<table>
<thead>
<tr>
<th>PROVIDER/ADDRESS</th>
<th>Contact and Phones</th>
<th>County</th>
<th>License Number, Level and Beds</th>
<th>Owner, Ownership, Certification Types, Provider Number</th>
</tr>
</thead>
</table>

**KEY TO DESCRIPTIONS:**
- **IMD** = Institute for Mental Diseases
- **SNF** = Skilled Nursing Facility
- **NF** = Nursing Facility

**DIVISION OF QUALITY ASSURANCE**
PO Box 2969
Madison, WI 53701-2969