

# Long-Term Care Facilities

Wednesday, May 01, 2019

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	1/31/2019
	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	02/01/2019 to 01/31/2020	A	3/31/2019
	1400 NORTH SAN ANTONIO AVENUE	Fax: (520)805-9146	Capacity : 60		
	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	11/01/2018 to 10/31/2019	A	3/14/2019
	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	1/31/2020
	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	08/21/2018 to 07/31/2019	NONE	
	1521 NORTH PINE CLIFF DRIVE	Fax: (928)440-5412	Capacity :		
	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	02/01/2019 to 01/31/2020	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	KACHINA POINT REHABILITATION HOSPITAL, LLC	Tele: (928)284-1000	05/01/2019 to 04/30/2020	A	5/31/2019
	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	04/01/2019 to 03/31/2020	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	10/01/2018 to 09/30/2019	B	8/31/2019
	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	11/01/2018 to 10/31/2019	A	8/31/2019
	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	03/01/2019 to 02/28/2020	A	1/31/2020
	1300 SOUTH STREET	Fax: (928)425-0707	Capacity : 96		
	GLOBE AZ 85501		Medicaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2655	PAYSON CARE CENTER	Tele: (928)474-6896	10/01/2018 to 09/30/2019	A	6/30/2019
	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	02/01/2019 to 01/31/2020	A	5/31/2019
	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
	ARIZONA TRAINING PROGRAM OF PHOENIX - CAMPBELL	Tele: (602)230-8494	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
	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
	ARIZONA TRAINING PROGRAM OF PHOENIX - PINCHOT	Tele: (602)956-7782	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
	ARIZONA TRAINING PROGRAM OF PHOENIX - WINDSOR	Tele: (602)230-8197	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	to	NOT APPLICABLE	
	1402 EAST SOUTH MOUNTAIN AVENUE	Fax: (602)243-1217	Capacity :		
	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	01/01/2019 to 12/31/2019	A	1/31/2020
	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	04/01/2019 to 03/31/2020	A	2/28/2019
	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	01/01/2019 to 12/31/2019	A	1/31/2020
	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	2/28/2019
	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	10/01/2018 to 09/30/2019	B	1/31/2018
	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	5/31/2019
	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	04/01/2019 to 03/31/2020	A	2/28/2017
	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	02/01/2019 to 01/31/2020	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	12/01/2018 to 11/30/2019	A	4/30/2018
	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-343	PUEBLO NORTE SENIOR LIVING COMMUNITY	Tele: (480)948-5800	08/01/2018 to 07/31/2019	A	10/31/2019
	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	09/01/2018 to 08/31/2019	A	8/31/2019
	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	04/01/2019 to 03/31/2020	A	2/28/2017
	5358 EAST BASELINE ROAD	Fax: (480)383-6777	Capacity : 70		
	MESA AZ 85206		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2703	SANTE OF NORTH SCOTTSDALE	Tele: (480)588-5386	02/01/2019 to 01/31/2020	A	8/31/2018
	17490 NORTH 93RD STREET	Fax: (480)584-5632	Capacity : 72		
	SCOTTSDALE AZ 85255		Medicaid_Cert: Not Certified		





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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2700	SANTE OF SURPRISE	Tele: (623)594-5050	09/01/2018 to 08/31/2019	A	7/31/2019
	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	11/01/2018 to 10/31/2019	B	2/28/2019
	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-1468	SUN HEALTH GRANDVIEW CARE CENTER	Tele: (623)975-8100	01/01/2019 to 12/31/2019	A	11/30/2019
	14505 WEST GRANITE VALLEY DRIVE	Fax: (623)975-8192	Capacity : 72		
	SUN CITY WEST AZ 85375		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2654	SUN HEALTH LA LOMA CARE CENTER	Tele: (623)537-7400	03/01/2019 to 02/28/2020	A	5/31/2019
	14260 SOUTH DENNY BOULEVARD	Fax: (623)537-7480	Capacity : 43		
	LITCHFIELD PARK AZ 85340		Medicaid_Cert: Not Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-4211	THE CENTER AT VAL VISTA, LLC	Tele: (480)224-9500	10/01/2018 to 09/30/2019	A	
	3744 SOUTH ROME STREET	Fax: (480)224-9551	Capacity : 96		
	GILBERT AZ 85297		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-421	THE FORUM AT DESERT HARBOR	Tele: (623)972-0995	04/01/2019 to 03/31/2020	B	3/31/2019
	13840 NORTH DESERT HARBOR DRIVE	Fax: (623)974-4519	Capacity : 57		
	PEORIA AZ 85381		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2645	THE GARDENS OF SCOTTSDALE	Tele: (480)941-2222	09/01/2018 to 08/31/2019	A	1/31/2020
	6001 EAST THOMAS ROAD	Fax: (480)941-2741	Capacity : 44		
	SCOTTSDALE AZ 85251		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-232	THE TERRACES OF PHOENIX	Tele: (602)944-4455	11/01/2018 to 10/31/2019	A	7/31/2019
	7550 NORTH 16TH STREET	Fax: (602)944-0285	Capacity : 64		
	PHOENIX AZ 85020		Medicaid_Cert: Certified		



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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 7501 EAST THOMPSON PEAK PARKWAY SCOTTSDALE AZ 85255	Tele: (480)478-6200 Fax: (480)659-5166	10/01/2018 to 09/30/2019 Capacity : 36 Medicaid_Cert: Not Certified	A	7/31/2019

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2695	VI AT SILVERSTONE, A VI AND PLAZA COMPANIES COMMUNITY 22605 NORTH 74TH STREET SCOTTSDALE AZ 85255	Tele: (480)478-6200 Fax: (480)478-6297	01/01/2019 to 12/31/2019 Capacity : 24 Medicaid_Cert: Not Certified	A	1/31/2019

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-3012	WELLSPRINGS OF PHOENIX, LLC 3008 NORTH 3RD STREET PHOENIX AZ 85012	Tele: (602)313-6000 Fax: (602)687-7660	05/01/2019 to 04/30/2020 Capacity : 46 Medicaid_Cert: Not Certified	NONE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2669	WELLSPRINGS THERAPY CENTER OF GILBERT 3319 SOUTH MERCY ROAD GILBERT AZ 85297	Tele: (480)729-6500 Fax: (602)234-8149	11/01/2018 to 10/31/2019 Capacity : 32 Medicaid_Cert: Not Certified	A	11/30/2019



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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	12/31/2017

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

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2680	CAREMERIDIAN-PHOENIX 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	1/31/2018

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	03/01/2019 to 02/28/2020 Capacity : 115 Medicaid_Cert: Certified	A	6/30/2019

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

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2676	9940 WEST UNION HILLS DRIVE OPERATIONS LLC 9940 WEST UNION HILLS DRIVE SUN CITY AZ 85373	Tele: (623)933-0022 Fax: (623)933-0532	05/01/2018 to 04/30/2019 Capacity : 118 Medicaid_Cert: Certified	B	11/30/2017

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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	03/31/2019 to 02/28/2020	C	6/30/2019
	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	11/01/2018 to 10/31/2019	A	2/28/2019
	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	09/01/2018 to 08/31/2019	A	9/30/2017
	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	03/01/2019 to 02/28/2020	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	Tele: (623)832-7000	09/01/2018 to 08/31/2019	A	8/31/2019
	10601 WEST SANTA FE DRIVE	Fax: (623)974-7102	Capacity : 91		
	SUN CITY AZ 85351		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-256	BEATITUDES CAMPUS	Tele: (602)995-2611	08/01/2019 to 07/31/2020	A	7/31/2018
	1712 WEST GLENDALE AVENUE	Fax: (602)995-0704	Capacity : 72		
	PHOENIX AZ 85021		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-345	BELLA VITA HEALTH AND REHABILITATION CENTER	Tele: (623)931-5800	12/01/2018 to 11/30/2019	A	7/31/2019
	5125 NORTH 58TH AVENUE	Fax: (623)931-8776	Capacity : 170		
	GLENDALE AZ 85301		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2724	BROOKDALE NORTH CHANDLER	Tele: (480)345-8500	02/01/2019 to 01/31/2020	A	7/31/2019
	2555 NORTH PRICE ROAD	Fax: (480)730-5264	Capacity : 66		
	CHANDLER AZ 85224		Medicaid_Cert: Certified		



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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-159	CAMELBACK POST ACUTE AND REHABILITATION	Tele: (602)264-9039	03/01/2019 to 02/28/2020	B	3/28/2019
	4635 NORTH 14TH STREET	Fax: (602)264-1017	Capacity : 107		
	PHOENIX AZ 85014		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2734	CHANDLER POST ACUTE AND REHABILITATION	Tele: (480)899-6717	11/01/2018 to 10/31/2019	A	11/30/2017
	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	01/01/2019 to 12/31/2019	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	7/31/2019
	5121 EAST BROADWAY ROAD	Fax: (480)924-0090	Capacity : 128		
	MESA AZ 85206		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-2637	CORONADO HEALTHCARE CENTER	Tele: (602)256-7500	08/01/2018 to 07/31/2019	A	5/31/2015
	11411 NORTH 19TH AVE	Fax: (602)943-7697	Capacity : 191		
	PHOENIX AZ 85029		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2696	DESERT BLOSSOM HEALTH & REHAB CENTER	Tele: (480)832-3903	09/01/2018 to 08/31/2019	A	5/31/2019
	60 SOUTH 58TH STREET	Fax: (480)981-0963	Capacity : 106		
	MESA AZ 85206		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-351	DESERT COVE NURSING CENTER	Tele: (480)899-0641	10/01/2018 to 09/30/2019	B	12/31/2018
	1750 WEST FRYE ROAD	Fax: (480)899-1785	Capacity : 120		
	CHANDLER AZ 85224		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2625	DESERT HAVEN CARE CENTER	Tele: (602)956-8000	07/01/2019 to 06/30/2020	B	1/31/2018
	2645 EAST THOMAS ROAD	Fax: (602)224-5363	Capacity : 115		
	PHOENIX AZ 85016		Medicaid_Cert: Certified		





# Long-Term Care Facilities

Wednesday, May 01, 2019

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-237	DESERT TERRACE HEALTHCARE CENTER	Tele: (602)273-1347	07/01/2019 to 06/30/2020	A	2/28/2020
	2509 NORTH 24TH STREET	Fax: (602)273-6260	Capacity : 108		
	PHOENIX AZ 85008		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-378	ESTRELLA CENTER	Tele: (623)932-2282	09/01/2018 to 08/31/2019	A	2/28/2017
	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	GOOD SAMARITAN SOCIETY-MESA GOOD SHEPHERD	Tele: (480)981-0098	02/01/2019 to 01/31/2020	A	12/31/2017
	5848 EAST UNIVERSITY DRIVE	Fax: (480)396-3023	Capacity : 58		
	MESA AZ 85205		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-313	GOOD SAMARITAN SOCIETY-PEORIA GOOD SHEPHERD	Tele: (623)875-0100	05/01/2019 to 04/30/2020	B	7/31/2019
	10323 WEST OLIVE AVENUE	Fax: (623)875-0110	Capacity : 150		
	PEORIA AZ 85345		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2617	HACIENDA NURSING FACILITY	Tele: (602)243-4231	06/01/2019 to 05/31/2020	A	9/30/2017
	1402 EAST SOUTH MOUNTAIN AVENUE	Fax: (602)243-1217	Capacity : 74		
	PHOENIX AZ 85042		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 : 90		
	SCOTTSDALE AZ 85251		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2730	HERITAGE COURT POST ACUTE OF SCOTTSDALE	Tele: (480)949-5400	07/01/2019 to 06/30/2020	A	12/31/2018
	3339 NORTH DRINKWATER BOULEVARD	Fax: (480)949-9467	Capacity : 108		
	SCOTTSDALE AZ 85251		Medicaid_Cert: Certified		



# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2714	HORIZON POST ACUTE AND REHABILITATION CENTER	Tele: (623)247-3949	03/01/2019 to 02/28/2020	A	8/31/2019
	4704 WEST DIANA AVENUE	Fax: (623)930-1104	Capacity : 196		
	GLENDAL AZ 85302		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-066	IMMANUEL CAMPUS OF CARE	Tele: (623)977-8373	05/01/2019 to 04/30/2020	A	7/31/2017
	11301 NORTH 99TH AVENUE	Fax: (623)876-6337	Capacity : 228		
	PEORIA AZ 85345		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2672	LA ESTANCIA NURSING AND REHABILITATION CENTER	Tele: (480)759-0358	11/01/2018 to 10/31/2019	C	7/31/2017
	15810 SOUTH 42ND STREET	Fax: (480)759-7666	Capacity : 192		
	PHOENIX AZ 85048		Medicaid_Cert: 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	3/31/2019
	20625 NORTH LAKE PLEASANT ROAD	Fax: (623)476-3664	Capacity : 128		
	PEORIA AZ 85382		Medicaid_Cert: Certified		



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Wednesday, May 01, 2019

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-381	LIFE CARE CENTER OF NORTH GLENDALE	Tele: (602)843-8433	05/01/2019 to 04/30/2020	B	9/30/2019
	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	02/01/2019 to 01/31/2020	A	7/31/2018
	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	11/01/2018 to 10/31/2019	B	2/28/2019
	11527 WEST PEORIA AVE	Fax: (623)974-6652	Capacity : 102		
	YOUNGTOWN AZ 85363		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-406	LIFESTREAM AT SUN RIDGE	Tele: (623)583-5482	11/01/2018 to 10/31/2019	B	2/28/2019
	12215 WEST BELL ROAD	Fax: (623)583-1465	Capacity : 58		
	SURPRISE AZ 85378		Medicaid_Cert: Certified		





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Wednesday, May 01, 2019

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-2659	MARAVILLA CARE CENTER	Tele: (602)243-6121	07/01/2019 to 06/30/2020	C	11/30/2019
	8825 SOUTH 7TH STREET	Fax: (602)268-3349	Capacity : 194		
	PHOENIX AZ 85042		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2670	MARYLAND GARDENS CARE CENTER	Tele: (602)265-7484	12/01/2018 to 11/30/2019	A	7/31/2019
	31 WEST MARYLAND AVENUE	Fax: (602)285-1320	Capacity : 60		
	PHOENIX AZ 85013		Medicaid_Cert: 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	9/30/2017
	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	03/01/2019 to 02/28/2020	A	9/30/2018
	330 SOUTH PINNACLE CIRCLE	Fax: (480)396-5011	Capacity : 180		
	MESA AZ 85206		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-2674	MISSION PALMS OF MESA HEALTH AND REHABILITATION CENTER  6461 EAST BAYWOOD AVENUE MESA AZ 85206	Tele: (480)832-5160  Fax: (480)854-7046	05/01/2019 to 04/30/2020  Capacity : 160 Medicaid_Cert: Certified	A	11/30/2018

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2638	MONTECITO POST ACUTE CARE AND REHABILITATION  51 SOUTH 48TH STREET MESA AZ 85206	Tele: (480)832-8333  Fax: (480)830-2466	03/01/2019 to 02/28/2020  Capacity : 222 Medicaid_Cert: Certified	A	11/7/2019

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	03/01/2019 to 02/28/2020  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	8/31/2017



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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-2684	PALM VALLEY REHABILITATION & CARE CENTER	Tele: (623)536-9911	12/01/2018 to 11/30/2019	A	12/31/2018
	13575 WEST MCDOWELL ROAD	Fax: (623)536-9502	Capacity : 180		
	GOODYEAR AZ 85338		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2631	PEORIA POST ACUTE AND REHABILITATION	Tele: (623)933-7722	04/01/2019 to 03/31/2020	A	5/31/2013
	13215 NORTH 94TH DRIVE	Fax: (623)933-9796	Capacity : 128		
	PEORIA AZ 85381		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2673	PHOENIX MOUNTAIN POST ACUTE	Tele: (602)996-5200	04/01/2019 to 03/31/2020	A	6/30/2017
	13232 NORTH TATUM BLVD	Fax: (602)996-6160	Capacity : 130		
	PHOENIX AZ 85032		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2661	PLAZA HEALTHCARE	Tele: (480)990-1904	11/01/2018 to 10/31/2019	A	11/30/2019
	1475 NORTH GRANITE REEF ROAD	Fax: (480)946-6286	Capacity : 179		
	SCOTTSDALE AZ 85257		Medicaid_Cert: Certified		



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Wednesday, May 01, 2019

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-334	PROVIDENCE PLACE AT GLENCROFT	Tele: (623)939-9475	11/01/2018 to 10/31/2019	A	9/30/2019
	8641 NORTH 67TH AVE	Fax: (623)847-3192	Capacity : 225		
	GLENDAL AZ 85302		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2690	RIDGECREST HEALTHCARE	Tele: (602)482-6671	12/01/2018 to 11/30/2019	B	2/28/2019
	16640 NORTH 38TH STREET	Fax: (602)482-3541	Capacity : 200		
	PHOENIX AZ 85032		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-068	SCOTTSDALE VILLAGE SQUARE	Tele: (480)946-6571	02/01/2019 to 01/31/2020	A	9/30/2019
	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	11/01/2018 to 10/31/2019	C	9/30/2019
	11150 NORTH 92ND STREET	Fax: (480)451-1539	Capacity : 120		
	SCOTTSDALE AZ 85260		Medicaid_Cert: Certified		





# 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-2729	SOUTH MOUNTAIN POST ACUTE	Tele: (602)243-2780	07/01/2019 to 06/30/2020	A	5/31/2019
	8008 S. JESSE OWENS PARKWAY	Fax: (602)243-7079	Capacity : 124		
	PHOENIX AZ 85042		Medicaid_Cert: 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-2648	SUN WEST CHOICE HEALTHCARE & REHAB	Tele: (623)584-6161	06/01/2019 to 05/31/2020	A	1/31/2019
	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 HEALTH & REHABILITATION CENTER	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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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	02/01/2019 to 01/31/2020	C	3/31/2018
	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	01/01/2019 to 12/31/2019	A	8/31/2017
	12415 NORTH 103RD AVE	Fax: (623)933-5846	Capacity : 58		
	SUN CITY AZ 85351		Medicaid_Cert: Not Certified		

County MOHAVE Total = 8

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	04/01/2019 to 03/31/2020	A	1/31/2019
	1811 MESQUITE AVE	Fax: (928)505-5799	Capacity : 19		
	LAKE HAVASU CITY AZ 86403		Medicaid_Cert: Not Certified		



# Long-Term Care Facilities

Wednesday, May 01, 2019

County MOHAVE Total = 8

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	11/01/2018 to 10/31/2019  Capacity : 120 Medicaid_Cert: Certified	D	6/30/2018
NCI-355	HAVASU NURSING CENTER  3576 KEARSAGE DRIVE LAKE HAVASU AZ 86406 CITY	Tele: (928)453-1500  Fax: (928)453-6675	02/01/2019 to 01/31/2020  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	7/31/2019
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	1/31/2019

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# Long-Term Care Facilities

Wednesday, May 01, 2019

County MOHAVE Total = 8

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	09/01/2018 to 08/31/2019	A	4/30/2019
	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	10/01/2018 to 09/30/2019	A	2/28/2018
	1099 SUNRISE AVENUE	Fax: (928)718-1729	Capacity : 88		
	KINGMAN AZ 86401		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2660	THE RIVER GARDENS REHAB AND CARE CENTER	Tele: (928)763-8700	02/01/2019 to 01/31/2020	B	9/30/2019
	2150 SILVER CREEK ROAD	Fax: (928)763-9795	Capacity : 90		
	BULLHEAD CITY AZ 86442		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	03/01/2019 to 02/28/2020	A	12/31/2018
	3401 NORTH LOCKWOOD DRIVE	Fax: (928)368-2061	Capacity : 112		
	LAKESIDE AZ 85929		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2704	HAVEN OF SHOW LOW	Tele: (928)537-5333	02/01/2019 to 01/31/2020	A	8/31/2019
	2401 EAST HUNT STREET	Fax: (928)537-1762	Capacity : 60		
	SHOW LOW AZ 85901		Medicaid_Cert: 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	5/31/2019
	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	02/01/2019 to 01/31/2020	A	1/31/2017
	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		



# Long-Term Care Facilities

Wednesday, May 01, 2019

County PIMA Total = 25

Sub-Type : SKILLED NURSING FACILITY ONLY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2725	COPPER HEALTH ORO VALLEY	Tele: (520)825-4669	03/01/2019 to 02/28/2020	A	8/31/2019
	1119 EAST RANCHO VISTOSO BLVD	Fax: (602)368-8211	Capacity : 36		
	ORO VALLEY AZ 85755		Medicaid_Cert: Not Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-3011	SANTE OF TUCSON	Tele: (520)300-6115	01/01/2019 to 12/31/2019	NONE	
	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	1/31/2020
	13500 NORTH RANCHO VISTOSO BLVD	Fax: (520)878-2705	Capacity : 48		
	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

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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	11/01/2018 to 10/31/2019	A	6/30/2019
	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	04/01/2019 to 03/31/2020	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-2698	VILLA CAMPANA REHABILITATION HOSPITAL LLC	Tele: (520)731-8500	03/01/2019 to 02/28/2020	C	3/31/2018
	6651 EAST CARONDELET DRIVE	Fax: (714)256-2003	Capacity : 120		
	TUCSON AZ 85710		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

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# Long-Term Care Facilities

Wednesday, May 01, 2019

County PIMA Total = 25

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		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-212	ARIZONA STATE VETERAN HOME-TUCSON	Tele: (520)638-2150	12/01/2018 to 11/30/2019	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	2/28/2017
	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	9/30/2018
	2611 NORTH WARREN AVENUE	Fax: (520)321-4983	Capacity : 102		
	TUCSON AZ 85719		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2652	DEVON GABLES REHABILITATION CENTER	Tele: (520)296-6181	08/01/2018 to 07/31/2019	B	6/30/2017
	6150 EAST GRANT ROAD	Fax: (520)298-0997	Capacity : 312		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2702	FOOTHILLS REHABILITATION CENTER	Tele: (520)733-8700	01/01/2019 to 12/31/2019	A	4/30/2019
	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	6/30/2014
	7970 NORTH LA CANADA DRIVE	Fax: (520)742-3437	Capacity : 128		
	TUCSON AZ 85704		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2721	LIFE CARE CENTER OF TUCSON  6211 NORTH LA CHOLLA BOULEVARD TUCSON AZ 85741	Tele: (520)575-0900  Fax: (520)575-0483	02/01/2019 to 01/31/2020  Capacity : 162 Medicaid_Cert: Certified	A	3/31/2018
NCI-2726	MOUNTAIN VIEW CARE CENTER  1313 WEST MAGEE ROAD TUCSON AZ 85704	Tele: (520)797-2600  Fax: (520)575-6234	07/01/2019 to 06/30/2020  Capacity : 120 Medicaid_Cert: Certified	B	10/31/2019
NCI-2639	PARK AVENUE HEALTH AND REHABILITATION CENTER  2001 NORTH PARK AVENUE TUCSON AZ 85719	Tele: (520)882-6151  Fax: (520)620-1546	12/01/2018 to 11/30/2019  Capacity : 200 Medicaid_Cert: Certified	A	7/31/2019
NCI-2688	PUEBLO SPRINGS REHABILITATION CENTER  5545 EAST LEE STREET TUCSON AZ 85712	Tele: (520)296-2306  Fax: (520)296-4072	09/01/2018 to 08/31/2019  Capacity : 129 Medicaid_Cert: Certified	A	4/30/2018

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-279	SABINO CANYON REHABILITATION & CARE CENTER	Tele: (520)722-5515	03/01/2019 to 02/28/2020	A	5/31/2016
	5830 EAST PIMA STREET	Fax: (520)886-8082	Capacity : 112		
	TUCSON AZ 85712		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2649	SANTA RITA NURSING & REHABILITATION CENTER	Tele: (520)625-0178	12/01/2018 to 11/30/2019	A	2/28/2018
	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
	ARIZONA TRAINING PROGRAM AT COOLIDGE - 30 OASIS COURT	Tele: (520)723-2600	to	NOT APPLICABLE	
	2800 N HWY 87	Fax: (520)723-7618	Capacity :		
	COOLIDGE AZ 85128		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

County PINAL Total = 9

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

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

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

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

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





# Long-Term Care Facilities

Wednesday, May 01, 2019

County PINAL Total = 9

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

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

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 2012 WEST SOUTHERN AVE APACHE AZ 85120 JUNCTION	Tele: (480)983-0700 Fax: (480)983-7318	02/01/2019 to 01/31/2020 Capacity : 190 Medicaid_Cert: Certified	A	10/31/2019

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

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

County YAVAPAI Total = 8

Sub-Type : PIONEERS' HOME



# Long-Term Care Facilities

Wednesday, May 01, 2019

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

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1500	GOOD SAMARITAN SOCIETY-PRESCOTT VALLEY	Tele: (928)775-0045	04/01/2019 to 03/31/2020	A	1/31/2020
	3380 NORTH WINDSONG DRIVE	Fax: (928)775-2752	Capacity : 58		
	PRESCOTT AZ 86314 VALLEY		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-321	GOOD SAMARITAN SOCIETY-PRESCOTT VILLAGE	Tele: (928)778-2450	05/01/2019 to 04/30/2020	A	11/30/2017
	1030 SCOTT DRIVE	Fax: (928)778-5251	Capacity : 58		
	PRESCOTT AZ 86301		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2728	GRANITE CREEK HEALTH & REHABILITATION CENTER	Tele: (928)778-9603	07/01/2019 to 06/30/2020	A	2/28/2019
	1045 SCOTT DRIVE	Fax: (928)778-5909	Capacity : 128		
	PRESCOTT AZ 86301		Medicaid_Cert: Certified		

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# Long-Term Care Facilities

Wednesday, May 01, 2019

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-2699	HAVEN OF CAMP VERDE	Tele: (928)567-5253	02/01/2019 to 01/31/2020	B	1/31/2019
	86 WEST SALT MINE ROAD	Fax: (928)567-3794	Capacity : 60		
	CAMP VERDE AZ 86322		Medicaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2707	HAVEN OF COTTONWOOD, LLC	Tele: (928)634-5548	02/01/2019 to 01/31/2020	B	1/31/2019
	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	4/30/2019
	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	12/01/2018 to 11/30/2019	A	2/28/2019
	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



# Long-Term Care Facilities

Wednesday, May 01, 2019

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	11/01/2018 to 10/31/2019  Capacity : 120 Medicaid_Cert: Certified	A	7/31/2019
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	11/30/2017
NCI-253	PALM VIEW REHABILITATION & CARE  2222 SOUTH AVENUE A YUMA AZ 85364	Tele: (928)783-8831  Fax: (928)329-0149	03/01/2019 to 02/28/2020  Capacity : 143 Medicaid_Cert: Certified	A	8/31/2018
NCI-365	YUMA NURSING CENTER  1850 WEST 25TH STREET YUMA AZ 85364	Tele: (928)726-6700  Fax: (928)344-1413	10/01/2018 to 09/30/2019  Capacity : 120 Medicaid_Cert: Certified	A	12/31/2015

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