GILA RIVER INDIAN CARE CENTER	Tele: (520)562-7400	to	NONE	
	PO BOX 2187	Fax: (520)562-7450	Capacity :		
	SACATON AZ 85247		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2692	OASIS PAVILION NURSING & REHABILITATION CENTER	Tele: (520)836-1772	07/31/2019 to 08/01/2020	A	10/31/2018
	161 WEST RODEO ROAD	Fax: (520)421-4966	Capacity : 134		
	CASA GRANDE AZ 85122		Medicaid_Cert: Certified		

County YAVAPAI Total = 8

Sub-Type : PIONEERS' HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
D-0000	ARIZONA PIONEERS' HOME	Tele: (928)445-2181	to	NONE	
	300 SOUTH MCCORMICK STREET	Fax: (928)778-1148	Capacity : 64		
	PRESCOTT AZ 86303		Medicaid_Cert: Not Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

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Long-Term Care Facilities

Tuesday, March 3, 2020

County YAVAPAI Total = 8

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1500	GOOD SAMARITAN SOCIETY-PRESCOTT VALLEY 3380 NORTH WINDSONG DRIVE PRESCOTT AZ 86314 VALLEY	Tele: (928)775-0045 Fax: (928)775-2752	04/01/2020 to 03/31/2021 Capacity : 58 Medicaid_Cert: Certified	A	01/31/2020
NCI-321	GOOD SAMARITAN SOCIETY-PRESCOTT VILLAGE 1030 SCOTT DRIVE PRESCOTT AZ 86301	Tele: (928)778-2450 Fax: (928)778-5251	05/01/2019 to 04/30/2020 Capacity : 58 Medicaid_Cert: Certified	A	11/30/2017
NCI-2728	GRANITE CREEK HEALTH & REHABILITATION CENTER 1045 SCOTT DRIVE PRESCOTT AZ 86301	Tele: (928)778-9603 Fax: (928)778-5909	07/01/2019 to 06/30/2020 Capacity : 128 Medicaid_Cert: Certified	A	05/23/2019
NCI-2699	HAVEN OF CAMP VERDE 86 WEST SALT MINE ROAD CAMP VERDE AZ 86322	Tele: (928)567-5253 Fax: (928)567-3794	02/01/2020 to 01/31/2021 Capacity : 58 Medicaid_Cert: Certified	B	03/28/2019

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Long-Term Care Facilities

Tuesday, March 3, 2020

County YAVAPAI Total = 8

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2707	HAVEN OF COTTONWOOD, LLC	Tele: (928)634-5548	02/01/2020 to 01/31/2021	B	05/02/2019
	197 SOUTH WILLARD STREET	Fax: (928)639-9602	Capacity : 80		
	COTTONWOOD AZ 86326		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-358	MOUNTAIN VIEW MANOR	Tele: (928)778-4837	08/01/2019 to 07/31/2020	A	08/07/2019
	1045 SANDRETTO DRIVE	Fax: (928)445-8311	Capacity : 116		
	PRESCOTT AZ 86305		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2651	PRESCOTT NURSING AND REHABILITATION CENTER	Tele: (928)778-9667	12/01/2019 to 11/30/2020	A	06/13/2019
	864 DOUGHERTY STREET	Fax: (928)771-9620	Capacity : 64		
	PRESCOTT AZ 86305		Medicaid_Cert: Certified		

County YUMA Total = 4

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-253	HAVEN OF SANDPOINTE	Tele: (928)783-8831	02/28/2020 to 02/28/2021	A	08/31/2018
	2222 SOUTH AVENUE A	Fax: (928)329-0149	Capacity : 143		
	YUMA AZ 85364		Medicaid_Cert: Certified		

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Long-Term Care Facilities

Tuesday, March 3, 2020

County YUMA Total = 4

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2719	HAVEN OF YUMA 2470 SOUTH ARIZONA AVENUE YUMA AZ 85364	Tele: (928)344-8541 Fax: (928)344-0823	11/01/2019 to 10/31/2020 Capacity : 120 Medicaid_Cert: Certified	A	07/31/2019
NCI-391	LIFE CARE CENTER OF YUMA 2450 SOUTH 19TH AVENUE YUMA AZ 85364	Tele: (928)344-0425 Fax: (928)344-4526	05/01/2019 to 04/30/2020 Capacity : 128 Medicaid_Cert: Certified	A	04/11/2019
NCI-365	YUMA NURSING CENTER 1850 WEST 25TH STREET YUMA AZ 85364	Tele: (928)726-6700 Fax: (928)344-1413	10/01/2019 to 09/30/2020 Capacity : 120 Medicaid_Cert: Certified	A	12/31/2015

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