

12-049



### Long-Term Care Facility - Approved Licensure Actions

<u>Current Licensure Information:</u>		Facility ID #	6016885
		Licensee ID#	0052894
Facility Name:	Manor Court of Carbondale		
Address:	2940 W Westridge Place		
City:	Carbondale	County:	Jackson
ZIP Code:	62901		

The Division of Long-Term Care Quality Assurance has approved the facility listed above for the following licensure action(s):

- New Facility  
  CHOW  
  Name Change  
  Licensee Change  
  Address Change  
  Bed Change  
  Closure

1. New Facility - Effective Date of Initial Licensure: 08 - 25 - 14

<b>Bed Capacity:</b>	Skilled	<u>120</u>
	Under Age 22	_____
	Intermediate	_____
	ICF/DD	_____
	ICF/DD > 16 Beds	_____
	Sheltered Care	_____
	Community Living	_____
	TOTAL	<u>120</u>

Facility will operate an ASCU:  Yes  No

2. Change of Ownership - Effective Date of Ownership: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Effective Date of Licensure: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Facility Name: \_\_\_\_\_

New Licensee ID#: \_\_\_\_\_

<b>Bed Capacity:</b>	Skilled	_____
	Under Age 22	_____
	Intermediate	_____
	ICF/DD	_____
	ICF/DD > 16 Beds	_____
	Sheltered Care	_____
	Community Living	_____
	TOTAL	_____

Facility will operate an ASCU:  Yes  No



## Long-Term Care Facility - Approved Licensure Actions

3. Change of Facility Name - Effective Date of Change: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Facility Name: \_\_\_\_\_

4. Change of Licensee Name - Effective Date of Change: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Licensee Name: \_\_\_\_\_

5. Change of Address - Effective Date of Change: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Address: \_\_\_\_\_

6. Capacity and/or Level of Care - Effective Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>From:</b>			<b>To:</b>		
Skilled	_____		Skilled	_____	
Under Age 22	_____		Under Age 22	_____	
Intermediate	_____		Intermediate	_____	
ICF/DD	_____		ICF/DD	_____	
ICF/DD > 16 Beds	_____		ICF/DD > 16 Beds	_____	
Sheltered Care	_____		Sheltered Care	_____	
Community Living	_____		Community Living	_____	
TOTAL	_____		TOTAL	_____	

7. Closure of Facility - Effective Date of Closure: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Additional Notes: New Facility. Has both an ASCU and OPT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Selma D. Bryars*<sub>16</sub>

Licensure Program Administrator

08/25/14

Date