

# Assisted Facility Closures

**Closure Date** 12/03/2021 Facility\_ID 110355  
Owner\_Operator Tarantino Senior Living Communities, LLC  
Facility The Pines at Bellaire  
Address 12420 Bellaire  
Houston TX 77072  
County Harris  
Service\_Type Assisted Living TYPE B

## Bed Designations

Private  
Total Capacity 0

**Closure Date** 11/19/2021 Facility\_ID 107070  
Owner\_Operator Unknown Owner  
Facility WICARE HEALTHCARE LLC  
Address 8139 KENTON STREET  
HOUSTON TX 77028  
County Harris  
Service\_Type Assisted Living TYPE B

## Bed Designations

Private 0  
Total Capacity 0

**Closure Date** 11/22/2021 Facility\_ID 106732  
Owner\_Operator Unknown Owner  
Facility AVON SENIOR CARE  
Address 3105 AVON DR  
ARLINGTON TX 76015  
County Tarrant  
Service\_Type Assisted Living TYPE B

## Bed Designations

Private 0  
Total Capacity 0

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/10/2020</b>               | Facility_ID | 110183 |                         |
| Owner_Operator      | SANDY'S SERENITY HOMESTEAD, LLC |             |        |                         |
| Facility            | Sandy's Serenity Homestead, LLC |             |        |                         |
| Address             | 16630 DOLENTE RD                |             |        | <b>Bed Designations</b> |
|                     | San Antonio                     | TX          | 78266  | Private                 |
| County              | Bexar                           |             |        | Total Capacity          |
| Service_Type        | Assisted Living                 | TYPE A      |        | 0                       |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/06/2018</b>                               | Facility_ID | 106025 |                         |
| Owner_Operator      | YILKA DIRIANETT VANCE                           |             |        |                         |
| Facility            | HOME SWEET HOME LOVING CARE ASSISTED LIVING LLC |             |        |                         |
| Address             | 506 POPLAR VISTA LANE                           |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON                                       | TX          | 76002  | Private                 |
| County              | Tarrant   |             |        | Total Capacity          |
| Service_Type        | Assisted Living                                 | TYPE B      |        | 0                       |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>                                   | Facility_ID | 107264 |                         |
| Owner_Operator      | Unknown Owner                                       |             |        |                         |
| Facility            | MISSION ROAD DEVELOPMENTAL CENTER - CENTER SPRINGS- |             |        |                         |
| Address             | 7830 CENTER SPRING                                  |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO   | TX          | 78244  | Private                 |
| County              | Bexar   |             |        | Total Capacity          |
| Service_Type        | Assisted Living                                     | TYPE B      |        | 0                       |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>                                   | Facility_ID | 103550 |                         |
| Owner_Operator      | Unknown Owner                                       |             |        |                         |
| Facility            | BELL-MYRE'S RESIDENTIAL COMMUNITY CARE FACILITY LLC |             |        |                         |
| Address             | 1800 MCALASTER ST                                   |             |        | <b>Bed Designations</b> |
|                     | CEDAR HILL  | TX          | 75104  | Private                 |
| County              | Dallas  |             |        | Total Capacity          |
| Service_Type        | Assisted Living                                     | TYPE B      |        | 0                       |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>   | Facility_ID | 106632 |                         |
| Owner_Operator      |                     |             |        |                         |
| Facility            | A VICTORIA'S PLACE  |             |        |                         |
| Address             | 1003 WESTLAKE DRIVE |             |        |                         |
|                     | DESOTO              | TX          | 75115  |                         |
| County              | Dallas              |             |        |                         |
| Service_Type        | Assisted Living     | TYPE B      |        |                         |
|                     |                     |             |        | <b>Bed Designations</b> |
|                     |                     |             |        | Private 0               |
|                     |                     |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>      | Facility_ID | 106972 |                         |
| Owner_Operator      |                        |             |        |                         |
| Facility            | KUYKENDALL HOME HEALTH |             |        |                         |
| Address             | 1145 WEST 21ST         |             |        |                         |
|                     | HOUSTON                | TX          | 77008  |                         |
| County              | Harris                 |             |        |                         |
| Service_Type        | Assisted Living        | TYPE B      |        |                         |
|                     |                        |             |        | <b>Bed Designations</b> |
|                     |                        |             |        | Private 0               |
|                     |                        |             |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2022</b>    | Facility_ID | 001145 |                         |
| Owner_Operator      | MARIA D UNZUETA      |             |        |                         |
| Facility            | UNZUETAS FOSTER HOME |             |        |                         |
| Address             | 1809 PIEDRA ROJA     |             |        |                         |
|                     | EL PASO              | TX          | 79936  |                         |
| County              | El Paso              |             |        |                         |
| Service_Type        | Assisted Living      | TYPE C      |        |                         |
|                     |                      |             |        | <b>Bed Designations</b> |
|                     |                      |             |        | Private                 |
|                     |                      |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/30/2020</b>                 | Facility_ID | 050023 |                         |
| Owner_Operator      | PATRICIA ANN ATTAGUILE-VILLAGRANA |             |        |                         |
| Facility            | THE ARK                           |             |        |                         |
| Address             | 2830 FILMORE AVE                  |             |        |                         |
|                     | EL PASO                           | TX          | 79930  |                         |
| County              | El Paso                           |             |        |                         |
| Service_Type        | Assisted Living                   | TYPE A      |        |                         |
|                     |                                   |             |        | <b>Bed Designations</b> |
|                     |                                   |             |        | Private 0               |
|                     |                                   |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/08/2021</b>                         | Facility_ID | 106640 |                         |
| Owner_Operator      | TRANSITIONAL LEARNING CENTER AT GALVESTON |             |        |                         |
| Facility            | WESTWAY                                   |             |        |                         |
| Address             | 4416 10TH STREET                          |             |        |                         |
|                     | LUBBOCK                                   | TX          | 79416  | <b>Bed Designations</b> |
| County              | Lubbock                                   |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/11/2021</b>             | Facility_ID | 001506 |                         |
| Owner_Operator      | AUTISTIC TREATMENT CENTER INC |             |        |                         |
| Facility            | FIELDWOOD                     |             |        |                         |
| Address             | 406 FIELDWOOD                 |             |        |                         |
|                     | RICHARDSON                    | TX          | 75081  | <b>Bed Designations</b> |
| County              | Dallas                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE B      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/04/2019</b>                   | Facility_ID | 104191 |                         |
| Owner_Operator      | WCG ARBOR PLACE ASSISTED LIVING LLC |             |        |                         |
| Facility            | ARBOR PLACE ASSISTED LIVING         |             |        |                         |
| Address             | 1200 Kilgore Dr                     |             |        |                         |
|                     | HENDERSON                           | TX          | 75652  | <b>Bed Designations</b> |
| County              | Rusk                                |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/25/2021</b>      | Facility_ID | 105702 |                         |
| Owner_Operator      | LOU'S HOUSE, INC       |             |        |                         |
| Facility            | LOU'S HOUSE            |             |        |                         |
| Address             | 11005 ANDERSON MILL RD |             |        |                         |
|                     | AUSTIN                 | TX          | 78750  | <b>Bed Designations</b> |
| County              | Travis                 |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/09/2019</b>             | Facility_ID | 000598 |                         |
| Owner_Operator      | JEANNETTE R BLACK             |             |        |                         |
| Facility            | CRYSTAL MANOR ASSISTED LIVING |             |        |                         |
| Address             | 6016 W LAKE CREEK RD          |             |        | <b>Bed Designations</b> |
|                     | RIESEL TX 76682               |             |        |                         |
| County              | Mclennan                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/17/2019</b> | Facility_ID | 103588 |                         |
| Owner_Operator      | ELVIRA J CADENA   |             |        |                         |
| Facility            | MARION HOUSE      |             |        |                         |
| Address             | 326 W SEGUIN ST   |             |        | <b>Bed Designations</b> |
|                     | MARION TX 78124   |             |        |                         |
| County              | Guadalupe         |             |        | Total Capacity 7        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/14/2019</b>  | Facility_ID | 106137 |                         |
| Owner_Operator      | ECHELON PLACE LP   |             |        |                         |
| Facility            | ECHELON PLACE      |             |        |                         |
| Address             | 140 N. MITCHELL    |             |        | <b>Bed Designations</b> |
|                     | MANSFIELD TX 76063 |             |        |                         |
| County              | Tarrant            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE A      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/16/2019</b>    | Facility_ID | 105463 |                         |
| Owner_Operator      | CLAUDETTE C. ROBERTS |             |        |                         |
| Facility            | CINDY'S PLACE        |             |        |                         |
| Address             | 16906 TURKEY POINT   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78232 |             |        |                         |
| County              | Bexar                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE B      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/08/2021</b>      | Facility_ID | 105401 |                         |
| Owner_Operator      | ARROWPOINT II LP       |             |        |                         |
| Facility            | HARMONY POINT          |             |        |                         |
| Address             | 1201 ARROW POINT DRIVE |             |        | <b>Bed Designations</b> |
|                     | CEDAR PARK TX 78613    |             |        |                         |
| County              | Williamson             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>      | Facility_ID | 105037 |                         |
| Owner_Operator      | Unknown Owner          |             |        |                         |
| Facility            | SUNSHINE LODGE         |             |        |                         |
| Address             | 2700 PLEASANTON RD     |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78221   |             |        |                         |
| County              | Bexar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/14/2021</b>        | Facility_ID | 000836 |                         |
| Owner_Operator      | DISABILITY RESOURCES INC |             |        |                         |
| Facility            | FULWILER HOUSE           |             |        |                         |
| Address             | 1551 FULWILER RD         |             |        | <b>Bed Designations</b> |
|                     | ABILENE TX 79601         |             |        |                         |
| County              | Taylor                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/01/2022</b>       | Facility_ID | 100891 |                         |
| Owner_Operator      | ARAMIS (MITCH) E. AYALA |             |        |                         |
| Facility            | MCKINLEY HOUSE          |             |        |                         |
| Address             | 3600 MCKINLEY AVE       |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79930        |             |        |                         |
| County              | El Paso                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B  |             |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>   | Facility_ID | 107204 |                         |
| Owner_Operator      | Unknown Owner       |             |        |                         |
| Facility            | CARING PARTNERS     |             |        |                         |
| Address             | 3254 KELLING STREET |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX          | 77045       |        |                         |
| County              | Harris              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE B      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>  | Facility_ID | 104279 |                         |
| Owner_Operator      | Unknown Owner      |             |        |                         |
| Facility            | COMFORT COTTAGE    |             |        |                         |
| Address             | 7408 SLEEPY HOLLOW |             |        | <b>Bed Designations</b> |
|                     | AMARILLO TX        | 79121       |        |                         |
| County              | Randall            |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE B      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/30/2020</b>       | Facility_ID | 000525 |                         |
| Owner_Operator      | BD ASSISTANT LIVING LLC |             |        |                         |
| Facility            | AGAPE CARE HOME         |             |        |                         |
| Address             | 19 GRAHAM LN            |             |        | <b>Bed Designations</b> |
|                     | ALLEN TX                | 75002       |        |                         |
| County              | Collin                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE A      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/11/2019</b>        | Facility_ID | 100293 |                         |
| Owner_Operator      | SCAL MONTGOMERY LLC      |             |        |                         |
| Facility            | SILVER HILLS II          |             |        |                         |
| Address             | 23188 LANDRUM VILLAGE DR |             |        | <b>Bed Designations</b> |
|                     | MONTGOMERY TX            | 77316       |        |                         |
| County              | Montgomery               |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/24/2019</b>  | Facility_ID | 101538 |                         |
| Owner_Operator      | MCKENZIE MANOR LLC |             |        |                         |
| Facility            | MACKENZIE MANOR    |             |        |                         |
| Address             | 5450 MAPLE VISTA   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX     | 78247       |        | Private 0               |
| County              | Bexar              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/08/2019</b>                 | Facility_ID | 000895 |                         |
| Owner_Operator      | BAPTIST COMMUNITY SERVICES        |             |        |                         |
| Facility            | HARRINGTON ASSISTED LIVING CENTER |             |        |                         |
| Address             | 401 SW 12TH                       |             |        | <b>Bed Designations</b> |
|                     | AMARILLO TX                       | 79101       |        | Private                 |
| County              | Potter                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/27/2021</b>     | Facility_ID | 101648 |                         |
| Owner_Operator      | HAZEL'S HOME CARE LLC |             |        |                         |
| Facility            | HAZEL'S HOME CARE LLC |             |        |                         |
| Address             | 4149 FORTUNE          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX             | 75216       |        | Private 0               |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/04/2020</b>                      | Facility_ID | 102695 |                         |
| Owner_Operator      | HOUSTON EXTRAORDINARY HOME CARE II INC |             |        |                         |
| Facility            | HOUSTON EXTRAORDINARY HOME CARE II INC |             |        |                         |
| Address             | 9616 BECKLEY ST                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX                             | 77088       |        | Private                 |
| County              | Harris                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                        | TYPE B      |        |                         |



|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/04/2022</b>      | Facility_ID | 103394 |                         |
| Owner_Operator      | THE CENTER FOR PURSUIT |             |        |                         |
| Facility            | CULLEN RESIDENCE HALL  |             |        |                         |
| Address             | 810 MARSTON DR         |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77019       |             |        |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE B      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/11/2021</b>     | Facility_ID | 104020 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC  |             |        |                         |
| Facility            | AUTUMN GROVE - HUMBLE |             |        |                         |
| Address             | 5500 ATASCOCITA RD    |             |        | <b>Bed Designations</b> |
|                     | HUMBLE TX 77346       |             |        |                         |
| County              | Harris                |             |        | Private 0               |
| Service_Type        | Assisted Living       | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/25/2021</b>      | Facility_ID | 104029 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC   |             |        |                         |
| Facility            | AUTUMN GROVE-PEARLAND  |             |        |                         |
| Address             | 3403 SOUTHFORK PARKWAY |             |        | <b>Bed Designations</b> |
|                     | PEARLAND TX 77578      |             |        |                         |
| County              | Brazoria               |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE B      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2022</b>     | Facility_ID | 105328 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC  |             |        |                         |
| Facility            | AUTUMN GROVE - BLANCO |             |        |                         |
| Address             | 1418 WALKERS WAY      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78216  |             |        |                         |
| County              | Bexar                 |             |        | Private 0               |
| Service_Type        | Assisted Living       | TYPE B      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/08/2019</b>     | Facility_ID | 102212 |                         |
| Owner_Operator      | BELINDA J HURD        |             |        |                         |
| Facility            | HURD SENIOR CARE HOME |             |        |                         |
| Address             | 1530 RUSSELL GLEN LN  |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232       |             |        |                         |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/20/2019</b>          | Facility_ID | 000730 |                         |
| Owner_Operator      | RUSTIC ROCK POST ACUTE LLC |             |        |                         |
| Facility            | AUSTIN ASSISTED LIVING     |             |        |                         |
| Address             | 11406 RUSTIC ROCK DR       |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78750            |             |        |                         |
| County              | Travis                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living            | TYPE B      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2022</b>      | Facility_ID | 010276 |                         |
| Owner_Operator      | ANA L VEGA             |             |        |                         |
| Facility            | VEGA ADULT FOSTER HOME |             |        |                         |
| Address             | 10628 DRILLSTONE       |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79925       |             |        |                         |
| County              | El Paso                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/13/2022</b>      | Facility_ID | 101771 |                         |
| Owner_Operator      | 24 HOUR HOME CARE INC  |             |        |                         |
| Facility            | 24 HOURS HOME CARE INC |             |        |                         |
| Address             | 2133 POSTWOOD LN       |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76018     |             |        |                         |
| County              | Tarrant                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE C      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/02/2021</b>      | Facility_ID | 103900 |                         |
| Owner_Operator      | BETHEL SENIOR CARE LLC |             |        |                         |
| Facility            | BETHEL SENIOR CARE LLC |             |        |                         |
| Address             | 3005 CLUB HILL DR      |             |        | <b>Bed Designations</b> |
|                     | GARLAND TX 75043       |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/13/2022</b>      | Facility_ID | 104449 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC   |             |        |                         |
| Facility            | AUTUMN GROVE - HEIGHTS |             |        |                         |
| Address             | 1405 WEST 24TH STREET  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON HEIGH TX 77008 |             |        |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2021</b>           | Facility_ID | 105931 |                         |
| Owner_Operator      | Brooks Home For Seniors LLC |             |        |                         |
| Facility            | BROOKS HOME FOR SENIORS     |             |        |                         |
| Address             | 4139 BRIAR GLEN DR.         |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78218        |             |        |                         |
| County              | Bexar                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/14/2020</b>       | Facility_ID | 106466 |                         |
| Owner_Operator      | GO OPERATIONS 1 LLC     |             |        |                         |
| Facility            | LA FONTAINE MEMORY CARE |             |        |                         |
| Address             | 11777 LEBANON ROAD      |             |        | <b>Bed Designations</b> |
|                     | FRISCO TX 75035         |             |        |                         |
| County              | Collin                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B  |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/02/2021</b>               | Facility_ID | 100379 |                         |
| Owner_Operator      | PARMER COUNTY HOSPITAL DISTRICT |             |        |                         |
| Facility            | FRIONA HERITAGE ESTATES         |             |        |                         |
| Address             | 201 E15TH STREET                |             |        | <b>Bed Designations</b> |
|                     | FRIONA                          | TX          | 79035  |                         |
| County              | Parmer                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/10/2021</b>                       | Facility_ID | 107311 |                         |
| Owner_Operator      | THE RETREAT SENIOR LIVING COMMUNITY LLC |             |        |                         |
| Facility            | THE RETREAT ON THE GREEN                |             |        |                         |
| Address             | 2231 WINGED FOOT DRIVE                  |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY                           | TX          | 77459  |                         |
| County              | Fort Bend                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                  |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>       | Facility_ID | 104796 |                         |
| Owner_Operator      | Unknown Owner           |             |        |                         |
| Facility            | HMC ASSISTED LIVING LLC |             |        |                         |
| Address             | 109 THELMA STREET       |             |        | <b>Bed Designations</b> |
|                     | HILLCREST               | TX          | 78934  |                         |
| County              | Colorado                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A  |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>        | Facility_ID | 106537 |                         |
| Owner_Operator      | Unknown Owner            |             |        |                         |
| Facility            | ACHIEVING MORE DAYS HOME |             |        |                         |
| Address             | 3449 PLATT AVENUE        |             |        | <b>Bed Designations</b> |
|                     | WEST PORT ARTH           | TX          | 77640  |                         |
| County              | Jefferson                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/02/2021</b>                   | Facility_ID | 000675 |                         |
| Owner_Operator      | NIC Texas Courtyards Management LLC |             |        |                         |
| Facility            | COURTYARDS AT RIVER PARK            |             |        |                         |
| Address             | 3201 RIVER PARK DR                  |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH                          | TX          | 76116  |                         |
| County              | Tarrant                             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A              |             |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/03/2021</b>                     | Facility_ID | 030406 |                         |
| Owner_Operator      | Rosehaven retirement Residences, Inc. |             |        |                         |
| Facility            | ROSEHAVEN RETIREMENT INN              |             |        |                         |
| Address             | 1010 ROSEHILL RD                      |             |        | <b>Bed Designations</b> |
|                     | TERRELL                               | TX          | 75160  |                         |
| County              | Kaufman                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/04/2022</b>              | Facility_ID | 102659 |                         |
| Owner_Operator      | DENTON GOLDEN MEADOWS CARE INC |             |        |                         |
| Facility            | DENTON GOLDEN MEADOWS 2        |             |        |                         |
| Address             | 1805 WESTRIDGE STREET          |             |        | <b>Bed Designations</b> |
|                     | DENTON                         | TX          | 76210  |                         |
| County              | Denton                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/21/2021</b>        | Facility_ID | 103736 |                         |
| Owner_Operator      | DELLA A WASHINGTON       |             |        |                         |
| Facility            | DELLA'S RESIDENTIAL CARE |             |        |                         |
| Address             | 1363 OWEGA AVE           |             |        | <b>Bed Designations</b> |
|                     | DALLAS                   | TX          | 75216  |                         |
| County              | Dallas                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2022</b>        | Facility_ID | 103059 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC     |             |        |                         |
| Facility            | AUTUMN GROVE - CHAMPIONS |             |        |                         |
| Address             | 8733 EASTLOCH DR         |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77379          |             |        |                         |
| County              | Harris                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/01/2022</b>        | Facility_ID | 103125 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC     |             |        |                         |
| Facility            | AUTUMN GROVE - WOODLANDS |             |        |                         |
| Address             | 5000 W ALDEN BRIDGE DR   |             |        | <b>Bed Designations</b> |
|                     | THE WOODLANDS TX 77382   |             |        |                         |
| County              | Montgomery               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/03/2021</b>         | Facility_ID | 000969 |                         |
| Owner_Operator      | THE RENAISSANCE HOUSE INC |             |        |                         |
| Facility            | THE RENAISSANCE HOUSE INC |             |        |                         |
| Address             | 227 SARATOGA              |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78213      |             |        |                         |
| County              | Bexar                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/20/2021</b>                      | Facility_ID | 101737 |                         |
| Owner_Operator      | SOUTH WHEELER COUNTY HOSPITAL DISTRICT |             |        |                         |
| Facility            | SHAMROCK GENERAL HOSPITAL              |             |        |                         |
| Address             | 1000 SOUTH MAIN                        |             |        | <b>Bed Designations</b> |
|                     | SHAMROCK TX 79079                      |             |        |                         |
| County              | Wheeler                                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                 |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>          | Facility_ID | 107312 |                         |
| Owner_Operator      | Unknown Owner              |             |        |                         |
| Facility            | LAKE POINT ASSISTED LIVING |             |        |                         |
| Address             | 20000 FIDDLERS GREEN ROAD  |             |        | <b>Bed Designations</b> |
|                     | FRISCO TX                  |             |        |                         |
| County              | Denton                     |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE E      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/09/2021</b>          | Facility_ID | 000449 |                         |
| Owner_Operator      | RODOLFO R LEDESMA          |             |        |                         |
| Facility            | LEDESMA PERSONAL CARE HOME |             |        |                         |
| Address             | 1809 ALLENDE ST            |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX             | 78237       |        |                         |
| County              | Bexar                      |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE A      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/14/2019</b>          | Facility_ID | 000603 |                         |
| Owner_Operator      | IRMA REDMAN LEE            |             |        |                         |
| Facility            | REDMANS PERSONAL CARE HOME |             |        |                         |
| Address             | 850 CR 6612                |             |        | <b>Bed Designations</b> |
|                     | DEVINE TX                  | 78016       |        |                         |
| County              | Medina                     |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE A      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2021</b>              | Facility_ID | 100898 |                         |
| Owner_Operator      | Rodriguez Assisted Living, LLC |             |        |                         |
| Facility            | La Familia Assisted Living     |             |        |                         |
| Address             | 9115 Mt. Olympus               |             |        | <b>Bed Designations</b> |
|                     | El Paso TX                     | 79924       |        |                         |
| County              | El Paso                        |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE B      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2022</b>          | Facility_ID | 102114 |                         |
| Owner_Operator      | DIANNE M FARRELL           |             |        |                         |
| Facility            | TENDER LOVING ELDERLY CARE |             |        |                         |
| Address             | 14830 CR 2333              |             |        | <b>Bed Designations</b> |
|                     | WHITEHOUSE TX 75791        |             |        |                         |
| County              | Smith                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C     |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/10/2021</b>         | Facility_ID | 103931 |                         |
| Owner_Operator      | HAMPTON SENIOR LIVING LLC |             |        |                         |
| Facility            | HAMPTON SENIOR LIVING LLC |             |        |                         |
| Address             | 1905 HAMPTON LN           |             |        | <b>Bed Designations</b> |
|                     | ROUND ROCK TX 78664       |             |        |                         |
| County              | Williamson                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/05/2021</b>                            | Facility_ID | 100118 |                         |
| Owner_Operator      | GOLDEN AGE SENIOR CARE OF DESERT SPRINGS LLC |             |        |                         |
| Facility            | SUNRIDGE AT DESERT SPRINGS                   |             |        |                         |
| Address             | 5901 BANDOLERO DR                            |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79912                             |             |        |                         |
| County              | El Paso                                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                       |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2022</b>          | Facility_ID | 102347 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC       |             |        |                         |
| Facility            | AUTUMN GROVE - COPPERFIELD |             |        |                         |
| Address             | 8524 COPPERBROOK DR        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77095           |             |        |                         |
| County              | Harris                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B     |             |        | Total Capacity 0        |



|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/09/2021</b>              | Facility_ID | 000319 |                         |
| Owner_Operator      | PARK PLACE RETIREMENT HOME LLC |             |        |                         |
| Facility            | PARK PLACE ASSISTED LIVING     |             |        |                         |
| Address             | 101 FM 971                     |             |        | <b>Bed Designations</b> |
|                     | GEORGETOWN TX 78626            |             |        |                         |
| County              | Williamson                     |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE B      |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/13/2021</b>                    | Facility_ID | 030293 |                         |
| Owner_Operator      | GLORIOUS DAYS PERSONAL CARE HOME INC |             |        |                         |
| Facility            | GLORIOUS DAYS PERSONAL CARE HOME     |             |        |                         |
| Address             | 1706 GELLHORN                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77029                     |             |        |                         |
| County              | Harris                               |             |        | Private 0               |
| Service_Type        | Assisted Living                      | TYPE A      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>                 | Facility_ID | 104386 |                         |
| Owner_Operator      | Unknown Owner                     |             |        |                         |
| Facility            | THE DA'SHUN FOUNDATION GROUP HOME |             |        |                         |
| Address             | 10540 CRADLEROCK DR.              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75217                   |             |        |                         |
| County              | Dallas                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/30/2019</b>                 | Facility_ID | 104757 |                         |
| Owner_Operator      | GOLD STAR PROS LLC                |             |        |                         |
| Facility            | ESSENTIAL LIVING RESIDENTIAL CARE |             |        |                         |
| Address             | 489 BENDING OAKS TR               |             |        | <b>Bed Designations</b> |
|                     | ROCKWALL TX 75087                 |             |        |                         |
| County              | Rockwall                          |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/11/2021</b>                 | Facility_ID | 105168 |                         |
| Owner_Operator      | MERCY ELDERLY ASSISTED LIVING INC |             |        |                         |
| Facility            | MERCY ELDERLY ASSISTED LIVING INC |             |        |                         |
| Address             | 19002 MIRROR LAKE DR              |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77388                   |             |        |                         |
| County              | Harris                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/15/2021</b>                 | Facility_ID | 105648 |                         |
| Owner_Operator      | GRACE & MERCY ASSISTED LIVING LLC |             |        |                         |
| Facility            | GRACE & MERCY ASSISTED LIVING LLC |             |        |                         |
| Address             | 3405 WOODSIDE DR.                 |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76016                |             |        |                         |
| County              | Tarrant                           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE A      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>                  | Facility_ID | 102876 |                         |
| Owner_Operator      | Unknown Owner                      |             |        |                         |
| Facility            | THE GATES AT SERENITY SPRINGS PLLC |             |        |                         |
| Address             | 6710 MOUNTAIN ASIA                 |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78233               |             |        |                         |
| County              | Bexar                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/10/2022</b>                   | Facility_ID | 103224 |                         |
| Owner_Operator      | ROSEWOOD ASSISTED-LIVING CENTER INC |             |        |                         |
| Facility            | ROSEWOOD ASSISTED-LIVING CENTER INC |             |        |                         |
| Address             | 1010 HIGHWAY 87 SOUTH               |             |        | <b>Bed Designations</b> |
|                     | NEWTON TX 75966                     |             |        |                         |
| County              | Newton                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/21/2021</b>                   | Facility_ID | 104195 |                         |
| Owner_Operator      | MARILYN H JACKSON                   |             |        |                         |
| Facility            | ST BERNARD ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 6005 BLACKBERRY CIRCLE              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75248                     |             |        |                         |
| County              | Dallas                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/28/2022</b>                   | Facility_ID | 000926 |                         |
| Owner_Operator      | GERALDINE DOLORES WALKER            |             |        |                         |
| Facility            | HAPPY HOME ADULT PERSONAL CARE HOME |             |        |                         |
| Address             | 4635 LORD RD                        |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78220                |             |        |                         |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE A      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/01/2021</b>                    | Facility_ID | 100958 |                         |
| Owner_Operator      | FAIR V CLARKE                        |             |        |                         |
| Facility            | OUTREACH ASSISTED LIVING FACILITY II |             |        |                         |
| Address             | 5010 RIDGEWAY                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033                     |             |        |                         |
| County              | Harris                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE A      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/10/2022</b>                    | Facility_ID | 105829 |                         |
| Owner_Operator      | STONE OAK MEMORY CARE LLC            |             |        |                         |
| Facility            | The Canyons of Stone Oak Memory Care |             |        |                         |
| Address             | 20271 STONE OAK PARKWAY              |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78258                 |             |        |                         |
| County              | Bexar                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE B      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/07/2021</b>                    | Facility_ID | 106710 |                         |
| Owner_Operator      | ST JOHN'S RESIDENTIAL CARE HOME INC  |             |        |                         |
| Facility            | ST. JOHN'S RESIDENTIAL CARE HOME INC |             |        |                         |
| Address             | 6321 WALLINGFORD DRIVE               |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133                  |             |        |                         |
| County              | Tarrant                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>                   | Facility_ID | 105784 |                         |
| Owner_Operator      | Unknown Owner                       |             |        |                         |
| Facility            | DAYTON - TARKINGTON CARE CENTER INC |             |        |                         |
| Address             | 17019 HWY 321                       |             |        | <b>Bed Designations</b> |
|                     | WINFREE TX 77535                    |             |        |                         |
| County              | Liberty                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/05/2021</b>                     | Facility_ID | 101960 |                         |
| Owner_Operator      | BIENVIVIR SENIOR HEALTH SERVICES      |             |        |                         |
| Facility            | BIENVIVIR ALL-INCLUSIVE SENIOR HEALTH |             |        |                         |
| Address             | 2300 MCKINLEY                         |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79930                      |             |        |                         |
| County              | El Paso                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                       | TYPE B      |        |                         |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/22/2021</b>       | Facility_ID | 103436 |                         |
| Owner_Operator      | LOVINGLYHOME LLC        |             |        |                         |
| Facility            | LovinglyHome LLC        |             |        |                         |
| Address             | 6206 Setting Sun Street |             |        | <b>Bed Designations</b> |
|                     | Leon Valley Texas 78238 |             |        |                         |
| County              | Bexar                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living         | TYPE B      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b> | Facility_ID | 102577 |                         |
| Owner_Operator      | Unknown Owner     |             |        |                         |
| Facility            | BUNA NURSING HOME |             |        |                         |
| Address             | 34722 HWY 96S     |             |        |                         |
|                     | BUNA              | TX          | 77612  |                         |
| County              | Jasper            |             |        |                         |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |
|                     |                   |             |        | <b>Bed Designations</b> |
|                     |                   |             |        | Private 0               |
|                     |                   |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/02/2022</b>          | Facility_ID | 105668 |                         |
| Owner_Operator      | MEMORY CARE MANAGEMENT, LC |             |        |                         |
| Facility            | LUVIDA MEMORY CARE         |             |        |                         |
| Address             | 2400 PIAZZA DRIVE          |             |        |                         |
|                     | BELTON                     | TX          | 76513  |                         |
| County              | Bell                       |             |        |                         |
| Service_Type        | Assisted Living            | TYPE B      |        |                         |
|                     |                            |             |        | <b>Bed Designations</b> |
|                     |                            |             |        | Private 0               |
|                     |                            |             |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/27/2021</b>  | Facility_ID | 101298 |                         |
| Owner_Operator      | LALITA GARCIA      |             |        |                         |
| Facility            | GARCIA FOSTER HOME |             |        |                         |
| Address             | 558 FERRIS ST      |             |        |                         |
|                     | SAN ANTONIO        | TX          | 78220  |                         |
| County              | Bexar              |             |        |                         |
| Service_Type        | Assisted Living    | TYPE C      |        |                         |
|                     |                    |             |        | <b>Bed Designations</b> |
|                     |                    |             |        | Private 0               |
|                     |                    |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>        | Facility_ID | 106805 |                         |
| Owner_Operator      | Unknown Owner            |             |        |                         |
| Facility            | PLANO PEACE COTTAGE      |             |        |                         |
| Address             | 2905 FOUNTAIN HEAD DRIVE |             |        |                         |
|                     | PLANO                    | TX          | 75023  |                         |
| County              | Collin                   |             |        |                         |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |
|                     |                          |             |        | <b>Bed Designations</b> |
|                     |                          |             |        | Private 0               |
|                     |                          |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/04/2022</b>      | Facility_ID | 030236 |                         |
| Owner_Operator      | Jerry B.Morris Jr.     |             |        |                         |
| Facility            | MORRIS FAMILY HOMES    |             |        |                         |
| Address             | 1333 E RICHMOND AVE    |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76104    |             |        |                         |
| County              | Tarrant                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/08/2019</b>      | Facility_ID | 104876 |                         |
| Owner_Operator      | WILLIEJOYCE LOVE       |             |        |                         |
| Facility            | LOVE HOUSE OF PARIS    |             |        |                         |
| Address             | 1555 NE 17ST           |             |        | <b>Bed Designations</b> |
|                     | PARIS TX 75460         |             |        |                         |
| County              | Lamar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/18/2021</b>                       | Facility_ID | 103872 |                         |
| Owner_Operator      | WINTERS PARK SENIOR HOUSING I OPCO, LLC |             |        |                         |
| Facility            | Bella Valley Estate                     |             |        |                         |
| Address             | 3450 WAGON WHEEL RD                     |             |        | <b>Bed Designations</b> |
|                     | GARLAND TX 75044                        |             |        |                         |
| County              | Dallas                                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                  |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/09/2018</b>                    | Facility_ID | 103683 |                         |
| Owner_Operator      | GROOM SENIOR CARE HOMES INC.         |             |        |                         |
| Facility            | GROOM SENIOR CARE HOMES INC AT DIANE |             |        |                         |
| Address             | 2101 DIANE DR                        |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75074                       |             |        |                         |
| County              | Collin                               |             |        | Private                 |
| Service_Type        | Assisted Living TYPE B               |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/24/2022</b>        | Facility_ID | 102463 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC     |             |        |                         |
| Facility            | AUTUMN GROVE - KATY      |             |        |                         |
| Address             | 21803 OAK PARK TRAILS DR |             |        | <b>Bed Designations</b> |
|                     | KATY TX 77450            |             |        |                         |
| County              | Harris                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/04/2022</b>     | Facility_ID | 106688 |                         |
| Owner_Operator      | Lilac Assisted Living |             |        |                         |
| Facility            | Care at Hummingbird   |             |        |                         |
| Address             | 2307 Hummingbird St   |             |        | <b>Bed Designations</b> |
|                     | New Caney TX 77357    |             |        |                         |
| County              | Montgomery            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE B      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/30/2019</b>    | Facility_ID | 001027 |                         |
| Owner_Operator      | BELINDA E ALBRIGHT   |             |        |                         |
| Facility            | ALBRIGHT FOSTER CARE |             |        |                         |
| Address             | 7636 RED WILLOW RD   |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133  |             |        |                         |
| County              | Tarrant              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE C      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/09/2020</b>           | Facility_ID | 100688 |                         |
| Owner_Operator      | JM MCCLELLAN PROPERTIES LLC |             |        |                         |
| Facility            | MICHELLE'S CARE HOME        |             |        |                         |
| Address             | 1310 POPLAR Street          |             |        | <b>Bed Designations</b> |
|                     | JOURDANTON Tx 78026         |             |        |                         |
| County              | Atascosa                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/31/2021</b>                           | Facility_ID | 100848 |                         |
| Owner_Operator      | SUZHOU BRIGHT COLD CHAIN LOGISTICS, CO. LTD |             |        |                         |
| Facility            | ARBOR VISTA STONEWAY                        |             |        |                         |
| Address             | 2814 STONE WAY DR                           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77082                            |             |        |                         |
| County              | Harris                                      |             |        | Private 0               |
| Service_Type        | Assisted Living                             | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/15/2022</b>      | Facility_ID | 106726 |                         |
| Owner_Operator      | ANAM RESIDENTIAL CARE  |             |        |                         |
| Facility            | ANAM RESIDENTIAL CARE  |             |        |                         |
| Address             | 7112 WELSHMAN DR       |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH Texas 76137 |             |        |                         |
| County              | Tarrant                |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/16/2021</b>     | Facility_ID | 030338 |                         |
| Owner_Operator      | ASSISTED CONCEPTS LLC |             |        |                         |
| Facility            | ASSISTED CONCEPTS LLC |             |        |                         |
| Address             | 7109 FALCON DR        |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75025        |             |        |                         |
| County              | Collin                |             |        | Private 0               |
| Service_Type        | Assisted Living       | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2020</b>                           | Facility_ID | 030350 |                         |
| Owner_Operator      | SUZHOU BRIGHT COLD CHAIN LOGISTICS, CO. LTD |             |        |                         |
| Facility            | ARBOR VISTA NANTUCKET                       |             |        |                         |
| Address             | 13218 NANTUCKET DR                          |             |        | <b>Bed Designations</b> |
|                     | SUGAR LAND TX 77478                         |             |        |                         |
| County              | Fort Bend                                   |             |        | Private 0               |
| Service_Type        | Assisted Living                             | TYPE A      |        | Total Capacity 0        |



|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/28/2021</b>                | Facility_ID | 107269 |                         |
| Owner_Operator      | AMBASSADORS ASSISTED LIVING, LLC |             |        |                         |
| Facility            | AMBASSADORS ASSISTED LIVING      |             |        |                         |
| Address             | 7910 ARGENTINA ST                |             |        | <b>Bed Designations</b> |
|                     | JERSEY VILLAGE                   | TX          | 77040  |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B           |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/28/2022</b>           | Facility_ID | 030105 |                         |
| Owner_Operator      | CONCORD ASSISTED LIVING LLC |             |        |                         |
| Facility            | CONCORD ASSISTED LIVING LLC |             |        |                         |
| Address             | 1516 HARBORVIEW CIR         |             |        | <b>Bed Designations</b> |
|                     | GALVESTON                   | TX          | 77550  |                         |
| County              | Galveston                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/31/2020</b>           | Facility_ID | 102902 |                         |
| Owner_Operator      | DIANA C RODRIGUEZ           |             |        |                         |
| Facility            | SUPERLATIVE SENIOR CARE INC |             |        |                         |
| Address             | 6718 LAZYRIDGE DR           |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                 | TX          | 78229  |                         |
| County              | Bexar                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/09/2020</b>           | Facility_ID | 104470 |                         |
| Owner_Operator      | TODAYS SENIOR CONCEPTS, INC |             |        |                         |
| Facility            | TODAY'S ASSISTED LIVING 206 |             |        |                         |
| Address             | 206 HUBBARD STREET          |             |        | <b>Bed Designations</b> |
|                     | YOAKUM                      | TX          | 77995  |                         |
| County              | Lavaca                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>           | Facility_ID | 107121 |                         |
| Owner_Operator      | Unknown Owner               |             |        |                         |
| Facility            | MANNING FAMILY SERVICES INC |             |        |                         |
| Address             | 10318 ROYAL OAKS DRIVE      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77016            |             |        |                         |
| County              | Harris                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/22/2019</b>               | Facility_ID | 106237 |                         |
| Owner_Operator      | PACIFICA HARBORVIEW-KESSLER LLC |             |        |                         |
| Facility            | THE MERIDIAN AT KESSLER PARK    |             |        |                         |
| Address             | 2522 FORT WORTH AVENUE          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75211                 |             |        |                         |
| County              | Dallas                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/17/2020</b>            | Facility_ID | 000389 |                         |
| Owner_Operator      | BHAL LLC                     |             |        |                         |
| Facility            | BARTON HILLS ASSISTED LIVING |             |        |                         |
| Address             | 1606 NASH AVE                |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78704              |             |        |                         |
| County              | Travis                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/26/2022</b>            | Facility_ID | 030233 |                         |
| Owner_Operator      | MARY A PERALTA               |             |        |                         |
| Facility            | M A ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 185 C R 679                  |             |        | <b>Bed Designations</b> |
|                     | NATALIA TX 78059             |             |        |                         |
| County              | Medina                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/10/2022</b>            | Facility_ID | 101609 |                         |
| Owner_Operator      | TEXAS JUBILEE HOUSE LLC      |             |        |                         |
| Facility            | TEXAS JUBILEE HOUSE OF BRADY |             |        |                         |
| Address             | 104 E 5TH                    |             |        | <b>Bed Designations</b> |
|                     | BRADY                        | Texas       | 76825  |                         |
| County              | Mcculloch                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/30/2018</b>            | Facility_ID | 102765 |                         |
| Owner_Operator      | DIANA L DELEON               |             |        |                         |
| Facility            | DIANA'S ASSISTED LIVING HOME |             |        |                         |
| Address             | 214 TALISMAN                 |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                  | TX          | 78210  |                         |
| County              | Bexar                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/09/2021</b>            | Facility_ID | 105854 |                         |
| Owner_Operator      | MILESTONE PERSONAL CARE INC. |             |        |                         |
| Facility            | MILESTONE PERSONAL CARE INC. |             |        |                         |
| Address             | 10602 CHAPEL HILL DRIVE      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                      | TX          | 77099  |                         |
| County              | Harris                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/09/2022</b>            | Facility_ID | 106299 |                         |
| Owner_Operator      | EUGENE OLSON                 |             |        |                         |
| Facility            | GOLDEN YEARS ASSISTED LIVING |             |        |                         |
| Address             | 16860 W. FM 2790 S           |             |        | <b>Bed Designations</b> |
|                     | LYTLE                        | TX          | 78052  |                         |
| County              | Bexar                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/15/2021</b>             | Facility_ID | 000410 |                         |
| Owner_Operator      | NORMA I HAMPTON               |             |        |                         |
| Facility            | HAMPTONS ASSISTED LIVING HOME |             |        |                         |
| Address             | 1099 FM 339 S                 |             |        | <b>Bed Designations</b> |
|                     | GROESBECK TX 76642            |             |        |                         |
| County              | Limestone                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/14/2019</b>             | Facility_ID | 000604 |                         |
| Owner_Operator      | ROBERT B RAMIREZ              |             |        |                         |
| Facility            | RAMIREZ RESIDENTIAL CARE HOME |             |        |                         |
| Address             | 1034 CR 664                   |             |        | <b>Bed Designations</b> |
|                     | DEVINE TX 78016               |             |        |                         |
| County              | Medina                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/29/2022</b>             | Facility_ID | 030303 |                         |
| Owner_Operator      | 12151 HUNTERS CHASE DRIVE, LP |             |        |                         |
| Facility            | THE HERITAGE AT HUNTERS CHASE |             |        |                         |
| Address             | 12151 HUNTERS CHASE DR        |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78729               |             |        |                         |
| County              | Williamson                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B        |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/30/2019</b>             | Facility_ID | 102612 |                         |
| Owner_Operator      | MARIA GUADALUPE LOPEZ GARCIA  |             |        |                         |
| Facility            | JMJ SENIOR CITIZEN GROUP HOME |             |        |                         |
| Address             | 4301 KEY WEST                 |             |        | <b>Bed Designations</b> |
|                     | CORPUS CHRISTI TX 78411       |             |        |                         |
| County              | Nueces                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B        |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/19/2021</b>             | Facility_ID | 102657 |                         |
| Owner_Operator      | JENNIFER ELLIS                |             |        |                         |
| Facility            | JENNYS RESIDENT GROUP CARE #3 |             |        |                         |
| Address             | 7306 HARDWOOD TRL             |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75249               |             |        |                         |
| County              | Dallas                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/09/2022</b>            | Facility_ID | 105985 |                         |
| Owner_Operator      | DIVINE PURPOSE CARE HOME LLC |             |        |                         |
| Facility            | DIVINE PURPOSE CARE HOME LLC |             |        |                         |
| Address             | 5742 SCHEVERS                |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033             |             |        |                         |
| County              | Harris                       |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/21/2021</b>             | Facility_ID | 106674 |                         |
| Owner_Operator      | RED BEARD INDUSTRIES LLC      |             |        |                         |
| Facility            | COUNTRY MANOR ASSISTED LIVING |             |        |                         |
| Address             | 265 COUNTY ROAD 613           |             |        | <b>Bed Designations</b> |
|                     | DAYTON TX 77535               |             |        |                         |
| County              | Liberty                       |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/09/2022</b>              | Facility_ID | 000354 |                         |
| Owner_Operator      | VICKIE E. RICE                 |             |        |                         |
| Facility            | ROLLING OAKS PERSONAL CARE INC |             |        |                         |
| Address             | 5151 CR 292                    |             |        | <b>Bed Designations</b> |
|                     | EARLY TX 76802                 |             |        |                         |
| County              | Brown                          |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/06/2021</b>                           | Facility_ID | 000453 |                         |
| Owner_Operator      | KINGS MANOR METHODIST RETIREMENT SYSTEM INC |             |        |                         |
| Facility            | KINGS MANOR PERSONAL CARE HOME              |             |        |                         |
| Address             | 400 RANGER DR                               |             |        | <b>Bed Designations</b> |
|                     | HEREFORD                                    | TX          | 79045  |                         |
| County              | Deaf Smith                                  |             |        | Private 0               |
| Service_Type        | Assisted Living                             | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/07/2022</b>                   | Facility_ID | 030116 |                         |
| Owner_Operator      | AVALON DEMENTIA CARE MANAGEMENT LLC |             |        |                         |
| Facility            | AVALON MEMORY CARE - CANONGATE      |             |        |                         |
| Address             | 7212 CANONGATE DR                   |             |        | <b>Bed Designations</b> |
|                     | DALLAS                              | TX          | 75248  |                         |
| County              | Dallas                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/09/2021</b>              | Facility_ID | 104590 |                         |
| Owner_Operator      | KENNY CARE ASSISTED LIVING LLC |             |        |                         |
| Facility            | KENNY CARE ASSISTED LIVING LLC |             |        |                         |
| Address             | 1614 JAMES GOOD LANE           |             |        | <b>Bed Designations</b> |
|                     | GARLAND                        | TX          | 75043  |                         |
| County              | Dallas                         |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/10/2021</b>              | Facility_ID | 102849 |                         |
| Owner_Operator      | DERA-MAAC CORP                 |             |        |                         |
| Facility            | ROSE TERRACE ELDERLY CARE HOME |             |        |                         |
| Address             | 4704 WHISTLER DR               |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH                     | TX          | 76132  |                         |
| County              | Tarrant                        |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/02/2019</b>                       | Facility_ID | 106661 |                         |
| Owner_Operator      | EZ GRACE HEALTHCARE STAFFING AGENCY LLC |             |        |                         |
| Facility            | EZ GRACE RESIDENTIAL HOME CARE          |             |        |                         |
| Address             | 919 SADDLEBROOK DRIVE                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                             | TX          | 78245  |                         |
| County              | Bexar                                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                  |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/19/2021</b>             | Facility_ID | 000563 |                         |
| Owner_Operator      | THE PINE TREE OF PASADENA LLC |             |        |                         |
| Facility            | THE PINE TREE OF PASADENA LLC |             |        |                         |
| Address             | 5128 PINE AVE                 |             |        | <b>Bed Designations</b> |
|                     | PASADENA                      | TX          | 77503  |                         |
| County              | Harris                        |             |        | Private 146             |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 146      |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/22/2021</b>               | Facility_ID | 101047 |                         |
| Owner_Operator      | Ana Khan                        |             |        |                         |
| Facility            | DOVES NEST ASSISTED LIVING, LLC |             |        |                         |
| Address             | 14311 PARKHURST DR              |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                     | TX          | 78232  |                         |
| County              | Bexar                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/01/2022</b>               | Facility_ID | 105770 |                         |
| Owner_Operator      | GLEN HOPE HARBOR INC            |             |        |                         |
| Facility            | AUTUMNGROVE COTTAGE (STONE OAK) |             |        |                         |
| Address             | 20718 STONE OAK PKWY            |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                     | TX          | 78258  |                         |
| County              | Bexar                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B          |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/13/2018</b>                | Facility_ID | 000335 |                         |
| Owner_Operator      | JIMMIE W ELIE                    |             |        |                         |
| Facility            | ADVANCED QUALITY ASSISTED LIVING |             |        |                         |
| Address             | 717 LEHMAN ST                    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                          | TX          | 77018  |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE B      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/14/2019</b>                | Facility_ID | 000605 |                         |
| Owner_Operator      | MARTIN DUNCAN                    |             |        |                         |
| Facility            | MARTIN DUNCAN PERSONAL CARE HOME |             |        |                         |
| Address             | 266 W CR 5719                    |             |        | <b>Bed Designations</b> |
|                     | DEVINE                           | TX          | 78016  |                         |
| County              | Medina                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>                             | Facility_ID | 106983 |                         |
| Owner_Operator      | GOODLIFE SENIOR LIVING MANAGEMENT COMPANY LLC |             |        |                         |
| Facility            | GOODLIFE SENIOR LIVING AND MEMORY CARE        |             |        |                         |
| Address             | 812 W. MORPHY STREET SECOND FLOOR             |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH                                    | TX          | 76104  |                         |
| County              | Tarrant                                       |             |        | Private 0               |
| Service_Type        | Assisted Living                               | TYPE A      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2021</b>                      | Facility_ID | 107304 |                         |
| Owner_Operator      | Unknown Owner                          |             |        |                         |
| Facility            | ARMS OF HOPE RESIDENTIAL CARE HOME LLC |             |        |                         |
| Address             | 2517 DONNING DR                        |             |        | <b>Bed Designations</b> |
|                     | PLANO                                  | TX          | 75023  |                         |
| County              | Collin                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                        | TYPE B      |        | Total Capacity 0        |



|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/23/2019</b>                       | Facility_ID | 101259 |                         |
| Owner_Operator      | MARILYN H JACKSON                       |             |        |                         |
| Facility            | ONLY THE STRONG SURVIVE ASSISTED LIVING |             |        |                         |
| Address             | 3018 WEATHER VANE LN                    |             |        | <b>Bed Designations</b> |
|                     | DALLAS                                  | TX          | 75228  |                         |
| County              | Dallas                                  |             |        | Private 8               |
| Service_Type        | Assisted Living                         | TYPE A      |        | Total Capacity 8        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/20/2019</b>                         | Facility_ID | 103456 |                         |
| Owner_Operator      | TRANSITIONAL LEARNING CENTER AT GALVESTON |             |        |                         |
| Facility            | TRANSITIONAL LEARNING CENTER AT LUBBOCK   |             |        |                         |
| Address             | 4000 22ND PLACE 3RD FLR                   |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK                                   | TX          | 79410  |                         |
| County              | Lubbock                                   |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/08/2021</b>                       | Facility_ID | 105743 |                         |
| Owner_Operator      | MAGNOLIA MEDICAL MANAGEMENT LLC         |             |        |                         |
| Facility            | GOOD LIFE SENIOR LIVING AND MEMORY CARE |             |        |                         |
| Address             | 812 WEST MORPHY ST                      |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH                              | TX          | 76104  |                         |
| County              | Tarrant                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                         | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/31/2019</b>                       | Facility_ID | 106467 |                         |
| Owner_Operator      | ORTEGA'S HOMESTYLE ASSISTED LIVINGS LLC |             |        |                         |
| Facility            | ORTEGA'S HOMESTYLE ASSISTED LIVINGS LLC |             |        |                         |
| Address             | 4711 SADDLE RIDGE                       |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                             | TX          | 78217  |                         |
| County              | Bexar                                   |             |        | Private 0               |
| Service_Type        | Assisted Living                         | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/22/2019</b>                        | Facility_ID | 000724 |                         |
| Owner_Operator      | Towers Park Healthcare, Inc.             |             |        |                         |
| Facility            | PARKLANE WEST HEALTHCARE CENTER P C UNIT |             |        |                         |
| Address             | 2 TOWERS PARK LN                         |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                              | TX          | 78209  |                         |
| County              | Bexar                                    |             |        | Private 0               |
| Service_Type        | Assisted Living                          | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/04/2021</b>                         | Facility_ID | 010336 |                         |
| Owner_Operator      | ROSEMARY WILLIAMS MELENDEZ                |             |        |                         |
| Facility            | ROSEMARY WILLIAMS MELENDEZ CASA FELICITAS |             |        |                         |
| Address             | 3330 E YANDELL                            |             |        | <b>Bed Designations</b> |
|                     | EL PASO                                   | TX          | 79903  |                         |
| County              | El Paso                                   |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/13/2019</b>                        | Facility_ID | 106452 |                         |
| Owner_Operator      | ORTEGA'S HOMESTYLE ASSISTED LIVINGS LLC  |             |        |                         |
| Facility            | ORTEGA'S HOMESTYLE ASSISTED LIVINGS, LLC |             |        |                         |
| Address             | 3417 FOREST FROST                        |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                              | TX          | 78247  |                         |
| County              | Bexar                                    |             |        | Private 0               |
| Service_Type        | Assisted Living                          | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>                         | Facility_ID | 106599 |                         |
| Owner_Operator      | Unknown Owner                             |             |        |                         |
| Facility            | AVANTI SENIOR LIVING AT VISION PARK DRIVE |             |        |                         |
| Address             | 120 VISION                                |             |        | <b>Bed Designations</b> |
|                     | SHENANDOAH                                | TX          | 73384  |                         |
| County              | Montgomery                                |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/22/2021</b>                           | Facility_ID | 103650 |                         |
| Owner_Operator      | RISING SUN RESIDENTIAL CARE FACILITY INC    |             |        |                         |
| Facility            | RISING SUN RESIDENTIAL CARE FACILITY INC #2 |             |        |                         |
| Address             | 325 SQUIREBROOK DR                          |             |        | <b>Bed Designations</b> |
|                     | DESOTO                                      | TX          | 75115  |                         |
| County              | Dallas                                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                      |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/07/2018</b>                            | Facility_ID | 106623 |                         |
| Owner_Operator      | VANESSA'S GARDEN OF HOPE ASSISTED LIVING LLC |             |        |                         |
| Facility            | VANESSA'S GARDEN OF HOPE ASSISTED LIVING LLC |             |        |                         |
| Address             | 4350 SHALLOW WATER                           |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                                  | TX          | 78233  |                         |
| County              | Bexar  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                       |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/26/2021</b>                             | Facility_ID | 030150 |                         |
| Owner_Operator      | CROSBYTON CLINIC HOSPITAL                     |             |        |                         |
| Facility            | REEVES RHOADES TERRACE ASSISTED LIVING CENTER |             |        |                         |
| Address             | 630 S HARRISON ST                             |             |        | <b>Bed Designations</b> |
|                     | CROSBYTON                                     | TX          | 79322  |                         |
| County              | Crosby  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                        |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/27/2021</b>              | Facility_ID | 110571 |                         |
| Owner_Operator      | Tri-Star Living Community, LLC |             |        |                         |
| Facility            | Tri-Star Living Community, LLC |             |        |                         |
| Address             | 2915 Stonewall Court           |             |        | <b>Bed Designations</b> |
|                     | Missouri City                  | Texas       | 77459  |                         |
| County              | Fort Bend                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/24/2021</b>      | Facility_ID | 101977 |                         |
| Owner_Operator      | Unknown Owner          |             |        |                         |
| Facility            | NEURORESTORATIVE TEXAS |             |        |                         |
| Address             | 11937 US HWY 271       |             |        | <b>Bed Designations</b> |
|                     | Tyler TX 75708         |             |        |                         |
| County              | Smith                  |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE B      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/21/2022</b>         | Facility_ID | 050696 |                         |
| Owner_Operator      | PARSONS HOUSE CYPRESS LLC |             |        |                         |
| Facility            | PARSONS HOUSE CYPRESS     |             |        |                         |
| Address             | 15055 N ELDRIDGE PKWY     |             |        | <b>Bed Designations</b> |
|                     | CYPRESS TX 77429          |             |        |                         |
| County              | Harris                    |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/27/2022</b>                      | Facility_ID | 105061 |                         |
| Owner_Operator      | Destiny Rose Residential Care Facility |             |        |                         |
| Facility            | DESTINY ROSE RESIDENTIAL CARE FACILITY |             |        |                         |
| Address             | 1620 GLEN AVE                          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75216                        |             |        |                         |
| County              | Dallas                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                        | TYPE A      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/21/2022</b>    | Facility_ID | 030241 |                         |
| Owner_Operator      | JEANNETTE BATCHELDER |             |        |                         |
| Facility            | V S BROWN HOUSE      |             |        |                         |
| Address             | 1119 SMITH ST        |             |        | <b>Bed Designations</b> |
|                     | WALLER TX 77484      |             |        |                         |
| County              | Waller               |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/05/2022</b>             | Facility_ID | 102535 |                         |
| Owner_Operator      | FENWOOD HOME CARE ALF LLC     |             |        |                         |
| Facility            | FENWOOD RESIDENTIAL HOME CARE |             |        |                         |
| Address             | 8862 FENWOOD                  |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78250          |             |        |                         |
| County              | Bexar                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/29/2022</b>                | Facility_ID | 103419 |                         |
| Owner_Operator      | TEXAS ENTERPRISES LLC            |             |        |                         |
| Facility            | BLUEBONNET ELITE ASSISTED LIVING |             |        |                         |
| Address             | 102 FLOYD ST                     |             |        | <b>Bed Designations</b> |
|                     | NAPLES TX 75568                  |             |        |                         |
| County              | Morris                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A           |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/15/2022</b>                             | Facility_ID | 000903 |                         |
| Owner_Operator      | HEALTH ENRICHMENT AND LONGEVITY INSTITUTE INC |             |        |                         |
| Facility            | PARK PLACE                                    |             |        |                         |
| Address             | 8733 N HWY 6                                  |             |        | <b>Bed Designations</b> |
|                     | BRYAN TX 77807                                |             |        |                         |
| County              | Brazos  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                        |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/29/2022</b>      | Facility_ID | 030137 |                         |
| Owner_Operator      | MABELLS PLACE          |             |        |                         |
| Facility            | MABELLS PLACE          |             |        |                         |
| Address             | 1115 N 12TH ST         |             |        | <b>Bed Designations</b> |
|                     | WACO TX 76707          |             |        |                         |
| County              | Mclennan               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/17/2022</b>             | Facility_ID | 100136 |                         |
| Owner_Operator      | LIFE OPEN HEART OPEN HOME INC |             |        |                         |
| Facility            | LIFE OPEN HEART OPEN HOME INC |             |        |                         |
| Address             | 9422 E US HWY 80              |             |        | <b>Bed Designations</b> |
|                     | TERRELL TX 75161              |             |        | Private                 |
| County              | Kaufman                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A        |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/11/2022</b>      | Facility_ID | 105715 |                         |
| Owner_Operator      | Renee's House          |             |        |                         |
| Facility            | RENEE'S HOUSE          |             |        |                         |
| Address             | 5748 PLUM DALE ROAD    |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75241        |             |        | Private 0               |
| County              | Dallas                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/10/2020</b>      | Facility_ID | 102742 |                         |
| Owner_Operator      | TALCO HOUSE INC        |             |        |                         |
| Facility            | TALCO HOUSE INC        |             |        |                         |
| Address             | 2328 TALCO DR          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75241        |             |        | Private 0               |
| County              | Dallas                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/26/2022</b>      | Facility_ID | 000946 |                         |
| Owner_Operator      | DANSBY HOUSE INC       |             |        |                         |
| Facility            | DANSBY HOUSE INC       |             |        |                         |
| Address             | 703 DEAN               |             |        | <b>Bed Designations</b> |
|                     | BRYAN Tx 77803         |             |        | Private 0               |
| County              | Brazos                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/18/2022</b>      | Facility_ID | 000645 |                         |
| Owner_Operator      | MCKINNEY OP, LLC       |             |        |                         |
| Facility            | North Brook Place      |             |        |                         |
| Address             | 2301 N Brook           |             |        | <b>Bed Designations</b> |
|                     | McKinney TX 75069      |             |        |                         |
| County              | Collin                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/18/2022</b>      | Facility_ID | 030011 |                         |
| Owner_Operator      | PLANO OP, LLC          |             |        |                         |
| Facility            | Village Creek Place    |             |        |                         |
| Address             | 5217 VILLAGE CREEK DR. |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75093         |             |        |                         |
| County              | Collin                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/01/2022</b>          | Facility_ID | 000519 |                         |
| Owner_Operator      | Benny Lopez                |             |        |                         |
| Facility            | OAK CREEK ESTATE ALF       |             |        |                         |
| Address             | 309 OAK CREEK ESTATES ROAD |             |        | <b>Bed Designations</b> |
|                     | POTEET TX 78065            |             |        |                         |
| County              | Atascosa                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A     |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/05/2022</b>       | Facility_ID | 107274 |                         |
| Owner_Operator      | ANSON SENIOR LIVING LLC |             |        |                         |
| Facility            | ANSON SENIOR LIVING LLC |             |        |                         |
| Address             | 125 AVENUE J            |             |        | <b>Bed Designations</b> |
|                     | ANSON TX 79501          |             |        |                         |
| County              | Jones                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A  |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/31/2022</b>       | Facility_ID | 000400 |                         |
| Owner_Operator      | THE DEVEREUX FOUNDATION |             |        |                         |
| Facility            | THE DEVEREUX FOUNDATION |             |        |                         |
| Address             | 120 DAVID WADE DR       |             |        | <b>Bed Designations</b> |
|                     | VICTORIA TX 77905       |             |        |                         |
| County              | Victoria                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living         | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/01/2021</b>            | Facility_ID | 030294 |                         |
| Owner_Operator      | SPRING BRANCH CARE HOMES INC |             |        |                         |
| Facility            | SPRING BRANCH CARE HOME      |             |        |                         |
| Address             | 9619 TRUSCON                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77080             |             |        |                         |
| County              | Harris                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/31/2022</b>       | Facility_ID | 101763 |                         |
| Owner_Operator      | THE DEVEREUX FOUNDATION |             |        |                         |
| Facility            | THE DEVEREUX FOUNDATION |             |        |                         |
| Address             | 120 DAVID WADE DR       |             |        | <b>Bed Designations</b> |
|                     | VICTORIA TX 77905       |             |        |                         |
| County              | Victoria                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living         | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/17/2022</b>               | Facility_ID | 105156 |                         |
| Owner_Operator      | SHINES ASSISTED LIVING CARE LLC |             |        |                         |
| Facility            | STARLIGHT HOMES ASSISTED LIVING |             |        |                         |
| Address             | 4623 BRIARDALE ST               |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78217            |             |        |                         |
| County              | Bexar                           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |



|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/15/2022</b>                 | Facility_ID | 105905 |                         |
| Owner_Operator      | DESTINED ASSISTED LIVING LLC      |             |        |                         |
| Facility            | DESTINED ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 15418 BEECHNUT ST                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                           | TX          | 77083  |                         |
| County              | Fort Bend                         |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/28/2022</b>                     | Facility_ID | 100548 |                         |
| Owner_Operator      | HEARTFELT EMBRACE ASSISTED LIVING LLC |             |        |                         |
| Facility            | HEARTFELT EMBRACE ASSISTED LIVING LLC |             |        |                         |
| Address             | 602 AZALEA AVE                        |             |        | <b>Bed Designations</b> |
|                     | ORANGE                                | TX          | 77630  |                         |
| County              | Orange                                |             |        | Private 0               |
| Service_Type        | Assisted Living                       | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/12/2022</b>                                | Facility_ID | 106941 |                         |
| Owner_Operator      | ALL AMERICAN DREAM ASSISTED LIVING FACILITY, LLC |             |        |                         |
| Facility            | ALL AMERICAN ASSISTED LIVING FACILITY, LLC       |             |        |                         |
| Address             | 809 RODNEY AVENUE                                |             |        | <b>Bed Designations</b> |
|                     | COPPERAS COVE                                    | TX          | 76522  |                         |
| County              | Coryell  |             |        | Private 0               |
| Service_Type        | Assisted Living                                  | TYPE A      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/17/2022</b>                 | Facility_ID | 110123 |                         |
| Owner_Operator      | McKay Health Care LLC             |             |        |                         |
| Facility            | Crimson Heights Health & Wellness |             |        |                         |
| Address             | 19279 McKay Dr.                   |             |        | <b>Bed Designations</b> |
|                     | Humble                            | TX          | 77338  |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/01/2021</b>           | Facility_ID | 103842 |                         |
| Owner_Operator      | FAITH COMFORT CARE HOME LLC |             |        |                         |
| Facility            | FAITH COMFORT CARE HOME LLC |             |        |                         |
| Address             | 525 BIRCH LN                |             |        | <b>Bed Designations</b> |
|                     | RICHARDSON                  | TX          | 75081  |                         |
| County              | Dallas                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/27/2022</b>                | Facility_ID | 105680 |                         |
| Owner_Operator      | IMAOBONG UDOH AND AUGUSTINE UDOH |             |        |                         |
| Facility            | ALBERT ASSISTED LIVING FACILITY  |             |        |                         |
| Address             | 4666 LA RUE ST                   |             |        | <b>Bed Designations</b> |
|                     | DALLAS                           | TX          | 75211  |                         |
| County              | Dallas                           |             |        | Private                 |
| Service_Type        | Assisted Living TYPE A           |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/05/2022</b>               | Facility_ID | 100358 |                         |
| Owner_Operator      | LOPEZ ASSISTED LIVING HOMES INC |             |        |                         |
| Facility            | LOPEZ ASSISTED LIVING HOME      |             |        |                         |
| Address             | 1611 W COMMERCE ST              |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                     | TX          | 78207  |                         |
| County              | Bexar                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/31/2022</b>              | Facility_ID | 000522 |                         |
| Owner_Operator      | HENRY HOUSE ASSISTED LIVING LC |             |        |                         |
| Facility            | HENRY HOUSE ASSISTED LIVING LC |             |        |                         |
| Address             | 515 3RD ST                     |             |        | <b>Bed Designations</b> |
|                     | BLANCO                         | TX          | 78606  |                         |
| County              | Blanco                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/12/2021</b>             | Facility_ID | 101550 |                         |
| Owner_Operator      | EVERGREEN ASSISTED LIVING LLC |             |        |                         |
| Facility            | EVERGREEN ASSISTED LIVING LLC |             |        |                         |
| Address             | 6322 PINEVIEW RD              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75248               |             |        |                         |
| County              | Dallas                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/23/2021</b>                         | Facility_ID | 050182 |                         |
| Owner_Operator      | BENNY RAY HOWARD ESTATE                   |             |        |                         |
| Facility            | TEXAS RESIDENTIAL AND VOCATIONAL SERVICES |             |        |                         |
| Address             | 2107 BRUNSWICK DR                         |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78723                           |             |        |                         |
| County              | Travis                                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                           | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/01/2022</b>     | Facility_ID | 101573 |                         |
| Owner_Operator      | HAZEL'S HOME CARE LLC |             |        |                         |
| Facility            | HAZELS HOME CARE LLC  |             |        |                         |
| Address             | 533 HIGHFALL DRIVE    |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232       |             |        |                         |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/08/2021</b>            | Facility_ID | 105183 |                         |
| Owner_Operator      | KNIGHT'S ASSISTED LIVING LLC |             |        |                         |
| Facility            | KNIGHT'S ASSISTED LIVING LLC |             |        |                         |
| Address             | 20816 WINDMILL RIDGE ST      |             |        | <b>Bed Designations</b> |
|                     | PFLUGERVILLE TX 78660        |             |        |                         |
| County              | Travis                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2022</b>                                     | Facility_ID | 101605 |                         |
| Owner_Operator      | Welltower, Inc.                                       |             |        |                         |
| Facility            | The Auberge at Valley Ranch - A Memory Care Community |             |        |                         |
| Address             | 8855 West Valley Ranch Parkway                        |             |        | <b>Bed Designations</b> |
|                     | Irving  | Texas       | 75063  |                         |
| County              | Dallas  |             |        | Private 0               |
| Service_Type        | Assisted Living                                       | TYPE B      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/01/2022</b>       | Facility_ID | 107016 |                         |
| Owner_Operator      | Adora 9 Operations, LLC |             |        |                         |
| Facility            | ADORA MIDTOWN PARK      |             |        |                         |
| Address             | 8130 MEADOW DRIVE       |             |        | <b>Bed Designations</b> |
|                     | DALLAS                  | TX          | 75231  |                         |
| County              | Dallas                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE B      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/20/2022</b>         | Facility_ID | 000690 |                         |
| Owner_Operator      | WELL CHURCHILL TENANT LLC |             |        |                         |
| Facility            | Renaissance Sherman       |             |        |                         |
| Address             | 3701 Loy Lake Road        |             |        | <b>Bed Designations</b> |
|                     | Sherman                   | Texas       | 75090  |                         |
| County              | Grayson                   |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/17/2020</b>            | Facility_ID | 000556 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC        |             |        |                         |
| Facility            | WOOD LIVING CENTER OF QUANAH |             |        |                         |
| Address             | 1001 LOUISE ST               |             |        | <b>Bed Designations</b> |
|                     | QUANAH                       | TX          | 79252  |                         |
| County              | Hardeman                     |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE A      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/09/2021</b>                  | Facility_ID | 100513 |                         |
| Owner_Operator      | GOD IS LOVE PERSONAL CARE HOME INC |             |        |                         |
| Facility            | GOD IS LOVE PERSONAL CARE HOME INC |             |        |                         |
| Address             | 231 CHARLES ST                     |             |        | <b>Bed Designations</b> |
|                     | DESOTO TX 75115                    |             |        |                         |
| County              | Dallas                             |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE A      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/08/2022</b>                 | Facility_ID | 001276 |                         |
| Owner_Operator      | MERELINE STARLING                 |             |        |                         |
| Facility            | STARLING'S ADULT FOSTER CARE HOME |             |        |                         |
| Address             | 4285 U.S 259 (South)              |             |        | <b>Bed Designations</b> |
|                     | HENDERSON TX 75654                |             |        |                         |
| County              | Rusk                              |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE C      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/05/2019</b>               | Facility_ID | 101775 |                         |
| Owner_Operator      | RENAISSANCE ASSISTED LIVING LLC |             |        |                         |
| Facility            | RENAISSANCE ASSISTED LIVING LLC |             |        |                         |
| Address             | 7315 OAKSTONE DR                |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75249                 |             |        |                         |
| County              | Dallas                          |             |        | Private 6               |
| Service_Type        | Assisted Living                 | TYPE A      |        | Total Capacity 6        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/12/2021</b>               | Facility_ID | 103252 |                         |
| Owner_Operator      | Divine Heritage Assisted Living |             |        |                         |
| Facility            | DIVINE-HERITAGE ASSISTED LIVING |             |        |                         |
| Address             | 12055 LONGBROOK DR              |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77099                |             |        |                         |
| County              | Harris                          |             |        | Private 11              |
| Service_Type        | Assisted Living                 | TYPE A      |        | Total Capacity 11       |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/25/2023</b>               | Facility_ID | 050166 |                         |
| Owner_Operator      | DELINDA RICHARDSON              |             |        |                         |
| Facility            | GRACEFIELD RESIDENTIAL CAREHOME |             |        |                         |
| Address             | 7412 GRACEFIELD LN              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75248                 |             |        |                         |
| County              | Dallas                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/16/2023</b>             | Facility_ID | 110306 |                         |
| Owner_Operator      | GRAND EUROPA MANAGEMENT LLC   |             |        |                         |
| Facility            | Mountain View Assisted Living |             |        |                         |
| Address             | 811 Mountain View Cove        |             |        | <b>Bed Designations</b> |
|                     | Pflugerville Texas 78660      |             |        |                         |
| County              | Travis                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/27/2023</b>        | Facility_ID | 101090 |                         |
| Owner_Operator      | Disability Resources Inc |             |        |                         |
| Facility            | AMBERS HOUSE             |             |        |                         |
| Address             | 3264 VARNER LN           |             |        | <b>Bed Designations</b> |
|                     | ABILENE TX 79601         |             |        |                         |
| County              | Taylor                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/01/2021</b>         | Facility_ID | 030363 |                         |
| Owner_Operator      | ELZENA FITE               |             |        |                         |
| Facility            | HAPPY ACRES PERSONAL CARE |             |        |                         |
| Address             | 5154 US HWY 79 N          |             |        | <b>Bed Designations</b> |
|                     | DE BERRY TX 75639         |             |        |                         |
| County              | Panola                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/06/2023</b>                | Facility_ID | 000436 |                         |
| Owner_Operator      | Timmy Moore's Personal Care Home |             |        |                         |
| Facility            | TIMMY MOORE PERSONAL CARE HOME   |             |        |                         |
| Address             | 1112 ROSE ST                     |             |        | <b>Bed Designations</b> |
|                     | WACO                             | TX          | 76704  |                         |
| County              | McLennan                         |             |        | Private 0               |
| Service_Type        | Assisted Living                  |             | TYPE A | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/25/2021</b>              | Facility_ID | 030361 |                         |
| Owner_Operator      | WILMA J LA CROIX               |             |        |                         |
| Facility            | AUTUMN LEAVES RESIDENTIAL HOME |             |        |                         |
| Address             | 6411 RIDGE PLACE               |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                    | TX          | 78250  |                         |
| County              | Bexar                          |             |        | Private 0               |
| Service_Type        | Assisted Living                |             | TYPE A | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/09/2023</b>                                  | Facility_ID | 100220 |                         |
| Owner_Operator      | BRIGHT STAR HEALTH NETWORK MANAGEMENT SERVICES INC |             |        |                         |
| Facility            | BRIGHT STAR HEALTH NETWORK MANAGEMENT SERVICES INC |             |        |                         |
| Address             | 6711 WINDING TRACE                                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON  | TX          | 77086  |                         |
| County              | Harris   |             |        | Private 0               |
| Service_Type        | Assisted Living                                    |             | TYPE A | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/13/2020</b>             | Facility_ID | 102574 |                         |
| Owner_Operator      | LTC OF AUSTIN COUNTY III, LLC |             |        |                         |
| Facility            | ARBORS OF BRIARWOOD           |             |        |                         |
| Address             | 1517 W MAIN                   |             |        | <b>Bed Designations</b> |
|                     | BELLVILLE                     | TX          | 77418  |                         |
| County              | Austin                        |             |        | Private                 |
| Service_Type        | Assisted Living               |             | TYPE A | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/17/2023</b>  | Facility_ID | 103205 |                         |
| Owner_Operator      | Marie Hart         |             |        |                         |
| Facility            | THE GUARDIAN       |             |        |                         |
| Address             | 1804 MARTINIQUE DR |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX       | 76012       |        | Private 0               |
| County              | Tarrant            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/17/2023</b>                   | Facility_ID | 102844 |                         |
| Owner_Operator      | AVALON DEMENTIA CARE MANAGEMENT LLC |             |        |                         |
| Facility            | AVALON MEMORY CARE                  |             |        |                         |
| Address             | 6601 RAINTREE PLACE                 |             |        | <b>Bed Designations</b> |
|                     | FLOWER MOUND TX                     | 75022       |        | Private 0               |
| County              | Denton                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/23/2023</b>         | Facility_ID | 104587 |                         |
| Owner_Operator      | WR Riverstone LLC         |             |        |                         |
| Facility            | Villa at Riverstone       |             |        |                         |
| Address             | 20313 S. University Blvd. |             |        | <b>Bed Designations</b> |
|                     | Missouri City TX          | 77459       |        | Private 0               |
| County              | Fort Bend                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE B      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2021</b>        | Facility_ID | 030348 |                         |
| Owner_Operator      | Versie M. Blackmon/Owner |             |        |                         |
| Facility            | THE MILDRED HOUSE INC    |             |        |                         |
| Address             | 1515 4TH AVE             |             |        | <b>Bed Designations</b> |
|                     | LA MARQUE TX             | 77568       |        | Private 0               |
| County              | Galveston                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |



|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/24/2023</b>                | Facility_ID | 030159 |                         |
| Owner_Operator      | Ruby's Home at Anderson Mill LLC |             |        |                         |
| Facility            | Ruby's Home at Anderson Mill LLC |             |        |                         |
| Address             | 11009 El Salido Pkwy             |             |        | <b>Bed Designations</b> |
|                     | Austin TX 78750                  |             |        | Private 0               |
| County              | Williamson                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B           |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/22/2021</b>      | Facility_ID | 030335 |                         |
| Owner_Operator      | DORIS MARTIN           |             |        |                         |
| Facility            | MARTIN PRIVATE CARE    |             |        |                         |
| Address             | 9315 BERINGWOOD        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77083       |             |        | Private                 |
| County              | Harris                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/03/2020</b>      | Facility_ID | 101720 |                         |
| Owner_Operator      | LILIA HERNANDEZ        |             |        |                         |
| Facility            | M & L LOVING HANDS     |             |        |                         |
| Address             | 7308 DESIERTO AZUL DR  |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79912       |             |        | Private 0               |
| County              | El Paso                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/13/2020</b>             | Facility_ID | 106414 |                         |
| Owner_Operator      | LBC Westover Hills LLC        |             |        |                         |
| Facility            | Cedar Ranch at Military Drive |             |        |                         |
| Address             | 10107 Military Drive West     |             |        | <b>Bed Designations</b> |
|                     | San Antonio TX 78251          |             |        | Private 0               |
| County              | Bexar                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B        |             |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/17/2020</b>                      | Facility_ID | 107139 |                         |
| Owner_Operator      | MOSSY OAKS RETREAT ASSISTED LIVING INC |             |        |                         |
| Facility            | MOSSY OAKS RETREAT ASSISTED LIVING INC |             |        |                         |
| Address             | 23003 FRITZ LANE                       |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77389                        |             |        |                         |
| County              | Harris                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                        | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/15/2022</b>                                    | Facility_ID | 000989 |                         |
| Owner_Operator      | Welltower, Inc.                                      |             |        |                         |
| Facility            | The Auberge at Cypresswood - A Memory Care Community |             |        |                         |
| Address             | 10225 Cypresswood Dr                                 |             |        | <b>Bed Designations</b> |
|                     | Houston Texas 77070                                  |             |        |                         |
| County              | Harris   |             |        | Private 0               |
| Service_Type        | Assisted Living                                      | TYPE B      |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2020</b>           | Facility_ID | 105499 |                         |
| Owner_Operator      | JODACA HomeBridge Care, LLC |             |        |                         |
| Facility            | HOMEBRIDGE CARE             |             |        |                         |
| Address             | 1324 LEMM #2 ROAD           |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77373             |             |        |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living             | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/27/2020</b>      | Facility_ID | 101677 |                         |
| Owner_Operator      | LEWIS CHARLES          |             |        |                         |
| Facility            | BETHEL HOME CARE       |             |        |                         |
| Address             | 7315 TOWERVIEW LN      |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY Tx 77489 |             |        |                         |
| County              | Fort Bend              |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/11/2021</b>      | Facility_ID | 000561 |                         |
| Owner_Operator      | 12 Ops Irving Opco LLC |             |        |                         |
| Facility            | West Fork Village      |             |        |                         |
| Address             | 720 N Britain Road     |             |        | <b>Bed Designations</b> |
|                     | Irving                 | Texas       | 75061  | Private 0               |
| County              | Dallas                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE B      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/30/2020</b>         | Facility_ID | 000925 |                         |
| Owner_Operator      | TENDER LIVING CARE S, Inc |             |        |                         |
| Facility            | TENDER LIVING CARE        |             |        |                         |
| Address             | 23922 LENZE RD            |             |        | <b>Bed Designations</b> |
|                     | SPRING                    | TX          | 77389  | Private 0               |
| County              | Harris                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/30/2023</b>             | Facility_ID | 103236 |                         |
| Owner_Operator      | SUPREME RESIDENTIAL HOME INC. |             |        |                         |
| Facility            | SUPREME PERSONAL CARE HOME    |             |        |                         |
| Address             | 7302 CHASE GROVE LANE         |             |        | <b>Bed Designations</b> |
|                     | RICHMOND                      | TX          | 77469  | Private 0               |
| County              | Fort Bend                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/23/2021</b>             | Facility_ID | 105510 |                         |
| Owner_Operator      | HEADLEE SENIOR CARE, LLC      |             |        |                         |
| Facility            | ORCHARD PARK OF PERMIAN BASIN |             |        |                         |
| Address             | 8050 DR EMMET HEADLEE ST      |             |        | <b>Bed Designations</b> |
|                     | ODESSA                        | TX          | 79765  | Private 0               |
| County              | Ector                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/15/2021</b>          | Facility_ID | 110113 |                         |
| Owner_Operator      | Irving Long Term Care, LLC |             |        |                         |
| Facility            | The Casitas at Las Brisas  |             |        |                         |
| Address             | 3421 W. STORY ROAD         |             |        | <b>Bed Designations</b> |
|                     | IRVING TX 75038            |             |        |                         |
| County              | Dallas                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B     |             |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/23/2020</b>        | Facility_ID | 110388 |                         |
| Owner_Operator      | PLANO OP, LLC            |             |        |                         |
| Facility            | Cariad at Village Creek  |             |        |                         |
| Address             | 5217 Village Creek Drive |             |        | <b>Bed Designations</b> |
|                     | Plano TX 75093           |             |        |                         |
| County              | Collin                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B   |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/21/2023</b>      | Facility_ID | 110415 |                         |
| Owner_Operator      | MCKINNEY OP, LLC       |             |        |                         |
| Facility            | Cariad at North Brook  |             |        |                         |
| Address             | 2301 N Brook           |             |        | <b>Bed Designations</b> |
|                     | McKinney TX 75069      |             |        |                         |
| County              | Collin                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/22/2022</b>      | Facility_ID | 000965 |                         |
| Owner_Operator      | Alpine Opco, LLC       |             |        |                         |
| Facility            | Alpine House           |             |        |                         |
| Address             | 2104 Alpine Road       |             |        | <b>Bed Designations</b> |
|                     | Longview TX 75601      |             |        |                         |
| County              | Gregg                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B |             |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/16/2021</b>          | Facility_ID | 110558 |                         |
| Owner_Operator      | SRGL Georgetown Owner LP   |             |        |                         |
| Facility            | Grand Living at Georgetown |             |        |                         |
| Address             | 1330 University Avenue     |             |        | <b>Bed Designations</b> |
|                     | Georgetown TX 78628        |             |        |                         |
| County              | Williamson                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B     |             |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2021</b>             | Facility_ID | 030094 |                         |
| Owner_Operator      | THE PINE TREE OF PASADENA LLC |             |        |                         |
| Facility            | THE PINE TREE OF PASADENA LLC |             |        |                         |
| Address             | 2514 PANSY                    |             |        | <b>Bed Designations</b> |
|                     | PASADENA TX 77503             |             |        |                         |
| County              | Harris                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B        |             |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/26/2023</b>          | Facility_ID | 010313 |                         |
| Owner_Operator      | CEDAR CREST OF IRVING, LLC |             |        |                         |
| Facility            | Cedar Crest of Irving, LLC |             |        |                         |
| Address             | 2425 TEXAS DR              |             |        | <b>Bed Designations</b> |
|                     | IRVING TX 75062            |             |        |                         |
| County              | Dallas                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B     |             |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/02/2022</b>                                  | Facility_ID | 000938 |                         |
| Owner_Operator      | MISSION ROAD DEVELOPMENTAL CENTER                  |             |        |                         |
| Facility            | MISSION ROAD DEVELOPMENTAL CENTER - COUNTRY BREEZE |             |        |                         |
| Address             | 6706 COUNTRY BREEZE                                |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78240                               |             |        |                         |
| County              | Bexar  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B                             |             |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/23/2022</b>                | Facility_ID | 104479 |                         |
| Owner_Operator      | Rubina Vazir LLC                 |             |        |                         |
| Facility            | Above And Beyond Assisted Living |             |        |                         |
| Address             | 204 West Dallas Street           |             |        | <b>Bed Designations</b> |
|                     | Conroe                           | Texas       | 77301  | Private 0               |
| County              | Montgomery                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                  | TYPE B      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/08/2023</b>          | Facility_ID | 101881 |                         |
| Owner_Operator      | PINNACLE LIVING CENTER INC |             |        |                         |
| Facility            | PINNACLE LIVING CENTER INC |             |        |                         |
| Address             | 3127 COLLINGSWORTH         |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                    | TX          | 77026  | Private 0               |
| County              | Harris                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living            | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/29/2021</b>                       | Facility_ID | 000403 |                         |
| Owner_Operator      | CONNIE L HAMPTON                        |             |        |                         |
| Facility            | CONNIES ASSISTED LIVING HOME OF BEN HUR |             |        |                         |
| Address             | 980 FM 339 S                            |             |        | <b>Bed Designations</b> |
|                     | GROESBECK                               | TX          | 76642  | Private 0               |
| County              | Limestone                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                         | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/25/2019</b>                                       | Facility_ID | 030354 |                         |
| Owner_Operator      | HEALTH OPERATION PROVIDING ECONOMICAL SOLUTIONS (HOPES) |             |        |                         |
| Facility            | HOPES RESIDENCE   |             |        |                         |
| Address             | 5046 GALAHAD DR   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO   | TX          | 78218  | Private 0               |
| County              | Bexar   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/23/2023</b>                       | Facility_ID | 103109 |                         |
| Owner_Operator      | ANGELS OF HANDS HOME HEALTH AGENCY CORP |             |        |                         |
| Facility            | ANGELS OF HANDS ASSISTED LIVING         |             |        |                         |
| Address             | 2401 N HOUSTON SCHOOL RD                |             |        | <b>Bed Designations</b> |
|                     | LANCASTER                               | TX          | 75134  |                         |
| County              | Dallas                                  |             |        | Private 0               |
| Service_Type        | Assisted Living                         | TYPE A      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/02/2020</b>                 | Facility_ID | 104921 |                         |
| Owner_Operator      | VAL VERDES CARE CENTER INC        |             |        |                         |
| Facility            | MARSH PERSONAL CARE HOME LAKEWOOD |             |        |                         |
| Address             | 7223 LAKEWOOD DR                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                           | TX          | 77016  |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/01/2021</b>                  | Facility_ID | 110099 |                         |
| Owner_Operator      | AARONS ASSISTED LIVING CENTERS LLC |             |        |                         |
| Facility            | BRAZOS CROSSING ASSISTED LIVING    |             |        |                         |
| Address             | 526 WARD ST                        |             |        | <b>Bed Designations</b> |
|                     | SEALY                              | TX          | 77474  |                         |
| County              | Austin                             |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE B      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/12/2021</b>                 | Facility_ID | 104038 |                         |
| Owner_Operator      | Merrill Gardens L.L.C.            |             |        |                         |
| Facility            | Truewood by Merrill, Park Central |             |        |                         |
| Address             | 7750 LBJ Freeway                  |             |        | <b>Bed Designations</b> |
|                     | Dallas                            | Texas       | 75251  |                         |
| County              | Dallas                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/13/2021</b>                       | Facility_ID | 105062 |                         |
| Owner_Operator      | DEIDRA WHYETE-BABERS                    |             |        |                         |
| Facility            | KIYA'S & KETHAN'S HAVEN ASSISTED LIVING |             |        |                         |
| Address             | 1611 WINDCHIME DR                       |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75224                         |             |        |                         |
| County              | Dallas                                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                         | TYPE A      |        |                         |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/04/2020</b>                     | Facility_ID | 104041 |                         |
| Owner_Operator      | Springfield Senior Living, LLC        |             |        |                         |
| Facility            | SPRINGFIELD SENIOR LIVING             |             |        |                         |
| Address             | 1817 ROYAL CREST DRSPRINGFIELD SENIOR |             |        | <b>Bed Designations</b> |
|                     | GARLAND TX 75043                      |             |        |                         |
| County              | Dallas                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                       | TYPE B      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/13/2023</b>        | Facility_ID | 102302 |                         |
| Owner_Operator      | SUSIE M VILLARREAL       |             |        |                         |
| Facility            | Mi Casa Es Su Casa       |             |        |                         |
| Address             | 4902 E BEVERLY MAE DRIVE |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78229     |             |        |                         |
| County              | Bexar                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/09/2023</b>            | Facility_ID | 104471 |                         |
| Owner_Operator      | NOTICE CARE HOMES LLC        |             |        |                         |
| Facility            | NOTICE RESIDENTIAL CARE HOME |             |        |                         |
| Address             | 2618 CROSSCREEK LN           |             |        | <b>Bed Designations</b> |
|                     | MESQUITE TX 75181            |             |        |                         |
| County              | Dallas                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |



|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/11/2023</b>                                      | Facility_ID | 105780 |                         |
| Owner_Operator      | Welltower Tenant Group LLC                             |             |        |                         |
| Facility            | The Auberge at Benbrook Lake - A Memory Care Community |             |        |                         |
| Address             | 7001 Bryant Irvin Road                                 |             |        | <b>Bed Designations</b> |
|                     | Fort Worth   | Texas       | 76132  |                         |
| County              | Tarrant  |             |        | Private 0               |
| Service_Type        | Assisted Living  | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/01/2023</b>      | Facility_ID | 050655 |                         |
| Owner_Operator      | GEMELINE M ATLAN       |             |        |                         |
| Facility            | GEMS QUALITY CARE HOME |             |        |                         |
| Address             | 1407 RIVER ROCK DR     |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY          | TX          | 77489  |                         |
| County              | Fort Bend              |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/01/2023</b>              | Facility_ID | 030080 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Address             | 2119 ISABELLA                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                        | TX          | 77004  |                         |
| County              | Harris                         |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/08/2023</b>               | Facility_ID | 105331 |                         |
| Owner_Operator      | PROVIDENT MEMORY CARE GROUP LLC |             |        |                         |
| Facility            | PROVIDENT MEMORY CARE CENTER    |             |        |                         |
| Address             | 1810 N. WASHINGTON AVE.         |             |        | <b>Bed Designations</b> |
|                     | LIVINGSTON                      | TX          | 77351  |                         |
| County              | Polk                            |             |        | Private 0               |
| Service_Type        | Assisted Living                 | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>              | Facility_ID | 000429 |                         |
| Owner_Operator      | NEUROBEHAVIORAL RESOURCES, LTD |             |        |                         |
| Facility            | SOMERSET                       |             |        |                         |
| Address             | 9297 WAHRENBERGER RD           |             |        | <b>Bed Designations</b> |
|                     | CONROE                         | TX          | 77304  |                         |
| County              | Montgomery                     |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>      | Facility_ID | 103705 |                         |
| Owner_Operator      | HERRON ENTERPRISES INC |             |        |                         |
| Facility            | THE PORCH SWING        |             |        |                         |
| Address             | 3315 55TH ST           |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK                | TX          | 79413  |                         |
| County              | Lubbock                |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE B      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b> | Facility_ID | 103147 |                         |
| Owner_Operator      | JED INC           |             |        |                         |
| Facility            | CHATEAU WOODLANDS |             |        |                         |
| Address             | 327 TALLOW        |             |        | <b>Bed Designations</b> |
|                     | CONROE            | TX          | 77385  |                         |
| County              | Montgomery        |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE B      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>    | Facility_ID | 103452 |                         |
| Owner_Operator      | A.T.B.R.O. LLC       |             |        |                         |
| Facility            | HELENS CARE COTTAGES |             |        |                         |
| Address             | 710 SHADOW BROOK DR  |             |        | <b>Bed Designations</b> |
|                     | SPRING               | TX          | 77380  |                         |
| County              | Montgomery           |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE B      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>     | Facility_ID | 030029 |                         |
| Owner_Operator      | ELERIA BARBER         |             |        |                         |
| Facility            | LOVING IN CARING ARMS |             |        |                         |
| Address             | 4542 HOLLYBROOK LN    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77039      |             |        |                         |
| County              | Harris                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>        | Facility_ID | 000716 |                         |
| Owner_Operator      | Country View Care Center |             |        |                         |
| Facility            | COUNTRY VIEW CARE CENTER |             |        |                         |
| Address             | 1060 NW FM 462           |             |        | <b>Bed Designations</b> |
|                     | MOORE TX 78057           |             |        |                         |
| County              | Frio                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/16/2023</b>                                       | Facility_ID | 010308 |                         |
| Owner_Operator      | COLONIAL OAKS SENIOR LIVING WESTCHASE MANAGEMENT TX LLC |             |        |                         |
| Facility            | COLONIAL OAKS AT WESTCHASE                              |             |        |                         |
| Address             | 11395 RICHMOND AVE                                      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77082  |             |        |                         |
| County              | Harris  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE B      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>             | Facility_ID | 104792 |                         |
| Owner_Operator      | PBH RESIDENTIAL CARE HOMES LP |             |        |                         |
| Facility            | PBH RESIDENTIAL CARE HOMES LP |             |        |                         |
| Address             | 902 N.W. 8TH ST               |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE TX 75050        |             |        |                         |
| County              | Dallas                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>                   | Facility_ID | 000535 |                         |
| Owner_Operator      | ROSEMONT PERSONAL CARE HOME INC. II |             |        |                         |
| Facility            | ROSEMONT PERSONAL CARE HOME INC     |             |        |                         |
| Address             | 10927 MAYFIELD RD                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77043                    |             |        |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>               | Facility_ID | 050086 |                         |
| Owner_Operator      | HIDDEN OAKS ASSISTED LIVING LLC |             |        |                         |
| Facility            | HIDDEN OAKS ASSISTED LIVING LLC |             |        |                         |
| Address             | 765 BANDIT TRAIL                |             |        | <b>Bed Designations</b> |
|                     | KELLER TX 76248                 |             |        |                         |
| County              | Tarrant                         |             |        | Private 0               |
| Service_Type        | Assisted Living                 | TYPE B      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/15/2023</b>                 | Facility_ID | 030185 |                         |
| Owner_Operator      | MARIGOLD COTTAGE PCH @ WALLER LLC |             |        |                         |
| Facility            | MARIGOLD COTTAGE PCH@ WALLER LLC  |             |        |                         |
| Address             | 1802 MALLARD                      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77043                  |             |        |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/01/2022</b>    | Facility_ID | 100028 |                         |
| Owner_Operator      | Jones Board and Care |             |        |                         |
| Facility            | JONES BOARD AND CARE |             |        |                         |
| Address             | 612 MISTY GLEN LN    |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232      |             |        |                         |
| County              | Dallas               |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/31/2023</b>                   | Facility_ID | 105750 |                         |
| Owner_Operator      | The Grandview of Westover Hills LLC |             |        |                         |
| Facility            | The Grandview of Westover Hills LLC |             |        |                         |
| Address             | 8627 LAKESIDE PARKWAY               |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78245-3261           |             |        |                         |
| County              | Bexar                               |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/04/2023</b>                         | Facility_ID | 101548 |                         |
| Owner_Operator      | TRANSITIONAL LEARNING CENTER AT GALVESTON |             |        |                         |
| Facility            | TRANSITIONAL LEARNING CENTER AT GALVESTON |             |        |                         |
| Address             | 1527 MARKET ST                            |             |        | <b>Bed Designations</b> |
|                     | GALVESTON TX 77550                        |             |        |                         |
| County              | Galveston                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/01/2023</b>                           | Facility_ID | 105031 |                         |
| Owner_Operator      | ALVIN LABOR OF LOVE MINISTRIES              |             |        |                         |
| Facility            | LABORING WITH LOVED ONES PERSONAL CARE HOME |             |        |                         |
| Address             | 6911 COUNTY RD 171                          |             |        | <b>Bed Designations</b> |
|                     | ALVIN TX 77511                              |             |        |                         |
| County              | Brazoria                                    |             |        | Private 8               |
| Service_Type        | Assisted Living                             | TYPE B      |        | Total Capacity 8        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2023</b>       | Facility_ID | 105843 |                         |
| Owner_Operator      | WILSON ASSISTANT LIVING |             |        |                         |
| Facility            | WILSON ASSISTANT LIVING |             |        |                         |
| Address             | 1537 SUTTER             |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75216         |             |        |                         |
| County              | Dallas                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE A      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/16/2023</b>                        | Facility_ID | 030188 |                         |
| Owner_Operator      | LIGHTHOUSE FOR THE BLIND OF HOUSTON      |             |        |                         |
| Facility            | THE LIGHTHOUSE OF HOUSTON GROUP HOME I I |             |        |                         |
| Address             | 820 MARSTON ST - B                       |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77019                         |             |        |                         |
| County              | Harris                                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                          | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/21/2019</b>                                     | Facility_ID | 104286 |                         |
| Owner_Operator      | VILLA ASUNCION INDEPENDENT LIVING CTR LLC             |             |        |                         |
| Facility            | VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER |             |        |                         |
| Address             | 830 E PRINCETON DR                                    |             |        | <b>Bed Designations</b> |
|                     | PRINCETON TX 75407                                    |             |        |                         |
| County              | Collin  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                                       | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/03/2021</b>         | Facility_ID | 110430 |                         |
| Owner_Operator      | Still Management LLC      |             |        |                         |
| Facility            | Still Management LLC      |             |        |                         |
| Address             | 2768 Park Place Drive     |             |        | <b>Bed Designations</b> |
|                     | Grand Prairie Texas 75052 |             |        |                         |
| County              | Tarrant                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/05/2021</b>    | Facility_ID | 103075 |                         |
| Owner_Operator      | Lopez Homes MCG LLC  |             |        |                         |
| Facility            | LOPEZ HOMES          |             |        |                         |
| Address             | 118 WALLACE RD       |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78237 |             |        |                         |
| County              | Bexar                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE A      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/01/2024</b>                      | Facility_ID | 030187 |                         |
| Owner_Operator      | LIGHTHOUSE FOR THE BLIND OF HOUSTON    |             |        |                         |
| Facility            | THE LIGHTHOUSE OF HOUSTON GROUP HOME I |             |        |                         |
| Address             | 820 A MARSTON STREET                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77019                       |             |        |                         |
| County              | Harris                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                        | TYPE B      |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/08/2023</b>                | Facility_ID | 105398 |                         |
| Owner_Operator      | SIX PALMS AT DAMOOR ESTATES LLC  |             |        |                         |
| Facility            | SIX PALMS AT DAMOOR ESTATES, LLC |             |        |                         |
| Address             | 5409 CROIX RD                    |             |        | <b>Bed Designations</b> |
|                     | MANVEL TX 77578                  |             |        |                         |
| County              | Brazoria                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                  | TYPE B      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/09/2024</b>                    | Facility_ID | 110466 |                         |
| Owner_Operator      | House of Hearts Assisted Living, LLC |             |        |                         |
| Facility            | House of Hearts Assisted Living, LLC |             |        |                         |
| Address             | 6411 Guadalupe Street                |             |        | <b>Bed Designations</b> |
|                     | Houston TX 77016                     |             |        |                         |
| County              | Harris                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/02/2023</b>        | Facility_ID | 000573 |                         |
| Owner_Operator      | E & J HEALTH CARE LLC    |             |        |                         |
| Facility            | MENTIS NEURO HEALTH      |             |        |                         |
| Address             | 3035 HWY 290 W           |             |        | <b>Bed Designations</b> |
|                     | DRIPPING SPRING TX 78620 |             |        |                         |
| County              | Hays                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2024</b>                    | Facility_ID | 010341 |                         |
| Owner_Operator      | Rosehaven Retirement Residences, Inc |             |        |                         |
| Facility            | ROSEHAVEN RETIREMENT INN             |             |        |                         |
| Address             | 102 E 9TH ST                         |             |        | <b>Bed Designations</b> |
|                     | KAUFMAN TX 75142                     |             |        |                         |
| County              | Kaufman                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B               |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/29/2021</b>                         | Facility_ID | 106138 |                         |
| Owner_Operator      | CASA DE BELLAMIE LLC                      |             |        |                         |
| Facility            | CASA DE BELLAMIE ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 7235 NORTH LOOP DRIVE                     |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79915                          |             |        |                         |
| County              | El Paso                                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                    |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/19/2024</b>       | Facility_ID | 105773 |                         |
| Owner_Operator      | PREMIER HOME LIVING LLC |             |        |                         |
| Facility            | PREMIER HOME LIVING     |             |        |                         |
| Address             | 8014 INWOOD RD          |             |        | <b>Bed Designations</b> |
|                     | Dallas TX 75209         |             |        |                         |
| County              | Dallas                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B  |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/01/2021</b>                 | Facility_ID | 103585 |                         |
| Owner_Operator      | ALZCARE SAN MARCOS LLC            |             |        |                         |
| Facility            | SODALIS ELDER LIVING SAN MARCOS I |             |        |                         |
| Address             | 1001 CREPE MYRTLE DR              |             |        | <b>Bed Designations</b> |
|                     | SAN MARCOS TX 78666               |             |        |                         |
| County              | Hays                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B            |             |        | Total Capacity 0        |



|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/28/2024</b>  | Facility_ID | 000956 |                         |
| Owner_Operator      | Marshall Opco, LLC |             |        |                         |
| Facility            | Oakwood House      |             |        |                         |
| Address             | 2907 Victory Dr    |             |        | <b>Bed Designations</b> |
|                     | Marshall           | Texas       | 75670  | Private 0               |
| County              | Harrison           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/04/2024</b>               | Facility_ID | 104322 |                         |
| Owner_Operator      | Merrill Gardens L.L.C.          |             |        |                         |
| Facility            | Truewood by Merrill, River Park |             |        |                         |
| Address             | 3201 River Park                 |             |        | <b>Bed Designations</b> |
|                     | Fort Worth                      | TX          | 76116  | Private 0               |
| County              | Tarrant                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/17/2024</b> | Facility_ID | 106041 |                         |
| Owner_Operator      | PAAM Care, LLC.   |             |        |                         |
| Facility            | PAAM Care, LLC.   |             |        |                         |
| Address             | 322 Early Trail   |             |        | <b>Bed Designations</b> |
|                     | San Antonio       | TX          | 78228  | Private 0               |
| County              | Bexar             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE B      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/18/2024</b>            | Facility_ID | 050658 |                         |
| Owner_Operator      | SUNRISE SENIOR CARE HOME INC |             |        |                         |
| Facility            | SUNRISE SENIOR CARE HOME     |             |        |                         |
| Address             | 201 BYBEE DRIVE              |             |        | <b>Bed Designations</b> |
|                     | CONROE                       | TX          | 77301  | Private 0               |
| County              | Montgomery                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/17/2024</b>               | Facility_ID | 103393 |                         |
| Owner_Operator      | ENTRUST SENIOR LIVING, LLC      |             |        |                         |
| Facility            | ENTRUST SENIOR LIVING OF DESOTO |             |        |                         |
| Address             | 8027 W VIRGINIA                 |             |        | <b>Bed Designations</b> |
|                     | DALLAS                          | TX          | 75237  |                         |
| County              | Dallas                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B          |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/05/2024</b>               | Facility_ID | 110572 |                         |
| Owner_Operator      | Silver Leaf Assisted Living LLC |             |        |                         |
| Facility            | Silver Leaf Assisted Living LLC |             |        |                         |
| Address             | 2508 W. Crawford Street         |             |        | <b>Bed Designations</b> |
|                     | Denison                         | Texas       | 75020  |                         |
| County              | Grayson                         |             |        | Private                 |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/17/2024</b>                                       | Facility_ID | 000411 |                         |
| Owner_Operator      | Uvalde County Hospital Authority                        |             |        |                         |
| Facility            | ALPINE TERRACE RETIREMENT & CONVALESCENT CENTER PC UNIT |             |        |                         |
| Address             | 746 ALPINE DR   |             |        | <b>Bed Designations</b> |
|                     | KERRVILLE   | TX          | 78028  |                         |
| County              | Kerr  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                                  |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2021</b>        | Facility_ID | 101630 |                         |
| Owner_Operator      | SOUTHHAVEN INC           |             |        |                         |
| Facility            | ASHTON OF SOUTHHAVEN INC |             |        |                         |
| Address             | 4611 66TH                |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK                  | TX          | 79414  |                         |
| County              | Lubbock                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2024</b>                 | Facility_ID | 100156 |                         |
| Owner_Operator      | CHG SENIOR LIVING OF LONGVIEW LLC |             |        |                         |
| Facility            | TRINITY TIMBERS B                 |             |        |                         |
| Address             | 3102 B GILMER RD                  |             |        | <b>Bed Designations</b> |
|                     | LONGVIEW TX 75604                 |             |        |                         |
| County              | Gregg                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2024</b>                 | Facility_ID | 100155 |                         |
| Owner_Operator      | CHG SENIOR LIVING OF LONGVIEW LLC |             |        |                         |
| Facility            | TRINITY TIMBERS A                 |             |        |                         |
| Address             | 3102 A GILMER RD                  |             |        | <b>Bed Designations</b> |
|                     | LONGVIEW TX 75604                 |             |        |                         |
| County              | Gregg                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/17/2020</b>                      | Facility_ID | 103635 |                         |
| Owner_Operator      | C LOIS BRADLEY                         |             |        |                         |
| Facility            | ALL GODS PEOPLE ASSISTED LIVING HOME 2 |             |        |                         |
| Address             | 3907 DARLINGHURST DR                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77045                       |             |        |                         |
| County              | Harris                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                        | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/06/2022</b>     | Facility_ID | 104206 |                         |
| Owner_Operator      | PASSIONATE LIVING INC |             |        |                         |
| Facility            | PASSIONATE LIVING INC |             |        |                         |
| Address             | 489 KENYA ST          |             |        | <b>Bed Designations</b> |
|                     | CEDAR HILL TX 75104   |             |        |                         |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/13/2024</b>                   | Facility_ID | 104309 |                         |
| Owner_Operator      | PAL Cinnamon Hill TRS, LLC          |             |        |                         |
| Facility            | The William - Memory Care Cottage C |             |        |                         |
| Address             | 9303 Cinnamon Hill                  |             |        | <b>Bed Designations</b> |
|                     | San Antonio                         | Texas       | 78240  |                         |
| County              | Bexar                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B              |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/15/2024</b>               | Facility_ID | 104144 |                         |
| Owner_Operator      | Velocity Ventures LLC           |             |        |                         |
| Facility            | FAMILY TREE ASSISTED LIVING LLC |             |        |                         |
| Address             | 15309 DELAHUNTY                 |             |        | <b>Bed Designations</b> |
|                     | PFLUGERVILLE                    | TX          | 78660  |                         |
| County              | Travis                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B          |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/08/2024</b>      | Facility_ID | 105300 |                         |
| Owner_Operator      | ESTIA CARE LLC         |             |        |                         |
| Facility            | ESTIA CARE LLC         |             |        |                         |
| Address             | 18111 STONE ANGEL      |             |        | <b>Bed Designations</b> |
|                     | HUMBLE                 | TX          | 77346  |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/13/2024</b>             | Facility_ID | 030265 |                         |
| Owner_Operator      | PAL Cinnamon Hill TRS, LLC    |             |        |                         |
| Facility            | The William - Assisted living |             |        |                         |
| Address             | 9203 Cinnamon Hill            |             |        | <b>Bed Designations</b> |
|                     | San Antonio                   | TX          | 78240  |                         |
| County              | Bexar                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/13/2024</b>                   | Facility_ID | 030324 |                         |
| Owner_Operator      | PAL Cinnamon Hill TRS, LLC          |             |        |                         |
| Facility            | The William - Memory Care Cottage A |             |        |                         |
| Address             | 9303 Cinnamon Hill                  |             |        | <b>Bed Designations</b> |
|                     | San Antonio                         | Texas       | 78240  |                         |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/13/2021</b>   | Facility_ID | 103024 |                         |
| Owner_Operator      | ELIZABETH AYORINDE  |             |        |                         |
| Facility            | ELSHADAI CARE HOME  |             |        |                         |
| Address             | 1225 NUTTING STREET |             |        | <b>Bed Designations</b> |
|                     | CEDAR HILL          | TX          | 75104  |                         |
| County              | Dallas              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/05/2024</b>                   | Facility_ID | 030235 |                         |
| Owner_Operator      | ROSEWOOD ASSISTED-LIVING CENTER INC |             |        |                         |
| Facility            | ROSEWOOD ASSISTED LIVING CENTER INC |             |        |                         |
| Address             | 41 CHESTNUT CIR                     |             |        | <b>Bed Designations</b> |
|                     | JASPER                              | TX          | 75951  |                         |
| County              | Jasper                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/26/2021</b>               | Facility_ID | 104782 |                         |
| Owner_Operator      | FAITH COMFORT CARE HOME LLC     |             |        |                         |
| Facility            | FAITH COMFORT OAKS SPRINGS HOME |             |        |                         |
| Address             | 3001 OAK SPRING DR              |             |        | <b>Bed Designations</b> |
|                     | GARLAND                         | TX          | 75044  |                         |
| County              | Dallas                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/27/2021</b>              | Facility_ID | 000839 |                         |
| Owner_Operator      | THE JAMES BRUNER TK RANCH INC. |             |        |                         |
| Facility            | TK RANCH DORM 3                |             |        |                         |
| Address             | 899 HUDDLESTON RD              |             |        | <b>Bed Designations</b> |
|                     | SUNSET                         | TX          | 76270  |                         |
| County              | Montague                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/03/2024</b>      | Facility_ID | 111554 |                         |
| Owner_Operator      | PREMIERE CHOICE ALF    |             |        |                         |
| Facility            | PREMIERE CHOICE ALF    |             |        |                         |
| Address             | 2915 STONEWALL COURT   |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY          | TEXAS       | 77459  |                         |
| County              | Fort Bend              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/18/2024</b>        | Facility_ID | 030084 |                         |
| Owner_Operator      | PAL SL EL PASO, LLC      |             |        |                         |
| Facility            | ROYAL ESTATES OF EL PASO |             |        |                         |
| Address             | 435 S MESA HILLS DR      |             |        | <b>Bed Designations</b> |
|                     | EL PASO                  | TX          | 79912  |                         |
| County              | El Paso                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/25/2024</b>               | Facility_ID | 000422 |                         |
| Owner_Operator      | VIVIAN ELAINE HOLLISTER         |             |        |                         |
| Facility            | HOLLISTERS ASSISTED LIVING HOME |             |        |                         |
| Address             | 1579 LCR 310                    |             |        | <b>Bed Designations</b> |
|                     | MART                            | TX          | 76664  |                         |
| County              | McLennan                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/20/2024</b>  | Facility_ID | 010280 |                         |
| Owner_Operator      | PABLO E BUSTAMANTE |             |        |                         |
| Facility            | LOVING AGE         |             |        |                         |
| Address             | 2029 ANISE DR      |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79935   |             |        |                         |
| County              | El Paso            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE C      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/06/2018</b>           | Facility_ID | 030036 |                         |
| Owner_Operator      | JIDECO SERVICES INC         |             |        |                         |
| Facility            | BRIGHTWAY PERSONAL CARE I I |             |        |                         |
| Address             | 6519 VICKIE SPRINGS LN      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77086            |             |        |                         |
| County              | Harris                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/05/2024</b>                 | Facility_ID | 110340 |                         |
| Owner_Operator      | Shining Stars Assisted Living LLC |             |        |                         |
| Facility            | Shining Stars Assisted Living LLC |             |        |                         |
| Address             | 401 Bryn Mawr                     |             |        | <b>Bed Designations</b> |
|                     | San Antonio Texas 78209           |             |        |                         |
| County              | Bexar                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/23/2024</b>             | Facility_ID | 030138 |                         |
| Owner_Operator      | Bright Living Lewisville, LLC |             |        |                         |
| Facility            | Cedar Crest of Lewisville     |             |        |                         |
| Address             | 400 Highland Drive            |             |        | <b>Bed Designations</b> |
|                     | Lewisville Texas 75067        |             |        |                         |
| County              | Denton                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                        |             |        |  |
|---------------------|------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>05/07/2024</b>      | Facility_ID | 105712 |  |
| Owner_Operator      | MY SECOND CHANCE INC   |             |        |  |
| Facility            | PEARL'S PLACE          |             |        |  |
| Address             | 1657 S. CORINTH ST RD. |             |        |  |
|                     | DALLAS TX              | 75203       |        |  |
| County              | Dallas                 |             |        |  |
| Service_Type        | Assisted Living        | TYPE A      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                         |             |        |  |
|---------------------|-------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>07/23/2024</b>       | Facility_ID | 104660 |  |
| Owner_Operator      | Jane Jebichii           |             |        |  |
| Facility            | RANDY LEE SENIOR LIVING |             |        |  |
| Address             | 308 RANDY LEE LANE      |             |        |  |
|                     | MCKINNEY TX             | 75071       |        |  |
| County              | Collin                  |             |        |  |
| Service_Type        | Assisted Living         | TYPE B      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                         |             |        |  |
|---------------------|-------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>07/23/2024</b>       | Facility_ID | 104427 |  |
| Owner_Operator      | JANICE L AUSTIN-DOUGLAS |             |        |  |
| Facility            | TEARS OF A ANGEL        |             |        |  |
| Address             | 1206 DEERWOOD DRIVE     |             |        |  |
|                     | DALLAS TX               | 75232       |        |  |
| County              | Dallas                  |             |        |  |
| Service_Type        | Assisted Living         | TYPE A      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |  |             |        |  |
|---------------------|--|-------------|--------|--|
| <b>Closure Date</b> | <b>07/23/2024</b>                      | Facility_ID | 107026 |  |
| Owner_Operator      | Southern Knights Operating Company LLC |             |        |  |
| Facility            | Southern Knights Memory Care           |             |        |  |
| Address             | 27923 Johnson Road                     |             |        |  |
|                     | Tomball TX                             | 77375       |        |  |
| County              | Harris                                 |             |        |  |
| Service_Type        | Assisted Living                        | TYPE B      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |



|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/23/2024</b>     | Facility_ID | 106342 |                         |
| Owner_Operator      | Outstretched Arms LLC |             |        |                         |
| Facility            | THE HOME PLACE        |             |        |                         |
| Address             | 2970 FM 455 WEST      |             |        |                         |
|                     | SANGER                | TX          | 76266  |                         |
| County              | Denton                |             |        |                         |
| Service_Type        | Assisted Living       | TYPE B      |        |                         |
|                     |                       |             |        | <b>Bed Designations</b> |
|                     |                       |             |        | Private 0               |
|                     |                       |             |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/17/2006</b>   | Facility_ID | 030232 |                         |
| Owner_Operator      | RENEE A PATE-GLOVER |             |        |                         |
| Facility            | HEART HOUSE         |             |        |                         |
| Address             | 10827 MEADOW POINT  |             |        |                         |
|                     | SAN ANTONIO         | TX          | 78239  |                         |
| County              | Bexar               |             |        |                         |
| Service_Type        | Assisted Living     | TYPE B      |        |                         |
|                     |                     |             |        | <b>Bed Designations</b> |
|                     |                     |             |        | Private 0               |
|                     |                     |             |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/15/2003</b> | Facility_ID | 030239 |                         |
| Owner_Operator      | BURNICE MATLOCK   |             |        |                         |
| Facility            | EASY LIVING       |             |        |                         |
| Address             | 18137 FM 3341     |             |        |                         |
|                     | TROUP             | TX          | 75789  |                         |
| County              | Smith             |             |        |                         |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |
|                     |                   |             |        | <b>Bed Designations</b> |
|                     |                   |             |        | Private 0               |
|                     |                   |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/24/2014</b>            | Facility_ID | 100142 |                         |
| Owner_Operator      | BRANT CARE MANGEMENT LLC     |             |        |                         |
| Facility            | HILL COUNTRY ASSISTED LIVING |             |        |                         |
| Address             | 3106 INDIAN MOUND RD         |             |        |                         |
|                     | GEORGETOWN                   | TX          | 78628  |                         |
| County              | Williamson                   |             |        |                         |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |
|                     |                              |             |        | <b>Bed Designations</b> |
|                     |                              |             |        | Private 0               |
|                     |                              |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/13/2017</b>                | Facility_ID | 101444 |                         |
| Owner_Operator      | SAMUEL ONWUHARONYE               |             |        |                         |
| Facility            | PREMIER ASSISTED LIVING HOMES #1 |             |        |                         |
| Address             | 11230 EVESBOROUGH                |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77099                 |             |        |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>          | Facility_ID | 101912 |                         |
| Owner_Operator      | WELCOME HOUSE INCORPORATED |             |        |                         |
| Facility            | JACQUES PLACE              |             |        |                         |
| Address             | 1633 OVERTON RD            |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75216            |             |        |                         |
| County              | Dallas                     |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE E      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/18/2005</b>    | Facility_ID | 101913 |                         |
| Owner_Operator      | ROSEMARY BERNAL      |             |        |                         |
| Facility            | R & R PERSONAL CARE  |             |        |                         |
| Address             | 1228 RUIZ            |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78207 |             |        |                         |
| County              | Bexar                |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE C      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/16/2016</b>   | Facility_ID | 101011 |                         |
| Owner_Operator      | TWG INVESTMENTS LTD |             |        |                         |
| Facility            | SOLANA TLC          |             |        |                         |
| Address             | 8973 ANKERSON       |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79904    |             |        |                         |
| County              | El Paso             |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE A      |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/13/2018</b>                     | Facility_ID | 030245 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC                 |             |        |                         |
| Facility            | WOOD LIVING CENTER OF SAN ANTONIO #11 |             |        |                         |
| Address             | 127 CLOUDHAVEN                        |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                           | TX          | 78209  |                         |
| County              | Bexar                                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/28/2005</b>                           | Facility_ID | 030249 |                         |
| Owner_Operator      | QUAMASIA COMMUNITY HOME FOR THE ELDERLY INC |             |        |                         |
| Facility            | QUAMASIA COMMUNITY HOME FOR THE ELDERLY INC |             |        |                         |
| Address             | 1518 QUAMASIA                               |             |        | <b>Bed Designations</b> |
|                     | MCALLEN                                     | TX          | 78504  |                         |
| County              | Hidalgo                                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                      |             |        | Total Capacity 0        |

|                     |                                    |             |           |                         |
|---------------------|------------------------------------|-------------|-----------|-------------------------|
| <b>Closure Date</b> | <b>07/17/2017</b>                  | Facility_ID | 010287    |                         |
| Owner_Operator      | PARLAND PLACE COMMUNITY LIVING INC |             |           |                         |
| Facility            | PARLAND PLACE COMMUNITY LIVING INC |             |           |                         |
| Address             | 123 PARLAND PL                     |             |           | <b>Bed Designations</b> |
|                     | SAN ANTONIO                        | TX          | 782096534 |                         |
| County              | Bexar                              |             |           | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |           | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/14/2017</b>      | Facility_ID | 030056 |                         |
| Owner_Operator      | CONSUELO V SALINAS     |             |        |                         |
| Facility            | TINSLEY HOME CARE      |             |        |                         |
| Address             | 17425 LUCKEY RD        |             |        | <b>Bed Designations</b> |
|                     | ATASCOSA               | TX          | 78002  |                         |
| County              | Bexar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/03/2007</b>                     | Facility_ID | 101461 |                         |
| Owner_Operator      | CROSBYTON HEALTH SERVICES CORPORATION |             |        |                         |
| Facility            | ASSISTED LIVING CENTER                |             |        |                         |
| Address             | 710 W MAIN                            |             |        | <b>Bed Designations</b> |
|                     | CROSBYTON                             | TX          | 79322  |                         |
| County              | Crosby                                |             |        | Private 0               |
| Service_Type        | Assisted Living                       | TYPE B      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2017</b>    | Facility_ID | 101927 |                         |
| Owner_Operator      | ORA L TURNER         |             |        |                         |
| Facility            | ORA LEE'S GROUP HOME |             |        |                         |
| Address             | 5822 LAKE PLACID DR  |             |        | <b>Bed Designations</b> |
|                     | DALLAS               | TX          | 75232  |                         |
| County              | Dallas               |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/22/2008</b>  | Facility_ID | 101935 |                         |
| Owner_Operator      | ROBERT J BENAVIDES |             |        |                         |
| Facility            | ROBERT J BENAVIDES |             |        |                         |
| Address             | 8502 CHIMNEY HILL  |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO        | TX          | 78254  |                         |
| County              | Bexar              |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE C      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/04/2003</b>                | Facility_ID | 101022 |                         |
| Owner_Operator      | SHARONDA L MORROW                |             |        |                         |
| Facility            | HOME AWAY FROM HOME CARE SERVICE |             |        |                         |
| Address             | 406 S FRANCES                    |             |        | <b>Bed Designations</b> |
|                     | TERRELL                          | TX          | 75160  |                         |
| County              | Kaufman                          |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2010</b>      | Facility_ID | 101025 |                         |
| Owner_Operator      | MY BEACH HOUSE LLC     |             |        |                         |
| Facility            | MY BEACH HOUSE LLC     |             |        |                         |
| Address             | 508 S DONALD ST        |             |        | <b>Bed Designations</b> |
|                     | SEYMOUR TX 76380       |             |        |                         |
| County              | Baylor                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/06/2003</b>                  | Facility_ID | 030282 |                         |
| Owner_Operator      | PHYLLIS A ATES-DENT                |             |        |                         |
| Facility            | QUALITY OF LIVING RESIDENTIAL HOME |             |        |                         |
| Address             | 2551 MOSSGLEN DR                   |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75227                    |             |        |                         |
| County              | Dallas                             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/23/2004</b>              | Facility_ID | 100193 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC          |             |        |                         |
| Facility            | WOOD LIVING CENTER OF VICTORIA |             |        |                         |
| Address             | 3902 HALSEY ST                 |             |        | <b>Bed Designations</b> |
|                     | VICTORIA TX 77901              |             |        |                         |
| County              | Victoria                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/08/2018</b>      | Facility_ID | 100198 |                         |
| Owner_Operator      | SHARLAN INC            |             |        |                         |
| Facility            | YOUNGBLOOD ELDER CARE  |             |        |                         |
| Address             | 308 N 20TH ST          |             |        | <b>Bed Designations</b> |
|                     | LAMESA TX 79331        |             |        |                         |
| County              | Dawson                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/17/2007</b>             | Facility_ID | 050029 |                         |
| Owner_Operator      | NEUROBEHAVIORAL RESOURCES LTD |             |        |                         |
| Facility            | WICKBURN                      |             |        |                         |
| Address             | 2106 WICKBURN                 |             |        | <b>Bed Designations</b> |
|                     | SPRING                        | TX          | 77386  |                         |
| County              | Montgomery                    |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2009</b>         | Facility_ID | 050149 |                         |
| Owner_Operator      | JULIE TURLEY              |             |        |                         |
| Facility            | HELPING HEARTS HOME       |             |        |                         |
| Address             | 2408 WINDING HOLLOW DRIVE |             |        | <b>Bed Designations</b> |
|                     | PLANO                     | TX          | 75093  |                         |
| County              | Collin                    |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE A      |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/25/2017</b>                     | Facility_ID | 104574 |                         |
| Owner_Operator      | SOUTHWESTERN CARE ASSISTED LIVING LLC |             |        |                         |
| Facility            | SOUTHWESTERN CARE ASSISTED LIVING     |             |        |                         |
| Address             | 1714 CHESTNUT RIDGE RD                |             |        | <b>Bed Designations</b> |
|                     | KINGWOOD                              | TX          | 77339  |                         |
| County              | Harris                                |             |        | Private 0               |
| Service_Type        | Assisted Living                       | TYPE B      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/17/2017</b>                  | Facility_ID | 105086 |                         |
| Owner_Operator      | BARBARA G. SMITH                   |             |        |                         |
| Facility            | HOUSE OF ELEGANCE ASSISTANT LIVING |             |        |                         |
| Address             | 909 PEPPERIDGE CT                  |             |        | <b>Bed Designations</b> |
|                     | LANCASTER                          | TX          | 75134  |                         |
| County              | Dallas                             |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE A      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/05/2007</b>               | Facility_ID | 101715 |                         |
| Owner_Operator      | HOME IS WHERE THE HEART IS INC. |             |        |                         |
| Facility            | HOME IS WHERE THE HEART IS INC  |             |        |                         |
| Address             | 3230 GARAPAN                    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                         | TX          | 77091  |                         |
| County              | Harris                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B          |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/17/2018</b>        | Facility_ID | 000609 |                         |
| Owner_Operator      | RONALDA M STELLY-FRAIZER |             |        |                         |
| Facility            | THE ROC PERSONAL CARE    |             |        |                         |
| Address             | 12621 TICONDEROGA        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                  | TX          | 77044  |                         |
| County              | Harris                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/24/2004</b>       | Facility_ID | 000775 |                         |
| Owner_Operator      | QUEVEDO ENTERPRISES INC |             |        |                         |
| Facility            | QUALITY CARE HOME       |             |        |                         |
| Address             | 358 PENDALE RD          |             |        | <b>Bed Designations</b> |
|                     | EL PASO                 | TX          | 79907  |                         |
| County              | El Paso                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A  |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/25/2006</b>           | Facility_ID | 100683 |                         |
| Owner_Operator      | THE HUMMINGBIRD CORPORATION |             |        |                         |
| Facility            | THE HUMMINGBIRD CARE CENTER |             |        |                         |
| Address             | 11110 RADFORD LN            |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                     | TX          | 77099  |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/02/2016</b> | Facility_ID | 100685 |                         |
| Owner_Operator      | VICKY GARRETSON   |             |        |                         |
| Facility            | VINTAGE LACE INC  |             |        |                         |
| Address             | 409 W 1ST         |             |        | <b>Bed Designations</b> |
|                     | MOUNT PLEASAN TX  | 75455       |        |                         |
| County              | Titus             |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/03/2008</b>             | Facility_ID | 101794 |                         |
| Owner_Operator      | THREE T'S HEALTH SERVICES INC |             |        |                         |
| Facility            | THREE T'S HEALTH SERVICES INC |             |        |                         |
| Address             | 8907 CUMI ST                  |             |        | <b>Bed Designations</b> |
|                     | HIGHLANDS TX                  | 77562       |        |                         |
| County              | Harris                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE B      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/02/2017</b>                   | Facility_ID | 050462 |                         |
| Owner_Operator      | VICKIE E. RICE                      |             |        |                         |
| Facility            | ROLLING OAKS PERSONAL CARE WEST INC |             |        |                         |
| Address             | 5151 CR 292                         |             |        | <b>Bed Designations</b> |
|                     | EARLY TX                            | 76802       |        |                         |
| County              | Brown                               |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE A      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/23/2018</b> | Facility_ID | 100216 |                         |
| Owner_Operator      | DULA'S ANGELS LLC |             |        |                         |
| Facility            | DULA'S ANGELS LLC |             |        |                         |
| Address             | 1119 DULA CIR     |             |        | <b>Bed Designations</b> |
|                     | DUNCANVILLE TX    | 75116       |        |                         |
| County              | Dallas            |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE B      |        | Total Capacity 0        |



|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/26/2003</b>   | Facility_ID | 100225 |                         |
| Owner_Operator      | MARIO SAN ROMAN     |             |        |                         |
| Facility            | BILTMORE PC HOME II |             |        |                         |
| Address             | 3504 N 32ND ST      |             |        | <b>Bed Designations</b> |
|                     | MCALLEN TX 78501    |             |        |                         |
| County              | Hidalgo             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE A      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/29/2007</b>           | Facility_ID | 050582 |                         |
| Owner_Operator      | SYBRINA PERKINS             |             |        |                         |
| Facility            | CROSSROAD PERSONAL CARE I I |             |        |                         |
| Address             | 7621 GLEASON                |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77016            |             |        |                         |
| County              | Harris                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE B      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>            | Facility_ID | 101510 |                         |
| Owner_Operator      | NANCY G MURRAH               |             |        |                         |
| Facility            | AMISTAD RESIDENTIAL FACILITY |             |        |                         |
| Address             | 309 W NORWOOD CT             |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78212         |             |        |                         |
| County              | Bexar                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE E      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>                  | Facility_ID | 101760 |                         |
| Owner_Operator      | TANGRAM REHABILITATION NETWORK INC |             |        |                         |
| Facility            | HUTCHISON PLACE NORTH              |             |        |                         |
| Address             | 606 W HUTCHISON                    |             |        | <b>Bed Designations</b> |
|                     | SAN MARCOS TX 78666                |             |        |                         |
| County              | Hays                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE E      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/26/2013</b>                          | Facility_ID | 101761 |                         |
| Owner_Operator      | TANGRAM REHABILITATION NETWORK INC         |             |        |                         |
| Facility            | RESCARE PREMIER HUTCHISON PLACE APARTMENTS |             |        |                         |
| Address             | 545 W HUTCHISON                            |             |        | <b>Bed Designations</b> |
|                     | SAN MARCOS TX 78666                        |             |        |                         |
| County              | Hays                                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                     |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/19/2007</b>                             | Facility_ID | 101764 |                         |
| Owner_Operator      | GLORIA U. IMO                                 |             |        |                         |
| Facility            | TENDER TOUCH MEDICAL SERVICES ASSISTED LIVING |             |        |                         |
| Address             | 11403 MEADOW JOY DR                           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77089                              |             |        |                         |
| County              | Harris  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                        |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/16/2003</b>      | Facility_ID | 101075 |                         |
| Owner_Operator      | SANDRA G GUILLORY      |             |        |                         |
| Facility            | GUILLORYS SAFE HAVEN   |             |        |                         |
| Address             | 4912 FOARD STREET      |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76119    |             |        |                         |
| County              | Tarrant                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/21/2018</b>      | Facility_ID | 030317 |                         |
| Owner_Operator      | ROSALINDA PARRA        |             |        |                         |
| Facility            | ROYAL VILLA            |             |        |                         |
| Address             | 1184 BOCA CHICA        |             |        | <b>Bed Designations</b> |
|                     | BROWNSVILLE TX 78520   |             |        |                         |
| County              | Cameron                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/09/2014</b>                | Facility_ID | 030323 |                         |
| Owner_Operator      | BARTON HILLS ASSISTED LIVING INC |             |        |                         |
| Facility            | BARTON HILLS GUEST HOUSE         |             |        |                         |
| Address             | 1809 FORD ST                     |             |        | <b>Bed Designations</b> |
|                     | AUSTIN                           | TX          | 78704  |                         |
| County              | Travis                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A           |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/07/2008</b>      | Facility_ID | 030331 |                         |
| Owner_Operator      | AGAPE ASSISTED LIVING  |             |        |                         |
| Facility            | AGAPE ASSISTED LIVING  |             |        |                         |
| Address             | 3331 KNOTTY OAKS       |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                | TX          | 77045  |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/27/2006</b>                    | Facility_ID | 050497 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC                |             |        |                         |
| Facility            | WOOD LIVING CENTER OF SAN ANTONIO #4 |             |        |                         |
| Address             | 711 E JOSEPHINE                      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                          | TX          | 78208  |                         |
| County              | Bexar                                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A               |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>      | Facility_ID | 050502 |                         |
| Owner_Operator      | Unknown Owner          |             |        |                         |
| Facility            | GROUP B INC            |             |        |                         |
| Address             | 13704 SHAVAND WALK     |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO            | TX          | 78230  |                         |
| County              | Bexar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/07/2006</b>            | Facility_ID | 050510 |                         |
| Owner_Operator      | AGAPEHOUSE INTERNATIONAL LLC |             |        |                         |
| Facility            | AGAPEHOUSE INTERNATIONAL LLC |             |        |                         |
| Address             | 501 NEWPORT BLVD             |             |        | <b>Bed Designations</b> |
|                     | LEAGUE CITY TX 77573         |             |        |                         |
| County              | Galveston                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A       |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/17/2017</b>                  | Facility_ID | 100248 |                         |
| Owner_Operator      | PARLAND PLACE COMMUNITY LIVING INC |             |        |                         |
| Facility            | PARLAND PLACE COMMUNITY LIVING     |             |        |                         |
| Address             | 133 PARLAND PL                     |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 782096534           |             |        |                         |
| County              | Bexar                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>             | Facility_ID | 100250 |                         |
| Owner_Operator      | KATHRYN PITTMAN ANDERSON      |             |        |                         |
| Facility            | MORNING GLORY ASSISTED LIVING |             |        |                         |
| Address             | 5338 BATAAN                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033              |             |        |                         |
| County              | Harris                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE E        |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/07/2004</b>      | Facility_ID | 100862 |                         |
| Owner_Operator      | MARIA L FALCON         |             |        |                         |
| Facility            | PARKDALE FOSTER HOME   |             |        |                         |
| Address             | 252 S MARYLAND ST      |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79905       |             |        |                         |
| County              | El Paso                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/26/2013</b>                   | Facility_ID | 101541 |                         |
| Owner_Operator      | ROSE TERRACE ELDERLY CARE HOME LTD. |             |        |                         |
| Facility            | ROSE TERRACE ELDERLY CARE HOME      |             |        |                         |
| Address             | 3413 GLENMONT DR                    |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133                 |             |        |                         |
| County              | Tarrant                             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A              |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2007</b>  | Facility_ID | 101544 |                         |
| Owner_Operator      | EL JERRY BURNETT DARLA BURNETT & TONETTE BURNETT OUTLAND |             |        |                         |
| Facility            | NEW LOOK OF LIFE   |             |        |                         |
| Address             | 5602 GATEWOOD  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77053   |             |        |                         |
| County              | Harris   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                                   |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/12/2017</b>        | Facility_ID | 103124 |                         |
| Owner_Operator      | MENTIS NEURO EL PASO LLC |             |        |                         |
| Facility            | MENTIS NEURO EL PASO LLC |             |        |                         |
| Address             | 1831 MURCHISON DR STE C  |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79902         |             |        |                         |
| County              | El Paso                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/01/2004</b>      | Facility_ID | 010281 |                         |
| Owner_Operator      | HANSFORD HOUSE INC     |             |        |                         |
| Facility            | HANSFORD HOUSE         |             |        |                         |
| Address             | 9505 HANSFORD DR       |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 787534528    |             |        |                         |
| County              | Travis                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/20/2003</b>               | Facility_ID | 100737 |                         |
| Owner_Operator      | MAXIMILIANO CORDOVA JR          |             |        |                         |
| Facility            | VALLEY PERSONAL RETIREMENT HOME |             |        |                         |
| Address             | 163 DUMONT                      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78227            |             |        |                         |
| County              | Bexar                           |             |        | Private 0               |
| Service_Type        | Assisted Living                 | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/04/2003</b>                       | Facility_ID | 101089 |                         |
| Owner_Operator      | LA QUE SABE EATING DISORDERS CLINIC LTD |             |        |                         |
| Facility            | LA QUE SABE EATING DISORDERS CLINIC LTD |             |        |                         |
| Address             | 10105 S HWY 80                          |             |        | <b>Bed Designations</b> |
|                     | LEESVILLE TX 78122                      |             |        |                         |
| County              | Gonzales                                |             |        | Private 0               |
| Service_Type        | Assisted Living                         | TYPE A      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/04/2016</b>                  | Facility_ID | 100998 |                         |
| Owner_Operator      | FOUR SEASONS SENIOR LIVING VII LLC |             |        |                         |
| Facility            | 4 SEASONS SENIOR LIVING VII        |             |        |                         |
| Address             | 2204 PEACHTREE LN                  |             |        | <b>Bed Designations</b> |
|                     | LEWISVILLE TX 75067                |             |        |                         |
| County              | Denton                             |             |        | Private 7               |
| Service_Type        | Assisted Living                    | TYPE B      |        | Total Capacity 7        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/01/2013</b>                 | Facility_ID | 000572 |                         |
| Owner_Operator      | MICHAEL S KELLEY                  |             |        |                         |
| Facility            | MARY KELLEYS HOME FOR THE ELDERLY |             |        |                         |
| Address             | 3915 MCKINLEY                     |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79930                  |             |        |                         |
| County              | El Paso                           |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE A      |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/31/2005</b>            | Facility_ID | 050533 |                         |
| Owner_Operator      | RMG HEALTHCARE INC           |             |        |                         |
| Facility            | DELLAS PERSONAL CARE COTTAGE |             |        |                         |
| Address             | 11931 5TH ST                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77072             |             |        |                         |
| County              | Harris                       |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE A      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/02/2017</b>        | Facility_ID | 100270 |                         |
| Owner_Operator      | FEELS JUST LIKE HOME LLC |             |        |                         |
| Facility            | FEELS JUST LIKE HOME LLC |             |        |                         |
| Address             | 701 E HOUSTON            |             |        | <b>Bed Designations</b> |
|                     | CLEVELAND TX 77327       |             |        |                         |
| County              | Liberty                  |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/12/2007</b>             | Facility_ID | 101563 |                         |
| Owner_Operator      | VERONICA ROSE                 |             |        |                         |
| Facility            | HAPPY SENIOR HOME CARE CENTER |             |        |                         |
| Address             | 4119 PARK DOUGLAS DR          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77084              |             |        |                         |
| County              | Harris                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2016</b>                   | Facility_ID | 101565 |                         |
| Owner_Operator      | ST JOHN'S RESIDENTIAL CARE HOME INC |             |        |                         |
| Facility            | ST JOHN'S RESIDENTIAL CARE HOME INC |             |        |                         |
| Address             | 5801 RAYBURN DR                     |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133                 |             |        |                         |
| County              | Tarrant                             |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>          | Facility_ID | 101570 |                         |
| Owner_Operator      | ST. ANNA'S TENDER CARE INC |             |        |                         |
| Facility            | ST ANNA TENDER CARE INC    |             |        |                         |
| Address             | 5535 GATEWOOD ST           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77053           |             |        |                         |
| County              | Harris                     |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE E      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/08/2015</b>                | Facility_ID | 101574 |                         |
| Owner_Operator      | PREVAILING FAITH OUTREACH CENTER |             |        |                         |
| Facility            | PREVAILING FAITH OUTREACH CENTER |             |        |                         |
| Address             | 5423 GRACEPOINT                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77048                 |             |        |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/16/2008</b>       | Facility_ID | 101579 |                         |
| Owner_Operator      | C&P WEKARE INCORPORATED |             |        |                         |
| Facility            | C&P WEKARE INCORPORATED |             |        |                         |
| Address             | 108 MARIANA DR          |             |        | <b>Bed Designations</b> |
|                     | RICHARDSON TX 75081     |             |        |                         |
| County              | Dallas                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/10/2006</b>                   | Facility_ID | 030144 |                         |
| Owner_Operator      | AMBASSADOR HEALTH CARE OF BRADY INC |             |        |                         |
| Facility            | HERITAGE SAM HOUSTON GARDENS        |             |        |                         |
| Address             | 1615 HILLEDAHL RD                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77055                    |             |        |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE B      |        | Total Capacity 0        |



|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/15/2003</b>   | Facility_ID | 001138 |                         |
| Owner_Operator      | ELVIRA RIDINGS      |             |        |                         |
| Facility            | RIDINGS FOSTER CARE |             |        |                         |
| Address             | 11725 HENRY PHIPPS  |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX          | 79936       |        | Private 0               |
| County              | El Paso             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE C      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/01/2016</b>      | Facility_ID | 100758 |                         |
| Owner_Operator      | THE CENTER FOR PURSUIT |             |        |                         |
| Facility            | WILLOW RIVER FARMS     |             |        |                         |
| Address             | 4073 FM 3318           |             |        | <b>Bed Designations</b> |
|                     | BROOKSHIRE TX          | 77423       |        | Private 0               |
| County              | Waller                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE B      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/15/2006</b>         | Facility_ID | 030002 |                         |
| Owner_Operator      | JESSIE NEIFERT            |             |        |                         |
| Facility            | JESSIE'S BLUEBONNET ACRES |             |        |                         |
| Address             | 19211 SOUTH US HWY 377    |             |        | <b>Bed Designations</b> |
|                     | DUBLIN TX                 | 76446       |        | Private 0               |
| County              | Erath                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE B      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/17/2003</b>        | Facility_ID | 030007 |                         |
| Owner_Operator      | GEADY MANAGEMENT INC     |             |        |                         |
| Facility            | LAKEVIEW ASSISTED LIVING |             |        |                         |
| Address             | 2119 CARTWRIGHT RD       |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX         | 77489       |        | Private 0               |
| County              | Fort Bend                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/16/2003</b>                  | Facility_ID | 030362 |                         |
| Owner_Operator      | OAK GARDENS PERSONAL CARE HOME INC |             |        |                         |
| Facility            | OAK GARDENS PERSONAL CARE HOME     |             |        |                         |
| Address             | 1725 E MAIN ST                     |             |        | <b>Bed Designations</b> |
|                     | LEAGUE CITY TX 77573               |             |        |                         |
| County              | Galveston                          |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE A      |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/28/2007</b>           | Facility_ID | 030377 |                         |
| Owner_Operator      | SWEET HOME FOR THE HOMELESS |             |        |                         |
| Facility            | SWEET HOME FOR THE HOMELESS |             |        |                         |
| Address             | 4440 BENNINGTON             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77016            |             |        |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living             | TYPE A      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/18/2003</b>             | Facility_ID | 030378 |                         |
| Owner_Operator      | HORTON PERSONAL HOME CARE LLC |             |        |                         |
| Facility            | HORTON PERSONAL HOME CARE LLC |             |        |                         |
| Address             | 601 N PRUETT                  |             |        | <b>Bed Designations</b> |
|                     | BAYTOWN TX 77520              |             |        |                         |
| County              | Harris                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/20/2003</b>    | Facility_ID | 030380 |                         |
| Owner_Operator      | DIGNIFIED LIVING LLC |             |        |                         |
| Facility            | DIGNIFIED LIVING     |             |        |                         |
| Address             | 2007 BRANDEIS DR     |             |        | <b>Bed Designations</b> |
|                     | RICHARDSON TX 75082  |             |        |                         |
| County              | Dallas               |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE A      |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/12/2004</b>           | Facility_ID | 050583 |                         |
| Owner_Operator      | HEARTLAND MANOR CORPORATION |             |        |                         |
| Facility            | HEARTLAND MANOR             |             |        |                         |
| Address             | 4266 OILBELT LN             |             |        | <b>Bed Designations</b> |
|                     | ABILENE                     | TX          | 79605  |                         |
| County              | Taylor                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/20/2007</b>      | Facility_ID | 101602 |                         |
| Owner_Operator      | JOEL A GARCIA          |             |        |                         |
| Facility            | J M J                  |             |        |                         |
| Address             | 5229 HITCHING POST     |             |        | <b>Bed Designations</b> |
|                     | CORPUS CHRISTI         | TX          | 78418  |                         |
| County              | Nueces                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2010</b>        | Facility_ID | 101606 |                         |
| Owner_Operator      | EDDIE M JOHNSON          |             |        |                         |
| Facility            | WE CARE ASSISTANT LIVING |             |        |                         |
| Address             | 3627 S EWING             |             |        | <b>Bed Designations</b> |
|                     | DALLAS                   | TX          | 75216  |                         |
| County              | Dallas                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE E   |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/26/2008</b>              | Facility_ID | 030022 |                         |
| Owner_Operator      | BEHZAD BOB ARABGHANI           |             |        |                         |
| Facility            | GOOD SAMARITAN ASSISTED LIVING |             |        |                         |
| Address             | 1445 14TH ST                   |             |        | <b>Bed Designations</b> |
|                     | HEMPSTEAD                      | TX          | 77445  |                         |
| County              | Waller                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/22/2004</b>               | Facility_ID | 030039 |                         |
| Owner_Operator      | STELLA ADOTAMA                  |             |        |                         |
| Facility            | DIAMOND STAR PERSONAL CARE HOME |             |        |                         |
| Address             | 1306 RIVER ROCK                 |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX 77489          |             |        |                         |
| County              | Fort Bend                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/25/2005</b>                                     | Facility_ID | 030386 |                         |
| Owner_Operator      | CAROL A HAMMITT                                       |             |        |                         |
| Facility            | CAROLS PERSONAL CARE HOME AT PECAN COUNTRY PLANTATION |             |        |                         |
| Address             | 4111 BRANDT RD  |             |        | <b>Bed Designations</b> |
|                     | RICHMOND TX 77469                                     |             |        |                         |
| County              | Fort Bend   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                                |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2018</b>        | Facility_ID | 030395 |                         |
| Owner_Operator      | PROVIDENCIA AT ASPEN INC |             |        |                         |
| Facility            | PROVIDENCIA AT ASPEN     |             |        |                         |
| Address             | 2024 ASPEN DR            |             |        | <b>Bed Designations</b> |
|                     | LEWISVILLE TX 75077      |             |        |                         |
| County              | Denton                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2014</b>              | Facility_ID | 000851 |                         |
| Owner_Operator      | CASA LINDA RETIREMENT INC      |             |        |                         |
| Facility            | LAKELAND HILLS ASSISTED LIVING |             |        |                         |
| Address             | 3205 DILIDO RD                 |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75228                |             |        |                         |
| County              | Dallas                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2017</b>            | Facility_ID | 001240 |                         |
| Owner_Operator      | LOIS M SMITH                 |             |        |                         |
| Facility            | FAIR HAVEN ADULT FOSTER CARE |             |        |                         |
| Address             | 5832 MONTERREY DR            |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76112          |             |        |                         |
| County              | Tarrant                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE C      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/18/2009</b>     | Facility_ID | 103146 |                         |
| Owner_Operator      | CRC ED TREATMENT INC  |             |        |                         |
| Facility            | CRC ED TREATMENT INC. |             |        |                         |
| Address             | 2301 COUNTY ROAD 156  |             |        | <b>Bed Designations</b> |
|                     | GRANGER TX 76530      |             |        |                         |
| County              | Williamson            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/02/2008</b>                        | Facility_ID | 101639 |                         |
| Owner_Operator      | RHONDA COLEMAN                           |             |        |                         |
| Facility            | BLESSED HANDS ASSISTANCE LIVING FACILITY |             |        |                         |
| Address             | 729 HIGHCREST DR                         |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232                          |             |        |                         |
| County              | Dallas                                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                          | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/31/2016</b>                   | Facility_ID | 103855 |                         |
| Owner_Operator      | CARING PALMS HEALTH CARE CENTER INC |             |        |                         |
| Facility            | CARING PALMS HEALTH CARE CENTER INC |             |        |                         |
| Address             | 1415 W WASHINGTON ST                |             |        | <b>Bed Designations</b> |
|                     | BROWNSVILLE TX 78520                |             |        |                         |
| County              | Cameron                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/20/2004</b>              | Facility_ID | 030069 |                         |
| Owner_Operator      | TEXAS CITYVIEW CARE CENTER LLC |             |        |                         |
| Facility            | TEXAS CITYVIEW CARE CENTER LP  |             |        |                         |
| Address             | 5801 BRYANT IRVIN RD           |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76132            |             |        |                         |
| County              | Tarrant                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/21/2009</b>               | Facility_ID | 050055 |                         |
| Owner_Operator      | METRO HAVEN OF LOVE CARE CENTER |             |        |                         |
| Facility            | METROHAVEN OF LOVE INC          |             |        |                         |
| Address             | 3110 METROPOLITAN AVE           |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75215                 |             |        |                         |
| County              | Dallas                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/01/2006</b> | Facility_ID | 050200 |                         |
| Owner_Operator      | BEVERLY J LORENZ  |             |        |                         |
| Facility            | OUR HERO'S HOUSE  |             |        |                         |
| Address             | 1888 RIVERWAY DR  |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75217   |             |        |                         |
| County              | Dallas            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>         | Facility_ID | 050666 |                         |
| Owner_Operator      | Unknown Owner             |             |        |                         |
| Facility            | THE 2000 ROSES FOUNDATION |             |        |                         |
| Address             | 2000 WEST TENTH           |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 752085734       |             |        |                         |
| County              | Dallas                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/26/2015</b>                       | Facility_ID | 010382 |                         |
| Owner_Operator      | DUKE AND DUCHESS INC                    |             |        |                         |
| Facility            | DUKES AND DUTCHESS PERSONAL CARE HOME 3 |             |        |                         |
| Address             | 751 RINGOLD ST                          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77088                        |             |        |                         |
| County              | Harris                                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                         | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b> | Facility_ID | 101141 |                         |
| Owner_Operator      | NICKIE C ZAMBRANO |             |        |                         |
| Facility            | NICKIE C ZAMBRANO |             |        |                         |
| Address             | 5602 FARM RD 400  |             |        | <b>Bed Designations</b> |
|                     | IDALOU TX 79329   |             |        |                         |
| County              | Lubbock           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE C      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/28/2016</b> | Facility_ID | 030060 |                         |
| Owner_Operator      | SOUTHHAVEN INC    |             |        |                         |
| Facility            | SOUTHHAVEN        |             |        |                         |
| Address             | 4613 66TH ST      |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK TX 79414  |             |        |                         |
| County              | Lubbock           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/14/2015</b>   | Facility_ID | 030061 |                         |
| Owner_Operator      | - do not use GATEWAY COMMUNITY PARTNERS INC - Duplicate account |             |        |                         |
| Facility            | RIDGECREST HOUSE  |             |        |                         |
| Address             | 409 RIDGECREST ST   |             |        | <b>Bed Designations</b> |
|                     | JACKSONVILLE TX 75766   |             |        |                         |
| County              | Cherokee  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                             |             |           |                         |
|---------------------|-----------------------------|-------------|-----------|-------------------------|
| <b>Closure Date</b> | <b>05/24/2018</b>           | Facility_ID | 030408    |                         |
| Owner_Operator      |                             |             |           |                         |
| Facility            | ASSISTED LIVING AT TALLWOOD |             |           |                         |
| Address             | 101 TALLWOOD                |             |           | <b>Bed Designations</b> |
|                     | GEORGETOWN                  | TX          | 786288315 |                         |
| County              | Williamson                  |             |           | Private 0               |
| Service_Type        | Assisted Living             | TYPE B      |           | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2004</b>      | Facility_ID | 030412 |                         |
| Owner_Operator      | LILLIE J ROPER         |             |        |                         |
| Facility            | COMMUNITY CARING HANDS |             |        |                         |
| Address             | 9927 ALGIERS RD        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                | TX          | 77041  |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/12/2005</b>                | Facility_ID | 030417 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME   |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME 3 |             |        |                         |
| Address             | 5911 GRACE LN                    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                          | TX          | 77021  |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/12/2005</b>                | Facility_ID | 030418 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME   |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME 4 |             |        |                         |
| Address             | 5919 GRACE LN                    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                          | TX          | 77021  |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity 0        |



|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/05/2004</b>           | Facility_ID | 030421 |                         |
| Owner_Operator      | JIDECO SERVICES INC         |             |        |                         |
| Facility            | BRIGHTWAY PERSONAL CARE III |             |        |                         |
| Address             | 6610 SANDSWEPT LN           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77086            |             |        |                         |
| County              | Harris                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>      | Facility_ID | 050643 |                         |
| Owner_Operator      | GWENNETTA M WOOLDRIGE  |             |        |                         |
| Facility            | GWEN'S PLACE           |             |        |                         |
| Address             | 12023 BISHOP LN        |             |        | <b>Bed Designations</b> |
|                     | BALCH SPRINGS TX 75180 |             |        |                         |
| County              | Dallas                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE B      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/11/2007</b>           | Facility_ID | 100357 |                         |
| Owner_Operator      | JENNIFER ELLIS              |             |        |                         |
| Facility            | JENNY'S RESIDENT GROUP CARE |             |        |                         |
| Address             | 749 FAIRWOOD DR             |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232             |             |        |                         |
| County              | Dallas                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/04/2004</b>   | Facility_ID | 100363 |                         |
| Owner_Operator      | JANNA COVINGTON     |             |        |                         |
| Facility            | JANNA COVINGTON     |             |        |                         |
| Address             | 1201 N HWY 70       |             |        | <b>Bed Designations</b> |
|                     | SWEETWATER TX 79556 |             |        |                         |
| County              | Nolan               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE C      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/14/2006</b>           | Facility_ID | 101662 |                         |
| Owner_Operator      | THERAPEUTIC COMMUNITIES LLC |             |        |                         |
| Facility            | SAN MARCOS                  |             |        |                         |
| Address             | 110 ALGARITA                |             |        |                         |
|                     | SAN MARCOS                  | TX          | 78666  | <b>Bed Designations</b> |
| County              | Hays                        |             |        | Private 0               |
| Service_Type        | Assisted Living             | TYPE A      |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/11/2017</b>            | Facility_ID | 050452 |                         |
| Owner_Operator      | BRENDA MYERS                 |             |        |                         |
| Facility            | ANGELIC PLACE ELDERCARE HOME |             |        |                         |
| Address             | 2300 PARK RUN DR             |             |        |                         |
|                     | ARLINGTON                    | TX          | 76016  | <b>Bed Designations</b> |
| County              | Tarrant                      |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/25/2005</b>              | Facility_ID | 100817 |                         |
| Owner_Operator      | SPECIAL LIVING CARE CENTER LLC |             |        |                         |
| Facility            | SPECIAL LIVING CARE CENTER LLC |             |        |                         |
| Address             | 15635 SIERRA VALLE             |             |        |                         |
|                     | HOUSTON                        | TX          | 77083  | <b>Bed Designations</b> |
| County              | Fort Bend                      |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2007</b>                 | Facility_ID | 101156 |                         |
| Owner_Operator      | MARYLOUISE FACKLER                |             |        |                         |
| Facility            | SHADYVILLA PERSONNEL CARE BLDG II |             |        |                         |
| Address             | 7810 SHADYVILLA LN                |             |        |                         |
|                     | HOUSTON                           | TX          | 77055  | <b>Bed Designations</b> |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE A      |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/03/2006</b>     | Facility_ID | 101174 |                         |
| Owner_Operator      | ENOCH MCALISTER JR    |             |        |                         |
| Facility            | LANEVILLE LOVING ARMS |             |        |                         |
| Address             | 13997 CR 4175-S       |             |        | <b>Bed Designations</b> |
|                     | LANEVILLE TX 75667    |             |        |                         |
| County              | Rusk                  |             |        | Private 0               |
| Service_Type        | Assisted Living       | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/08/2008</b>                         | Facility_ID | 030072 |                         |
| Owner_Operator      | WINDSOR COURT PERSONAL CARE CENTER LTD CO |             |        |                         |
| Facility            | WINDSOR COURT                             |             |        |                         |
| Address             | 2535 W PLEASANT RUN                       |             |        | <b>Bed Designations</b> |
|                     | LANCASTER TX 75146                        |             |        |                         |
| County              | Dallas                                    |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/22/2008</b>              | Facility_ID | 030073 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Address             | 5011 PORTER RIDGE              |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77053               |             |        |                         |
| County              | Fort Bend                      |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>         | Facility_ID | 050010 |                         |
| Owner_Operator      | Unknown Owner             |             |        |                         |
| Facility            | LAND MANOR HALF WAY HOUSE |             |        |                         |
| Address             | 1608 ORANGE ST            |             |        | <b>Bed Designations</b> |
|                     | BEAUMONT TX               |             |        |                         |
| County              | Jefferson                 |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE A      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>               | Facility_ID | 050018 |                         |
| Owner_Operator      | Unknown Owner                   |             |        |                         |
| Facility            | LOVE AND JOY PERSONAL CARE HOME |             |        |                         |
| Address             | 5123 NORTHRIDGE                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033                |             |        |                         |
| County              | Harris                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/04/2016</b>  | Facility_ID | 050668 |                         |
| Owner_Operator      | HENRY C MONCADA    |             |        |                         |
| Facility            | SUNNY SPIRITS      |             |        |                         |
| Address             | 710 FENWICK        |             |        | <b>Bed Designations</b> |
|                     | WINDCREST TX 78239 |             |        |                         |
| County              | Bexar              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |        |                         |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/16/2018</b>   | Facility_ID | 050669 |                         |
| Owner_Operator      | DR NENITA C SABATER |             |        |                         |
| Facility            | EMERALD VISTA LODGE |             |        |                         |
| Address             | 6016 WEDGMONT CIR N |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133 |             |        |                         |
| County              | Tarrant             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/26/2009</b> | Facility_ID | 050681 |                         |
| Owner_Operator      | Unknown Owner     |             |        |                         |
| Facility            | WELCOME HOUSE INC |             |        |                         |
| Address             | 921 N PEAK ST     |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75204   |             |        |                         |
| County              | Dallas            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE C      |        |                         |

|                     |                                  |             |        |  |
|---------------------|----------------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>10/20/2005</b>                | Facility_ID | 050683 |  |
| Owner_Operator      | Unknown Owner                    |             |        |  |
| Facility            | HOME APP WITHDRAWN TO BE DELETED |             |        |  |
| Address             | APP WITHDRAWN TO BE DELETED      |             |        |  |
|                     | SAN ANTONIO                      | TX          | 78213  |  |
| County              | Bexar                            |             |        |  |
| Service_Type        | Assisted Living                  | TYPE B      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                   |             |        |  |
|---------------------|-------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>02/26/2009</b> | Facility_ID | 050694 |  |
| Owner_Operator      | Unknown Owner     |             |        |  |
| Facility            | WELCOME HOUSE INC |             |        |  |
| Address             | 2805 MEDILL ST    |             |        |  |
|                     | DALLAS            | TX          | 75215  |  |
| County              | Dallas            |             |        |  |
| Service_Type        | Assisted Living   | TYPE C      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                         |             |        |  |
|---------------------|-------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>10/20/2005</b>       | Facility_ID | 050701 |  |
| Owner_Operator      | Unknown Owner           |             |        |  |
| Facility            | HERITAGE VALLEY GARDENS |             |        |  |
| Address             | ONE TED HUNT BLVD       |             |        |  |
|                     | BROWNSVILLE             | TX          | 78521  |  |
| County              | Cameron                 |             |        |  |
| Service_Type        | Assisted Living         | TYPE B      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                              |             |        |  |
|---------------------|------------------------------|-------------|--------|--|
| <b>Closure Date</b> | <b>03/24/2003</b>            | Facility_ID | 001023 |  |
| Owner_Operator      | TERI W GIBBS                 |             |        |  |
| Facility            | LAKE RIDGE ADULT FOSTER CARE |             |        |  |
| Address             | 4710 CHALK CT                |             |        |  |
|                     | GRAND PRAIRIE                | TX          | 75052  |  |
| County              | Dallas                       |             |        |  |
| Service_Type        | Assisted Living              | TYPE C      |        |  |

### Bed Designations

|                |   |
|----------------|---|
| Private        | 0 |
| Total Capacity | 0 |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/11/2003</b>      | Facility_ID | 001246 |                         |
| Owner_Operator      | JANICE HAYNES          |             |        |                         |
| Facility            | UNIVERSITY HOUSE       |             |        |                         |
| Address             | 2612 EVANS ST          |             |        | <b>Bed Designations</b> |
|                     | MARSHALL TX 75670      |             |        |                         |
| County              | Harrison               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/02/2003</b>           | Facility_ID | 101175 |                         |
| Owner_Operator      | CELESTINA C ENE             |             |        |                         |
| Facility            | HORIZON HEALTHCARE SERVICES |             |        |                         |
| Address             | 17302 EDGEHAVEN DR          |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX 77489      |             |        |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/28/2011</b>                       | Facility_ID | 101179 |                         |
| Owner_Operator      | LORI A PIANGENTI                        |             |        |                         |
| Facility            | THE PERFECT SOLUTION PERSONAL CARE HOME |             |        |                         |
| Address             | 4607 MAIN ST                            |             |        | <b>Bed Designations</b> |
|                     | SANTA FE TX 77510                       |             |        |                         |
| County              | Galveston                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                  |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/19/2008</b>      | Facility_ID | 101182 |                         |
| Owner_Operator      | MARY C INGRAM          |             |        |                         |
| Facility            | HARMONY HOUSE          |             |        |                         |
| Address             | 4538 LORD RD           |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78220   |             |        |                         |
| County              | Bexar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/13/2009</b>     | Facility_ID | 050045 |                         |
| Owner_Operator      | CAROLYN GABRIEL       |             |        |                         |
| Facility            | TRINITY PERSONAL CARE |             |        |                         |
| Address             | 7819 HIRSCH           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77016      |             |        |                         |
| County              | Harris                |             |        | Private 0               |
| Service_Type        | Assisted Living       | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2009</b>  | Facility_ID | 050051 |                         |
| Owner_Operator      | MAE KRAUSE         |             |        |                         |
| Facility            | THE HERITAGE HOUSE |             |        |                         |
| Address             | 800 W FIFTH ST     |             |        | <b>Bed Designations</b> |
|                     | BONHAM TX 75418    |             |        |                         |
| County              | Fannin             |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE A      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2007</b>             | Facility_ID | 050056 |                         |
| Owner_Operator      | MARYLOUISE FACKLER            |             |        |                         |
| Facility            | SHADYVILLA PERSONAL CARE HOME |             |        |                         |
| Address             | 7810 SHADYVILLA LANE          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77055              |             |        |                         |
| County              | Harris                        |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE B      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/25/2004</b> | Facility_ID | 050072 |                         |
| Owner_Operator      | GLADYS DRIGGERS   |             |        |                         |
| Facility            | GLADYS DRIGGERS   |             |        |                         |
| Address             | 308 PALESTINE ST  |             |        | <b>Bed Designations</b> |
|                     | ALTO TX 75925     |             |        |                         |
| County              | Cherokee          |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE C      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/02/2015</b>                  | Facility_ID | 050719 |                         |
| Owner_Operator      | HERITAGE HOUSE ASSISTED LIVING LLC |             |        |                         |
| Facility            | HERITAGE HOUSE ASSISTED LIVING LLC |             |        |                         |
| Address             | 4027 YOUNG ST                      |             |        | <b>Bed Designations</b> |
|                     | PASADENA TX 77504                  |             |        |                         |
| County              | Harris                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/26/2004</b>             | Facility_ID | 050723 |                         |
| Owner_Operator      | ALBERTHA LOVING CARE HOME INC |             |        |                         |
| Facility            | ALBERTHA LOVING CARE HOME INC |             |        |                         |
| Address             | 9019 W MONTGOMERY             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77088              |             |        |                         |
| County              | Harris                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/03/2015</b>         | Facility_ID | 030423 |                         |
| Owner_Operator      | HILDA L EAGLETON          |             |        |                         |
| Facility            | QUALITY LIVING GREENBRIAR |             |        |                         |
| Address             | 2622 GREENBRIAR           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77098          |             |        |                         |
| County              | Harris                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE B      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b>     | Facility_ID | 100952 |                         |
| Owner_Operator      | JUDY L JULIAN         |             |        |                         |
| Facility            | THE HOME PLACE        |             |        |                         |
| Address             | 1060 VANDERBILT       |             |        | <b>Bed Designations</b> |
|                     | STEPHENVILLE TX 76401 |             |        |                         |
| County              | Erath                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE C      |        |                         |



|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/16/2017</b>    | Facility_ID | 101200 |                         |
| Owner_Operator      | MRS BRENDA GORDON    |             |        |                         |
| Facility            | VONN'S PERSONAL CARE |             |        |                         |
| Address             | 7970 ETHEL           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77028     |             |        |                         |
| County              | Harris               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/24/2017</b>        | Facility_ID | 101202 |                         |
| Owner_Operator      | Disability Resources Inc |             |        |                         |
| Facility            | ANDRESS HOUSE            |             |        |                         |
| Address             | 3257 VARNER LN           |             |        | <b>Bed Designations</b> |
|                     | ABILENE TX 79601         |             |        |                         |
| County              | Taylor                   |             |        | Total Capacity 7        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/03/2003</b>               | Facility_ID | 030114 |                         |
| Owner_Operator      | LOVE & JOY PERSONAL CARE HOME   |             |        |                         |
| Facility            | LOVE AND JOY PERSONAL CARE HOME |             |        |                         |
| Address             | 16114 BECKRIDGE                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77053                |             |        |                         |
| County              | Harris                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>  | Facility_ID | 050093 |                         |
| Owner_Operator      | Unknown Owner      |             |        |                         |
| Facility            | HOME CARE DIVISION |             |        |                         |
| Address             | 7515 TIMBERWAY     |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77072   |             |        |                         |
| County              | Harris             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b>      | Facility_ID | 100420 |                         |
| Owner_Operator      | MARILYN F DICKERSON    |             |        |                         |
| Facility            | LARKWOOD LIVING CENTER |             |        |                         |
| Address             | 8910 MARINETTE         |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77074       |             |        |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>   | Facility_ID | 050179 |                         |
| Owner_Operator      | Unknown Owner       |             |        |                         |
| Facility            | ESTHER ANNE HUBBARD |             |        |                         |
| Address             | 12401 S OAK BLVD    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77045    |             |        |                         |
| County              | Harris              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE B      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>   | Facility_ID | 100226 |                         |
| Owner_Operator      | Unknown Owner       |             |        |                         |
| Facility            | RAINBOW DWELLING #1 |             |        |                         |
| Address             | 12132 RIDGELAKE     |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75218     |             |        |                         |
| County              | Dallas              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE A      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/14/2016</b>       | Facility_ID | 102239 |                         |
| Owner_Operator      | EVANGELINE ROOMES       |             |        |                         |
| Facility            | ROOMES PERSONAL CARE #2 |             |        |                         |
| Address             | 7247 ROOS               |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77074        |             |        |                         |
| County              | Harris                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/03/2018</b>  | Facility_ID | 103661 |                         |
| Owner_Operator      | ROSE'S RETREAT LLC |             |        |                         |
| Facility            | ROSE'S RETREAT     |             |        |                         |
| Address             | 21643 PARK VILLA   |             |        | <b>Bed Designations</b> |
|                     | KATY               | TX          | 77450  | Private 0               |
| County              | Harris             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE A      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/11/2015</b>             | Facility_ID | 100385 |                         |
| Owner_Operator      | MAIN STREET PERSONAL CARE LLC |             |        |                         |
| Facility            | MAIN STREET PERSONAL CARE LLC |             |        |                         |
| Address             | 3305 N MAIN ST                |             |        | <b>Bed Designations</b> |
|                     | VICTORIA                      | TX          | 77901  | Private 0               |
| County              | Victoria                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                    |             |           |                         |
|---------------------|--------------------|-------------|-----------|-------------------------|
| <b>Closure Date</b> | <b>05/04/2016</b>  | Facility_ID | 100631    |                         |
| Owner_Operator      | COTTAGE HOME CARE  |             |           |                         |
| Facility            | COTTAGE HOME CARE  |             |           |                         |
| Address             | 2731 FLINTROCK CIR |             |           | <b>Bed Designations</b> |
|                     | HOUSTON            | TX          | 770671943 | Private 0               |
| County              | Harris             |             |           | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE B      |           |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/09/2009</b>    | Facility_ID | 100896 |                         |
| Owner_Operator      | GERALDINE JONES      |             |        |                         |
| Facility            | JONES HOUSE OF PEACE |             |        |                         |
| Address             | 5202 RIDGEWAY DR     |             |        | <b>Bed Designations</b> |
|                     | HOUSTON              | TX          | 77033  | Private 0               |
| County              | Harris               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/06/2018</b>         | Facility_ID | 030147 |                         |
| Owner_Operator      | EMERITUS CORPORATION      |             |        |                         |
| Facility            | BROOKDALE ELLINGTON FIELD |             |        |                         |
| Address             | 14101 BAY POINTE CT       |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77062          |             |        |                         |
| County              | Harris                    |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/05/2003</b>   | Facility_ID | 050161 |                         |
| Owner_Operator      | Unknown Owner       |             |        |                         |
| Facility            | PHYSICIANS WHO CARE |             |        |                         |
| Address             | 7800 N 23RD ST      |             |        | <b>Bed Designations</b> |
|                     | MCALLEN TX 78504    |             |        |                         |
| County              | Hidalgo             |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE B      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b> | Facility_ID | 050163 |                         |
| Owner_Operator      | Unknown Owner     |             |        |                         |
| Facility            | THE PALMS         |             |        |                         |
| Address             | 4710 TEMPLE BELL  |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77388   |             |        |                         |
| County              | Harris            |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/19/2004</b>              | Facility_ID | 100036 |                         |
| Owner_Operator      | NORMAN L FREEMAN               |             |        |                         |
| Facility            | JUANITA SON PERSONAL CARE HOME |             |        |                         |
| Address             | RT 2 BOX 622                   |             |        | <b>Bed Designations</b> |
|                     | CORRIGAN TX 75939              |             |        |                         |
| County              | Polk                           |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/24/2014</b>            | Facility_ID | 100044 |                         |
| Owner_Operator      | ACTIVE SENIORS UNLIMITED INC |             |        |                         |
| Facility            | ACTIVE SENIORS UNLIMITED INC |             |        |                         |
| Address             | 6314 SCHEVERS ST             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77087             |             |        |                         |
| County              | Harris                       |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE A      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/12/2007</b>       | Facility_ID | 100448 |                         |
| Owner_Operator      | PEBBLE D YOXTHEIMER     |             |        |                         |
| Facility            | ELITE ELDERLY CARE HOME |             |        |                         |
| Address             | 7616 HWY 281 S          |             |        | <b>Bed Designations</b> |
|                     | STEPHENVILLE TX 76401   |             |        |                         |
| County              | Erath                   |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE C      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/10/2006</b>             | Facility_ID | 101333 |                         |
| Owner_Operator      | LOVE & JOY PERSONAL CARE HOME |             |        |                         |
| Facility            | FRESNO ASSISTED LIVING        |             |        |                         |
| Address             | 831 W PALMS                   |             |        | <b>Bed Designations</b> |
|                     | FRESNO TX 77545               |             |        |                         |
| County              | Fort Bend                     |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/26/2007</b>               | Facility_ID | 101336 |                         |
| Owner_Operator      | REGINA JEFFERSON                |             |        |                         |
| Facility            | CHRISTIAN ADULT ASSISTED LIVING |             |        |                         |
| Address             | 1655 N. JIM MILLER              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75217                 |             |        |                         |
| County              | Dallas                          |             |        | Private 0               |
| Service_Type        | Assisted Living                 | TYPE A      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>        | Facility_ID | 101102 |                         |
| Owner_Operator      | ADELA D GAONA            |             |        |                         |
| Facility            | TENDER LOVING CARE HAVEN |             |        |                         |
| Address             | 1421 MONTEREY            |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78207     |             |        |                         |
| County              | Bexar                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE E   |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/25/2007</b>                      | Facility_ID | 101188 |                         |
| Owner_Operator      | MSHC THE WATERTON AT COWHORN CREEK LLC |             |        |                         |
| Facility            | MSHC THE WATERFORD OF TEXARKANA LLC    |             |        |                         |
| Address             | 5524 COWHORN CREEK                     |             |        | <b>Bed Designations</b> |
|                     | TEXARKANA TX 75503                     |             |        |                         |
| County              | Bowie                                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                 |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/10/2004</b>      | Facility_ID | 101472 |                         |
| Owner_Operator      | RAYMOND R BENNETT      |             |        |                         |
| Facility            | BENNETTS PLACE         |             |        |                         |
| Address             | 100 S CANNADY DR       |             |        | <b>Bed Designations</b> |
|                     | CEDAR HILL TX 75104    |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/14/2003</b>          | Facility_ID | 100859 |                         |
| Owner_Operator      | NORTHHAVEN CARE CENTER INC |             |        |                         |
| Facility            | NORTHHAVEN CARE CENTER INC |             |        |                         |
| Address             | 2217 JUNCTION HWY          |             |        | <b>Bed Designations</b> |
|                     | KERRVILLE TX 78028         |             |        |                         |
| County              | Kerr                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B     |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/16/2007</b>                                | Facility_ID | 100908 |                         |
| Owner_Operator      |  |             |        |                         |
| Facility            | BRECKENRIDGE VILLAGE OF TYLER - BLUEBONNET HOUSE |             |        |                         |
| Address             | 15062 CR 1145                                    |             |        | <b>Bed Designations</b> |
|                     | TYLER  | TX          | 75704  | Private 0               |
| County              | Smith  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                                  | TYPE A      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/18/2013</b>                            | Facility_ID | 100911 |                         |
| Owner_Operator      | N/A  |             |        |                         |
| Facility            | BRECKENRIDGE VILLAGE OF TYLER MAGNOLIA HOUSE |             |        |                         |
| Address             | 15062 CR 1145                                |             |        | <b>Bed Designations</b> |
|                     | TYLER  | TX          | 75704  | Private 0               |
| County              | Smith  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                              | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/27/2004</b>         | Facility_ID | 101240 |                         |
| Owner_Operator      | MAGGIE M HART             |             |        |                         |
| Facility            | LEE STEVENS COUNTRY PLACE |             |        |                         |
| Address             | 1875 W KINGSBURY ST       |             |        | <b>Bed Designations</b> |
|                     | SEGUIN                    | TX          | 78155  | Private 0               |
| County              | Guadalupe                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/23/2006</b>        | Facility_ID | 030168 |                         |
| Owner_Operator      | PAULINE I. IGWE          |             |        |                         |
| Facility            | HUMAN SERVICES CENTER II |             |        |                         |
| Address             | 8126 SANDY GLEN          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                  | TX          | 77071  | Private 0               |
| County              | Harris                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/07/2016</b>    | Facility_ID | 030172 |                         |
| Owner_Operator      | ELOISA ROYAL         |             |        |                         |
| Facility            | JOSEPHINES HOME CARE |             |        |                         |
| Address             | 7510 DAWNBIAR CT     |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX     | 77489       |        |                         |
| County              | Fort Bend            |             |        | Private 0               |
| Service_Type        | Assisted Living      | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2009</b>  | Facility_ID | 050271 |                         |
| Owner_Operator      | RAYMOND WALBRIDGE  |             |        |                         |
| Facility            | RAYMAR HOUSE       |             |        |                         |
| Address             | 2703 S WOODSIDE DR |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX       | 76016       |        |                         |
| County              | Tarrant            |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE A      |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/13/2015</b>       | Facility_ID | 101853 |                         |
| Owner_Operator      | THERESA Y LEDAY-FREEMAN |             |        |                         |
| Facility            | LE'DE'S ASSISTED LIVING |             |        |                         |
| Address             | 6735 SECO BLVD          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX               | 75217       |        |                         |
| County              | Dallas                  |             |        | Private 0               |
| Service_Type        | Assisted Living         | TYPE A      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/14/2005</b>        | Facility_ID | 101861 |                         |
| Owner_Operator      | DEBRA A. WHITE           |             |        |                         |
| Facility            | THE WHITE HOUSE FACILITY |             |        |                         |
| Address             | 3615 CERAN DR            |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX             | 76016       |        |                         |
| County              | Tarrant                  |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE A      |        | Total Capacity 0        |



|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/21/2012</b>                | Facility_ID | 103069 |                         |
| Owner_Operator      | ANTHONY S SMITH                  |             |        |                         |
| Facility            | REGINA GOOD HOME ASSISTED LIVING |             |        |                         |
| Address             | 408 REGINA STREET                |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78223             |             |        |                         |
| County              | Bexar                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                  | TYPE A      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/01/2003</b>                  | Facility_ID | 000591 |                         |
| Owner_Operator      | DAYBREAK HEALTHCARE INC            |             |        |                         |
| Facility            | CANTERBURY VILLA OF KINGSVILLE P C |             |        |                         |
| Address             | 316 GENERAL CAVAZOS BLVD           |             |        | <b>Bed Designations</b> |
|                     | KINGSVILLE TX 78363                |             |        |                         |
| County              | Kleberg                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE B      |        |                         |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/24/2007</b>   | Facility_ID | 100927 |                         |
| Owner_Operator      | HAZELS HOME CARE    |             |        |                         |
| Facility            | HAZELS HOME CARE    |             |        |                         |
| Address             | 1920 SWANSEE STREET |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232     |             |        |                         |
| County              | Dallas              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE C      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2007</b>    | Facility_ID | 100940 |                         |
| Owner_Operator      | JUNE SORRELL         |             |        |                         |
| Facility            | AGAPE HOUSE III      |             |        |                         |
| Address             | 3439 WILLOWOOD DR    |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78219 |             |        |                         |
| County              | Bexar                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE A      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>             | Facility_ID | 100945 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC         |             |        |                         |
| Facility            | WOOD LIVING CENTER OF BASTROP |             |        |                         |
| Address             | 1705 MAIN ST                  |             |        | <b>Bed Designations</b> |
|                     | BASTROP TX 78602              |             |        |                         |
| County              | Bastrop                       |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE E      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/22/2007</b> | Facility_ID | 100946 |                         |
| Owner_Operator      | ROCHELLE SMITH    |             |        |                         |
| Facility            | ALAMO MANOR       |             |        |                         |
| Address             | 420 CHESSER ST    |             |        | <b>Bed Designations</b> |
|                     | VIDOR TX 77662    |             |        |                         |
| County              | Orange            |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE A      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/26/2007</b> | Facility_ID | 101274 |                         |
| Owner_Operator      | MARY R UDOH       |             |        |                         |
| Facility            | GENTLE CARE HOME  |             |        |                         |
| Address             | 1238 CAROLYN LN   |             |        | <b>Bed Designations</b> |
|                     | ALLEN TX 75002    |             |        |                         |
| County              | Collin            |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE A      |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/02/2004</b>          | Facility_ID | 030177 |                         |
| Owner_Operator      | CONSTANT CARE INC          |             |        |                         |
| Facility            | HOME SWEET HOME ELDER CARE |             |        |                         |
| Address             | 3305 38TH ST               |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK TX 79413           |             |        |                         |
| County              | Lubbock                    |             |        | Private 0               |
| Service_Type        | Assisted Living            | TYPE B      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/11/2003</b>   | Facility_ID | 030180 |                         |
| Owner_Operator      | ROBIN W POTTER      |             |        |                         |
| Facility            | THE POTTERS HOUSE   |             |        |                         |
| Address             | 15931 BUNKERIDGE RD |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77053    |             |        |                         |
| County              | Harris              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2007</b>                   | Facility_ID | 030189 |                         |
| Owner_Operator      | OLUMIDE AGBESANWA                   |             |        |                         |
| Facility            | HOPE HOUSE ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 8003 MARISOL                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77083                    |             |        |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE A      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/05/2010</b> | Facility_ID | 100080 |                         |
| Owner_Operator      | HOPE S MASENDA    |             |        |                         |
| Facility            | SHALOM PLACE      |             |        |                         |
| Address             | 2320 BERNARD ST   |             |        | <b>Bed Designations</b> |
|                     | DENTON TX 76205   |             |        |                         |
| County              | Denton            |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE B      |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/22/2017</b>                     | Facility_ID | 100088 |                         |
| Owner_Operator      | OAKHURST MANOR PERSONAL CARE HOME INC |             |        |                         |
| Facility            | SILVER CREEK ASSISTED LIVING ELGIN    |             |        |                         |
| Address             | 826 LEXINGTON RD                      |             |        | <b>Bed Designations</b> |
|                     | ELGIN TX 78621                        |             |        |                         |
| County              | Bastrop                               |             |        | Private 0               |
| Service_Type        | Assisted Living                       | TYPE A      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/22/2018</b>             | Facility_ID | 101386 |                         |
| Owner_Operator      | LLV1, LP                      |             |        |                         |
| Facility            | CELESTECARE OF FREDERICKSBURG |             |        |                         |
| Address             | 2230 N LLANO                  |             |        | <b>Bed Designations</b> |
|                     | FREDERICKSBUR TX 78624        |             |        |                         |
| County              | Gillespie                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/19/2004</b>        | Facility_ID | 101409 |                         |
| Owner_Operator      | TIMOTHY LEE              |             |        |                         |
| Facility            | T. LEE'S ASSISTED LIVING |             |        |                         |
| Address             | 3020 GREEN MEADOW DR     |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75228          |             |        |                         |
| County              | Dallas                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/21/2007</b>      | Facility_ID | 101868 |                         |
| Owner_Operator      | WELPHEMIA GREEN        |             |        |                         |
| Facility            | B NURSED 1             |             |        |                         |
| Address             | 144 N CRESTWOOD BLVD   |             |        | <b>Bed Designations</b> |
|                     | DESOTO TX 75115        |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/17/2018</b>                 | Facility_ID | 101871 |                         |
| Owner_Operator      | KATHLEEN E MOSBY                  |             |        |                         |
| Facility            | ANGEL OF LOVE PERSONAL CARE / TAM |             |        |                         |
| Address             | 7634 CABOT                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77016                  |             |        |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A            |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/10/2018</b>               | Facility_ID | 102326 |                         |
| Owner_Operator      | ELITE PHC CORPORATION           |             |        |                         |
| Facility            | ASSISTED LIVING AT LAGUNA VISTA |             |        |                         |
| Address             | 925 SANTA ISABEL                |             |        | <b>Bed Designations</b> |
|                     | LAGUNA VISTA TX 78578           |             |        |                         |
| County              | Cameron                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/29/2009</b>           | Facility_ID | 102924 |                         |
| Owner_Operator      | LAMONT STEVENSON            |             |        |                         |
| Facility            | MIDWEST HEALTHCARE FACILITY |             |        |                         |
| Address             | 5524 CREEKRIDGE DRIVE       |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76018          |             |        |                         |
| County              | Tarrant                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/23/2014</b>                  | Facility_ID | 103972 |                         |
| Owner_Operator      | ROSE TERRACE EDLERLY CARE HOME LTD |             |        |                         |
| Facility            | ROSE TERRACE ELDERLY CARE HOME LTD |             |        |                         |
| Address             | 6401 TRAIL LAKE DR                 |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76133                |             |        |                         |
| County              | Tarrant                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/12/2017</b>                    | Facility_ID | 104483 |                         |
| Owner_Operator      | SIVA ASSISTED LIVING SERVICES LTD CO |             |        |                         |
| Facility            | SILVER RIDGE ASSISTED LIVING         |             |        |                         |
| Address             | 5314 BRANSFORD RD STE B              |             |        | <b>Bed Designations</b> |
|                     | COLLEYVILLE TX 76034                 |             |        |                         |
| County              | Tarrant                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE B      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/10/2016</b>         | Facility_ID | 104997 |                         |
| Owner_Operator      | JABEZ OUTREACH CENTER INC |             |        |                         |
| Facility            | JABEZ HOME CARE           |             |        |                         |
| Address             | 2307 HUMMINGBIRD ST       |             |        | <b>Bed Designations</b> |
|                     | NEW CANEY TX 77357        |             |        |                         |
| County              | Montgomery                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/28/2018</b>                    | Facility_ID | 105561 |                         |
| Owner_Operator      | PASCUAL SENIOR CARE INC              |             |        |                         |
| Facility            | ST. JOHN'S RESIDENTIAL CARE HOME INC |             |        |                         |
| Address             | 4816 TEAROSE TRAIL                   |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76123                  |             |        |                         |
| County              | Tarrant                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A               |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/24/2017</b>                   | Facility_ID | 102941 |                         |
| Owner_Operator      | THERA MED REHABILITATION CLINIC INC |             |        |                         |
| Facility            | THERA MED REHABILITATION CLINIC INC |             |        |                         |
| Address             | 9571 NEW WORLD                      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78239                |             |        |                         |
| County              | Bexar                               |             |        | Private                 |
| Service_Type        | Assisted Living TYPE B              |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/02/2015</b>                    | Facility_ID | 102950 |                         |
| Owner_Operator      | ABOVE AND BEYOND ASSISTED LIVING INC |             |        |                         |
| Facility            | ABOVE AND BEYOND ASSISTED LIVING INC |             |        |                         |
| Address             | 302 CONROE DR                        |             |        | <b>Bed Designations</b> |
|                     | CONROE TX 773011968                  |             |        |                         |
| County              | Montgomery                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B               |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/06/2016</b>               | Facility_ID | 103484 |                         |
| Owner_Operator      | GLORIA SOLIS                    |             |        |                         |
| Facility            | BRYANT MANOR II ASSISTED LIVING |             |        |                         |
| Address             | 521 SPAULDING                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANGELO TX 76903             |             |        |                         |
| County              | Tom Green                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/07/2017</b>                 | Facility_ID | 103490 |                         |
| Owner_Operator      | Casa Esperanza Inc.               |             |        |                         |
| Facility            | CASA ESPERANZA INC DBA HOPE HOUSE |             |        |                         |
| Address             | 1705 CR 285                       |             |        | <b>Bed Designations</b> |
|                     | LIBERTY HILL TX 78642             |             |        |                         |
| County              | Williamson                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B            |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/05/2017</b>                    | Facility_ID | 104503 |                         |
| Owner_Operator      | SIVA ASSISTED LIVING SERVICES LTD CO |             |        |                         |
| Facility            | SILVER RIDGE ASSISTED LIVING         |             |        |                         |
| Address             | 5314 BRANSFORD RD STE A              |             |        | <b>Bed Designations</b> |
|                     | COLLEYVILLE TX 76034                 |             |        |                         |
| County              | Tarrant                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B               |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/05/2013</b>         | Facility_ID | 105060 |                         |
| Owner_Operator      | COMAL VISTA HOME CARE LLC |             |        |                         |
| Facility            | COMAL VISTA HOME CARE LLC |             |        |                         |
| Address             | 22095 FM 306 UNIT M/N     |             |        | <b>Bed Designations</b> |
|                     | CANYON LAKE TX 78133      |             |        |                         |
| County              | Comal                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B    |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/31/2017</b>        | Facility_ID | 102974 |                         |
| Owner_Operator      | CAROLYN J KENNEDY-BURTON |             |        |                         |
| Facility            | A RAINBOW RIDGE          |             |        |                         |
| Address             | 111 HOGEYE RD            |             |        | <b>Bed Designations</b> |
|                     | ELGIN TX 78621           |             |        | Private 0               |
| County              | Bastrop                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B   |             |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/17/2018</b>                         | Facility_ID | 102977 |                         |
| Owner_Operator      | PASCUAL SENIOR CARE INC                   |             |        |                         |
| Facility            | ST. JOHN'S RESIDENTIAL CARE HOME III INC. |             |        |                         |
| Address             | 7925 CONEFLOWER ROAD                      |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76123                       |             |        | Private                 |
| County              | Tarrant                                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A                    |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/09/2010</b>      | Facility_ID | 102987 |                         |
| Owner_Operator      | TWG INVESTMENTS LTD    |             |        |                         |
| Facility            | THE WOOD GROUP         |             |        |                         |
| Address             | 5825 E F LOWRY EXPY    |             |        | <b>Bed Designations</b> |
|                     | TEXAS CITY TX 77591    |             |        | Private 0               |
| County              | Galveston              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/07/2015</b>          | Facility_ID | 103512 |                         |
| Owner_Operator      | JOY ASSISTED LIVING II INC |             |        |                         |
| Facility            | JOY ASSISTED LIVING INC    |             |        |                         |
| Address             | 2128 GREEN POINT ST        |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75228            |             |        | Private 0               |
| County              | Dallas                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A     |             |        |                         |



|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/23/2017</b>         | Facility_ID | 104028 |                         |
| Owner_Operator      | NICOLE WILSON             |             |        |                         |
| Facility            | COMPASSIONATE CARE SENIOR |             |        |                         |
| Address             | 607 JEB STUART LN         |             |        | <b>Bed Designations</b> |
|                     | CONROE TX 77302           |             |        |                         |
| County              | Montgomery                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B    |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2016</b>        | Facility_ID | 105074 |                         |
| Owner_Operator      | BRAWNER SUNSET HAVEN LLC |             |        |                         |
| Facility            | BRAWNER SUNSET HAVEN LLC |             |        |                         |
| Address             | 2019 SUNSET COURT SOUTH  |             |        | <b>Bed Designations</b> |
|                     | LEAGUE CITY TX 77573     |             |        |                         |
| County              | Galveston                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/10/2017</b>      | Facility_ID | 105636 |                         |
| Owner_Operator      | L & A CARE LLC         |             |        |                         |
| Facility            | L & A CARE LLC         |             |        |                         |
| Address             | 308 DAKOTA DR.         |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76002     |             |        |                         |
| County              | Tarrant                |             |        | Private 6               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 6        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/27/2017</b>        | Facility_ID | 105670 |                         |
| Owner_Operator      | STARFISH ENTERPRISES LLC |             |        |                         |
| Facility            | STARFISH SHELMAR HOME    |             |        |                         |
| Address             | 606 SHELMAR DR           |             |        | <b>Bed Designations</b> |
|                     | EULESS TX 76039          |             |        |                         |
| County              | Tarrant                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b> | Facility_ID | 102451 |                         |
| Owner_Operator      | RESIDENT CARE INC |             |        |                         |
| Facility            | RESIDENT CARE INC |             |        |                         |
| Address             | 3101 AVE A        |             |        | <b>Bed Designations</b> |
|                     | SNYDER TX 79549   |             |        |                         |
| County              | Scurry            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE B      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/02/2018</b>                  | Facility_ID | 102995 |                         |
| Owner_Operator      | HIBISCUS RESIDENTIAL CARE HOME LLC |             |        |                         |
| Facility            | HIBISCUS RESIDENTIAL CARE HOME LLC |             |        |                         |
| Address             | 341 MCMURTRY DR                    |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76002                 |             |        |                         |
| County              | Tarrant                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/25/2016</b>               | Facility_ID | 103016 |                         |
| Owner_Operator      | BIG D SENIOR LIVING LLC         |             |        |                         |
| Facility            | BRADFORD OAKS SENIOR LIVING LLC |             |        |                         |
| Address             | 2809 BRADFORD OAKS DR           |             |        | <b>Bed Designations</b> |
|                     | MCKINNEY TX 75071               |             |        |                         |
| County              | Collin                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/10/2014</b>               | Facility_ID | 104572 |                         |
| Owner_Operator      | GROOM SENIOR LIVING INC         |             |        |                         |
| Facility            | GROOM SENIOR LIVING AT AMBROSIA |             |        |                         |
| Address             | 4200 AMBROSIA                   |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75093                  |             |        |                         |
| County              | Collin                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE B      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/14/2015</b>          | Facility_ID | 105091 |                         |
| Owner_Operator      | ANCHOR WAY SENIOR CARE LLC |             |        |                         |
| Facility            | ANCHOR WAY SENIOR CARE     |             |        |                         |
| Address             | 544 ANCHOR WAY             |             |        | <b>Bed Designations</b> |
|                     | CROWLEY                    | TX          | 76036  |                         |
| County              | Tarrant                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A     |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/07/2017</b>        | Facility_ID | 105094 |                         |
| Owner_Operator      | CARL D BROWN             |             |        |                         |
| Facility            | FOUNTAIN OF LIFE HOUSING |             |        |                         |
| Address             | 2319 PANNELL STREET      |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                  | TX          | 77026  |                         |
| County              | Harris                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/05/2017</b>                     | Facility_ID | 105693 |                         |
| Owner_Operator      | ABBE ESTIFANOS D                      |             |        |                         |
| Facility            | SAINT MARY'S ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 1826 RACHEL LANE                      |             |        | <b>Bed Designations</b> |
|                     | ROUND ROCK                            | TX          | 78664  |                         |
| County              | Williamson                            |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/26/2017</b>      | Facility_ID | 102479 |                         |
| Owner_Operator      | GRACE HOMESTEAD LLC    |             |        |                         |
| Facility            | GRACE HOMESTEAD LLC    |             |        |                         |
| Address             | 3208 PLUMSTEAD DR      |             |        | <b>Bed Designations</b> |
|                     | DALLAS                 | TX          | 75228  |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/14/2018</b>                                     | Facility_ID | 102489 |                         |
| Owner_Operator      | LG FINANCIAL CONSULTANTS INC DBA DIVINE LIVING CENTER |             |        |                         |
| Facility            | LG FINANCIAL CONSULTANTS INC DBA DIVINE LIVING CENTER |             |        |                         |
| Address             | 12802 NEWBROOK DR                                     |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77072                                      |             |        | Private 0               |
| County              | Harris  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B                                |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/17/2017</b>      | Facility_ID | 103025 |                         |
| Owner_Operator      | JOYFUL HOMES IV        |             |        |                         |
| Facility            | JOYFUL HOMES IV        |             |        |                         |
| Address             | 9239 MCAFEE DR         |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77031       |             |        | Private 0               |
| County              | Harris                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B |             |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/28/2018</b>                                   | Facility_ID | 103029 |                         |
| Owner_Operator      | ASSISTED LIVING & MEMORY CARE AT ROYAL GARDENS, LLC |             |        |                         |
| Facility            | ASSISTED LIVING AT SILVER GARDENS                   |             |        |                         |
| Address             | 3980 DEEP VALLEY DR                                 |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75244                                     |             |        | Private 0               |
| County              | Dallas  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B                              |             |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/01/2017</b>        | Facility_ID | 103048 |                         |
| Owner_Operator      | MARIA J ARAUJO           |             |        |                         |
| Facility            | VICTORY HOME HEALTH CARE |             |        |                         |
| Address             | 5326 CHESTNUT VIEW DR    |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78247     |             |        | Private 0               |
| County              | Bexar                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A   |             |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/04/2016</b>                              | Facility_ID | 105725 |                         |
| Owner_Operator      | SONRISAS HEALTHCARE SERVICES LLC               |             |        |                         |
| Facility            | ROYAL HEALTHCARE AND ASSISTED LIVING COMMUNITY |             |        |                         |
| Address             | 1001 N ARMSTRONG AVE                           |             |        | <b>Bed Designations</b> |
|                     | DENISON  | TX          | 75020  |                         |
| County              | Grayson  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                         |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/07/2018</b>         | Facility_ID | 106320 |                         |
| Owner_Operator      | JOHANNA K. WILSON         |             |        |                         |
| Facility            | DIGNITY SENIOR CARE HOMES |             |        |                         |
| Address             | 4639 RADER PASS           |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO               | TX          | 78247  |                         |
| County              | Bexar                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B    |             |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/08/2018</b>                     | Facility_ID | 102526 |                         |
| Owner_Operator      | GLORIA SOLIS                          |             |        |                         |
| Facility            | BRYANT MANOR ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 516 SPAULDING                         |             |        | <b>Bed Designations</b> |
|                     | SAN ANGELO                            | TX          | 76903  |                         |
| County              | Tom Green                             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/01/2016</b>      | Facility_ID | 103063 |                         |
| Owner_Operator      | FIVE STAR QUARTERS INC |             |        |                         |
| Facility            | FIVE STAR QUARTERS INC |             |        |                         |
| Address             | 4023 MEHALIA DRIVE     |             |        | <b>Bed Designations</b> |
|                     | DALLAS                 | TX          | 75241  |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/14/2018</b> | Facility_ID | 103077 |                         |
| Owner_Operator      | MAURICE Y MILORD  |             |        |                         |
| Facility            | IN MILORD HANDS   |             |        |                         |
| Address             | 3037 DOROTHY LANE |             |        | <b>Bed Designations</b> |
|                     | GLENN HEIGHTS TX  | 75154       |        | Private                 |
| County              | Ellis             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/28/2018</b>        | Facility_ID | 103583 |                         |
| Owner_Operator      | MENTOR ABI, LLC          |             |        |                         |
| Facility            | NEURORESTORATIVE TEXAS   |             |        |                         |
| Address             | 15717 N MOUNTAIN VIEW RD |             |        | <b>Bed Designations</b> |
|                     | WINONA TX                | 75708       |        | Private 0               |
| County              | Smith                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/31/2018</b> | Facility_ID | 103595 |                         |
| Owner_Operator      | ANGELA PROX       |             |        |                         |
| Facility            | HOME OF HOPE      |             |        |                         |
| Address             | 2539 KIRKLEY ST   |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX         | 75241       |        | Private 0               |
| County              | Dallas            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/21/2012</b>                   | Facility_ID | 104102 |                         |
| Owner_Operator      | BORDER REGION MHMR COMMUNITY CENTER |             |        |                         |
| Facility            | BORDER REGION MHMR COMMUNITY CENTER |             |        |                         |
| Address             | 1500 PAPPAS ST                      |             |        | <b>Bed Designations</b> |
|                     | LAREDO TX                           | 78041       |        | Private 0               |
| County              | Webb                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE A      |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/17/2017</b>                | Facility_ID | 104112 |                         |
| Owner_Operator      | CHANDLER WAY ASSISTED LIVING LLC |             |        |                         |
| Facility            | CHANDLER WAY ASSISTED LIVING     |             |        |                         |
| Address             | 9606 MOSS FARM                   |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75243                  |             |        |                         |
| County              | Dallas                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE B      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2018</b>                | Facility_ID | 105154 |                         |
| Owner_Operator      | SAINTS ROOST ASSISTED LIVING INC |             |        |                         |
| Facility            | SAINTS ROOST ASSISTED LIVING     |             |        |                         |
| Address             | 502 E 4TH                        |             |        | <b>Bed Designations</b> |
|                     | CLARENDON TX 79226               |             |        |                         |
| County              | Donley                           |             |        | Private 0               |
| Service_Type        | Assisted Living                  | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/19/2018</b>      | Facility_ID | 105746 |                         |
| Owner_Operator      | TWG INVESTMENTS LTD    |             |        |                         |
| Facility            | THE WOOD GROUP         |             |        |                         |
| Address             | 5402 CARLSON STREET    |             |        | <b>Bed Designations</b> |
|                     | WICHITA FALLS TX 76308 |             |        |                         |
| County              | Wichita                |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/21/2018</b>         | Facility_ID | 101948 |                         |
| Owner_Operator      | CALLANDER HOUSE, LLC      |             |        |                         |
| Facility            | CALLANDER HOUSE HIGHLANDS |             |        |                         |
| Address             | 14711 SLIDE ROAD          |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK TX 79424          |             |        |                         |
| County              | Lubbock                   |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/15/2011</b>                | Facility_ID | 101963 |                         |
| Owner_Operator      | ALDINE COMMUNITY CARE CENTER INC |             |        |                         |
| Facility            | HORIZONS ASSISTED LIVING PROGRAM |             |        |                         |
| Address             | 10110 AIRLINE DR                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                          | TX          | 77037  |                         |
| County              | Harris                           |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A           |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/21/2017</b>                   | Facility_ID | 102554 |                         |
| Owner_Operator      | FISHER HAVEN LLC                    |             |        |                         |
| Facility            | FISHER HAVEN ASSISTED LIVING CENTER |             |        |                         |
| Address             | 5126 ENYART STREET                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                             | TX          | 77021  |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A              |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/15/2014</b>      | Facility_ID | 103085 |                         |
| Owner_Operator      | LATONYA WILLIE-POLK    |             |        |                         |
| Facility            | EMMANUEL HOMES II      |             |        |                         |
| Address             | 514 JONES ST           |             |        | <b>Bed Designations</b> |
|                     | LONGVIEW               | TX          | 75602  |                         |
| County              | Gregg                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/23/2015</b>                  | Facility_ID | 103636 |                         |
| Owner_Operator      | C LOIS BRADLEY                     |             |        |                         |
| Facility            | ALL GODS PEOPLE ASSISTED LIVING #3 |             |        |                         |
| Address             | 17231 ARTWOOD DR                   |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY                      | TX          | 77489  |                         |
| County              | Fort Bend                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |        | Total Capacity 0        |



|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/07/2015</b>        | Facility_ID | 104644 |                         |
| Owner_Operator      | CHRISTOPHER G WILLIS     |             |        |                         |
| Facility            | SERENITY SENIOR LIVING   |             |        |                         |
| Address             | 1806 BRIARTON LANE NORTH |             |        | <b>Bed Designations</b> |
|                     | ROUND ROCK TX 78665      |             |        |                         |
| County              | Williamson               |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/06/2017</b>         | Facility_ID | 104654 |                         |
| Owner_Operator      | MJA ASSISTED LIVING LLC   |             |        |                         |
| Facility            | MJA ASSITED LIVING LLC    |             |        |                         |
| Address             | 4721 BUDDY OWENS BLVD # F |             |        | <b>Bed Designations</b> |
|                     | MCALLEN TX 78504          |             |        |                         |
| County              | Hidalgo                   |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/12/2007</b>         | Facility_ID | 101976 |                         |
| Owner_Operator      | NOBLE HEALTH SERVICES INC |             |        |                         |
| Facility            | NOBLE HEALTH SERVICES INC |             |        |                         |
| Address             | 7819 LA ROCHE LN          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77036          |             |        |                         |
| County              | Harris                    |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/25/2017</b>         | Facility_ID | 102595 |                         |
| Owner_Operator      | JANICE M SHILLING         |             |        |                         |
| Facility            | COUNTRY HAVEN SENIOR CARE |             |        |                         |
| Address             | 304 ROAD 3430             |             |        | <b>Bed Designations</b> |
|                     | CLEVELAND TX 77327        |             |        |                         |
| County              | Liberty                   |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/08/2013</b>                               | Facility_ID | 103108 |                         |
| Owner_Operator      | CIRCLE OF THE HEART RESIDENTIAL CARE-AKARS CORP |             |        |                         |
| Facility            | CIRCLE OF THE HEART RESIDENTIAL CARE - AKAR'S   |             |        |                         |
| Address             | 8701 OLD HOMESTEAD                              |             |        | <b>Bed Designations</b> |
|                     | DALLAS  | TX          | 75217  |                         |
| County              | Dallas  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                          |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/03/2018</b>            | Facility_ID | 104194 |                         |
| Owner_Operator      | PINNACLE ASSISTED LIVING INC |             |        |                         |
| Facility            | PINNACLE ASSISTED LIVING     |             |        |                         |
| Address             | 341 SQUIREBROOK DRIVE        |             |        | <b>Bed Designations</b> |
|                     | DESOTO                       | TX          | 75115  |                         |
| County              | Dallas                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A       |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/18/2018</b>                    | Facility_ID | 104691 |                         |
| Owner_Operator      | RUBIE HARRIS                         |             |        |                         |
| Facility            | MATURE HANDS II ASSISTED LIVING HOME |             |        |                         |
| Address             | 1028 S GLOUCESTER ST                 |             |        | <b>Bed Designations</b> |
|                     | IRVING                               | TX          | 75062  |                         |
| County              | Dallas                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A               |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/03/2017</b>           | Facility_ID | 105236 |                         |
| Owner_Operator      | IVY LEAVES PLACE LLC        |             |        |                         |
| Facility            | IVY LEAVES PLACE            |             |        |                         |
| Address             | 7199 RENDON BLOOKWORTH ROAD |             |        | <b>Bed Designations</b> |
|                     | MANSFIELD                   | TX          | 76063  |                         |
| County              | Tarrant                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/12/2018</b>      | Facility_ID | 105832 |                         |
| Owner_Operator      | TIFFANI ALLEN          |             |        |                         |
| Facility            | TOTAL JOY LIVING       |             |        |                         |
| Address             | 5015 MENEFEE           |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75227        |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/07/2006</b>              | Facility_ID | 102035 |                         |
| Owner_Operator      | OAKWOOD LODGE OF GALVESTON LLC |             |        |                         |
| Facility            | OAKWOOD LODGE OF GALVESTON LLC |             |        |                         |
| Address             | 3415 12 MILE RD                |             |        | <b>Bed Designations</b> |
|                     | GALVESTON TX 77554             |             |        |                         |
| County              | Galveston                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/11/2017</b>                   | Facility_ID | 102042 |                         |
| Owner_Operator      | JUDY LYNN HANCOCK                   |             |        |                         |
| Facility            | CHOICES RESIDENTIAL ASSISTED LIVING |             |        |                         |
| Address             | 1610 ORANGE STREET                  |             |        | <b>Bed Designations</b> |
|                     | ABILENE TX 79601                    |             |        |                         |
| County              | Taylor                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C              |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/21/2007</b>             | Facility_ID | 102628 |                         |
| Owner_Operator      | CATHY DOZIER-RILES            |             |        |                         |
| Facility            | MOTHER DOZIER'S HOUSE OF LOVE |             |        |                         |
| Address             | 1112 WENTWOOD CT              |             |        | <b>Bed Designations</b> |
|                     | DESOTO TX 75115               |             |        |                         |
| County              | Dallas                        |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A        |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/12/2013</b>                         | Facility_ID | 103160 |                         |
| Owner_Operator      | RISING SUN RESIDENTIAL CARE FACILITY INC  |             |        |                         |
| Facility            | RISING SUN RESIDENTIAL CARE FACILITY INC. |             |        |                         |
| Address             | 6310 CLUBHOUSE CIR                        |             |        | <b>Bed Designations</b> |
|                     | DALLAS                                    | TX          | 75240  |                         |
| County              | Dallas                                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                    |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/06/2018</b>            | Facility_ID | 103687 |                         |
| Owner_Operator      | GROOM SENIOR CARE HOMES INC. |             |        |                         |
| Facility            | GROOM SENIOR CARE HOMES INC. |             |        |                         |
| Address             | 1525 AYLESBURY               |             |        | <b>Bed Designations</b> |
|                     | PLANO                        | TX          | 75075  |                         |
| County              | Collin                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B       |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2010</b>                    | Facility_ID | 103702 |                         |
| Owner_Operator      | SCHERRY L MOSES                      |             |        |                         |
| Facility            | NEW CREATION RESIDENTIAL CARE HOME I |             |        |                         |
| Address             | 406 REGAL VIEW STREET                |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                          | TX          | 78220  |                         |
| County              | Bexar                                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE E               |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/22/2018</b>                | Facility_ID | 103703 |                         |
| Owner_Operator      | ELITE PHC CORPORATION            |             |        |                         |
| Facility            | #1 MEDFORD PLACE ASSISTED LIVING |             |        |                         |
| Address             | 715 N MEDFORD AVE                |             |        | <b>Bed Designations</b> |
|                     | BROWNSVILLE                      | TX          | 78521  |                         |
| County              | Cameron                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B           |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/22/2018</b>                | Facility_ID | 103704 |                         |
| Owner_Operator      | ELITE PHC CORPORATION            |             |        |                         |
| Facility            | #2 MEDFORD PLACE ASSISTED LIVING |             |        |                         |
| Address             | 715 N MEDFORD AVE                |             |        | <b>Bed Designations</b> |
|                     | BROWNSVILLE                      | TX          | 78521  |                         |
| County              | Cameron                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B           |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/19/2017</b>         | Facility_ID | 104238 |                         |
| Owner_Operator      | JOHANNA K. WILSON         |             |        |                         |
| Facility            | DIGNITY SENIOR CARE HOMES |             |        |                         |
| Address             | 4530 BRIARWICK            |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO               | TX          | 78217  |                         |
| County              | Bexar                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/19/2014</b>      | Facility_ID | 102068 |                         |
| Owner_Operator      | CHAKWAL - CORPORATION  |             |        |                         |
| Facility            | MY LOVING HOME         |             |        |                         |
| Address             | 3368 LOCKMOOR LN       |             |        | <b>Bed Designations</b> |
|                     | DALLAS                 | TX          | 75220  |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/19/2008</b>       | Facility_ID | 102070 |                         |
| Owner_Operator      | ZANE & MARILYN NOBLE LP |             |        |                         |
| Facility            | THE NOBLE HOME          |             |        |                         |
| Address             | 3315-55TH               |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK                 | TX          | 79413  |                         |
| County              | Lubbock                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B  |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/28/2016</b>                  | Facility_ID | 102678 |                         |
| Owner_Operator      | GOOD SHEPHERD ASSISTED LIVING      |             |        |                         |
| Facility            | GOOD SHEPHERD ASSISTED LIVING HOME |             |        |                         |
| Address             | 703 N. HOUSTON ST                  |             |        | <b>Bed Designations</b> |
|                     | LIVINGSTON TX 77351                |             |        |                         |
| County              | Polk                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/19/2014</b>      | Facility_ID | 103192 |                         |
| Owner_Operator      | JOHNNIE C KING         |             |        |                         |
| Facility            | KINGS PALACE           |             |        |                         |
| Address             | 25706 GLEN LOCH DR     |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77380        |             |        |                         |
| County              | Montgomery             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/19/2010</b>                       | Facility_ID | 103726 |                         |
| Owner_Operator      | SCHERRY L MOSES                         |             |        |                         |
| Facility            | NEW CREATION RESIDENTIAL CARE HOMES III |             |        |                         |
| Address             | 5923 WAYVIEW ST                         |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78220                    |             |        |                         |
| County              | Bexar                                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE E                  |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/11/2017</b>      | Facility_ID | 103742 |                         |
| Owner_Operator      | ISAIAH HOME CARE INC   |             |        |                         |
| Facility            | ISAIAH'S HOUSE         |             |        |                         |
| Address             | 7118 CLIPPER RIDGE     |             |        | <b>Bed Designations</b> |
|                     | CONVERSE TX 78109      |             |        |                         |
| County              | Bexar                  |             |        | Private                 |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/27/2018</b>        | Facility_ID | 103746 |                         |
| Owner_Operator      | ELDER VILLAGE EULESS LLC |             |        |                         |
| Facility            | JACK'S PLACE             |             |        |                         |
| Address             | 519 ESSEX PL             |             |        | <b>Bed Designations</b> |
|                     | EULESS TX 76039          |             |        |                         |
| County              | Tarrant                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/13/2018</b>      | Facility_ID | 104271 |                         |
| Owner_Operator      | RALPH HORTON JR        |             |        |                         |
| Facility            | HORTON'S HELPING HANDS |             |        |                         |
| Address             | 603 THELMA DR          |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78745        |             |        |                         |
| County              | Travis                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE A      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/27/2017</b>              | Facility_ID | 105871 |                         |
| Owner_Operator      | ROUND ROCK ASSISTED LIVING LLC |             |        |                         |
| Facility            | ROUND ROCK ASSISTED LIVING     |             |        |                         |
| Address             | 16708 MARSALA SPRINGS DRIVE    |             |        | <b>Bed Designations</b> |
|                     | ROUND ROCK TX 78681            |             |        |                         |
| County              | Williamson                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/02/2018</b>              | Facility_ID | 102089 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Address             | 23027 BERRY PINES BLVD         |             |        | <b>Bed Designations</b> |
|                     | SPRING TX 77373                |             |        |                         |
| County              | Harris                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/09/2013</b>      | Facility_ID | 102101 |                         |
| Owner_Operator      | ABLS INVESTMENTS INC   |             |        |                         |
| Facility            | TALBOT'S EVENING SHADE |             |        |                         |
| Address             | 610 BRIARWILDE CT      |             |        | <b>Bed Designations</b> |
|                     | ALVIN TX 77511         |             |        | Private 0               |
| County              | Brazoria               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B |             |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>                   | Facility_ID | 102706 |                         |
| Owner_Operator      | SCHERRY L MOSES                     |             |        |                         |
| Facility            | NEW CREATION RESIDENTIAL CARE HOMES |             |        |                         |
| Address             | 2711 WAYNE STREET                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78220                |             |        | Private 0               |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE E              |             |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/06/2014</b>                          | Facility_ID | 103232 |                         |
| Owner_Operator      | JULIE B TYLER                              |             |        |                         |
| Facility            | THE POTTERS PALACE ASSISTED GROUP HOMES #2 |             |        |                         |
| Address             | 2720 E ATOLL DR                            |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75216                            |             |        | Private 0               |
| County              | Dallas                                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A                     |             |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/16/2017</b>              | Facility_ID | 104303 |                         |
| Owner_Operator      | DENTON GOLDEN MEADOWS CARE INC |             |        |                         |
| Facility            | DENTON GOLDEN MEADOWS CARE INC |             |        |                         |
| Address             | 2303 FOXCROFT                  |             |        | <b>Bed Designations</b> |
|                     | DENTON TX 76209                |             |        | Private 0               |
| County              | Denton                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE B         |             |        |                         |



|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/16/2016</b>                 | Facility_ID | 104781 |                         |
| Owner_Operator      | LOVING CARE COTTAGES INCORPORATED |             |        |                         |
| Facility            | LOVING CARE COTTAGES INCORPORATED |             |        |                         |
| Address             | 17914 ROLLING CREEK               |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77090                  |             |        |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/20/2014</b>  | Facility_ID | 102154 |                         |
| Owner_Operator      | ORA L TURNER       |             |        |                         |
| Facility            | CALLIE HOUSE       |             |        |                         |
| Address             | 913 FRANCIS ST     |             |        | <b>Bed Designations</b> |
|                     | LANCASTER TX 75146 |             |        |                         |
| County              | Dallas             |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>         | Facility_ID | 102756 |                         |
| Owner_Operator      | CONSTANCE Y WILSON-STATEN |             |        |                         |
| Facility            | ANGELS IN CHRIST          |             |        |                         |
| Address             | 7000 GULF SHORE BLVD      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78244      |             |        |                         |
| County              | Bexar                     |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE E      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/06/2016</b>  | Facility_ID | 102759 |                         |
| Owner_Operator      | CELEST K WATSON    |             |        |                         |
| Facility            | CELESTIAL CARE     |             |        |                         |
| Address             | 900 FM 945 RD S    |             |        | <b>Bed Designations</b> |
|                     | CLEVELAND TX 77328 |             |        |                         |
| County              | San Jacinto        |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE A      |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/05/2016</b>         | Facility_ID | 103817 |                         |
| Owner_Operator      | PEARL O ANUSIM            |             |        |                         |
| Facility            | GOODTIMES ASSISTED LIVING |             |        |                         |
| Address             | 1805 CLARK TRAIL          |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE TX 75052    |             |        |                         |
| County              | Dallas                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/02/2018</b>      | Facility_ID | 104335 |                         |
| Owner_Operator      | LUCILLE HAYTER         |             |        |                         |
| Facility            | PENNY RELLA HOME CARE  |             |        |                         |
| Address             | 220 MAC ARTHUR ST      |             |        | <b>Bed Designations</b> |
|                     | TYLER TX 75704         |             |        |                         |
| County              | Smith                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/12/2013</b>               | Facility_ID | 102165 |                         |
| Owner_Operator      | ZEFFERINE BROOMSEY              |             |        |                         |
| Facility            | LINDA FAYE DIXON ASISTED LIVING |             |        |                         |
| Address             | 920 EMBERWOOD                   |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232                 |             |        |                         |
| County              | Dallas                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A          |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/07/2017</b>      | Facility_ID | 103336 |                         |
| Owner_Operator      |                        |             |        |                         |
| Facility            | EMMANUEL HOMES         |             |        |                         |
| Address             | 812 S GREEN            |             |        | <b>Bed Designations</b> |
|                     | LONGVIEW TX 75602      |             |        |                         |
| County              | Gregg                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/14/2017</b>                    | Facility_ID | 105400 |                         |
| Owner_Operator      | SIVA ASSISTED LIVING SERVICES LTD CO |             |        |                         |
| Facility            | SILVER RIDGE MEMORY CARE II          |             |        |                         |
| Address             | 412 TIMBERLINE DRIVE NORTH           |             |        | <b>Bed Designations</b> |
|                     | COLLEYVILLE TX 76034                 |             |        |                         |
| County              | Tarrant                              |             |        | Private 0               |
| Service_Type        | Assisted Living                      | TYPE B      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/06/2018</b>  | Facility_ID | 105416 |                         |
| Owner_Operator      | HYGIEIA RCH INC    |             |        |                         |
| Facility            | HYGIEIA RCH INC    |             |        |                         |
| Address             | 3814 TIMBERLAKE DR |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75023     |             |        |                         |
| County              | Collin             |             |        | Private                 |
| Service_Type        | Assisted Living    | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/06/2017</b>                          | Facility_ID | 105978 |                         |
| Owner_Operator      | MENTOR ABI, LLC                            |             |        |                         |
| Facility            | NEURORESTORATIVE SAN ANTONIO- TWISTED OAKS |             |        |                         |
| Address             | 3502 TWISTED OAKS DRIVE                    |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78217                       |             |        |                         |
| County              | Bexar                                      |             |        | Private 0               |
| Service_Type        | Assisted Living                            | TYPE B      |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/17/2006</b>              | Facility_ID | 102193 |                         |
| Owner_Operator      | ELIZABETH B PETERSON           |             |        |                         |
| Facility            | GREEN VALLEY'S ASSISTED LIVING |             |        |                         |
| Address             | 810 OLD MONTGOMERY RD          |             |        | <b>Bed Designations</b> |
|                     | NAVASOTA TX 77868              |             |        |                         |
| County              | Grimes                         |             |        | Private 0               |
| Service_Type        | Assisted Living                | TYPE A      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>                      | Facility_ID | 102825 |                         |
| Owner_Operator      | SCHERRY L MOSES                        |             |        |                         |
| Facility            | NEW CREATION RESIDENTIAL CARE HOMES II |             |        |                         |
| Address             | 506 REGALVIEW ST                       |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78220                   |             |        |                         |
| County              | Bexar                                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                        | TYPE E      |        |                         |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/03/2017</b>                     | Facility_ID | 103368 |                         |
| Owner_Operator      | SERAPHIM ASSISTED LIVING SERVICES INC |             |        |                         |
| Facility            | SERAPHIM ASSISTED LIVING SERVICES INC |             |        |                         |
| Address             | 3235 ROCK CREEK RUN                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78230                  |             |        |                         |
| County              | Bexar                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                       | TYPE B      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/16/2015</b>           | Facility_ID | 104914 |                         |
| Owner_Operator      | CIRCLE OF HELPING HANDS LLC |             |        |                         |
| Facility            | CIRCLE OF HELPING HANDS LLC |             |        |                         |
| Address             | 4919 CHAPMAN ST             |             |        | <b>Bed Designations</b> |
|                     | FORT WORTH TX 76105         |             |        |                         |
| County              | Tarrant                     |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/06/2018</b>   | Facility_ID | 104919 |                         |
| Owner_Operator      | MCE II OP CO LLC  |             |        |                         |
| Facility            | MUSTANG CREEK ESTATES RESIDENTIAL ASSISTED LIVING HOUSE C |             |        |                         |
| Address             | 675 RAPP RD BLDG C  |             |        | <b>Bed Designations</b> |
|                     | KELLER TX 76248   |             |        |                         |
| County              | Tarrant   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/21/2017</b> | Facility_ID | 105440 |                         |
| Owner_Operator      | COMPASSIA LLC     |             |        |                         |
| Facility            | COMPASSIA LLC     |             |        |                         |
| Address             | 23979 WILDWOOD RD |             |        | <b>Bed Designations</b> |
|                     | PORTER TX         | 77365       |        | Private 0               |
| County              | Montgomery        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE B      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/04/2016</b>      | Facility_ID | 102262 |                         |
| Owner_Operator      | ROSA L TONEY           |             |        |                         |
| Facility            | ROSA'S BOARDING HOME   |             |        |                         |
| Address             | 5254 ROUND TABLE DRIVE |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX         | 78218       |        | Private 0               |
| County              | Bexar                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/21/2015</b> | Facility_ID | 102858 |                         |
| Owner_Operator      | COM FOR CARE INC  |             |        |                         |
| Facility            | COM FOR CARE      |             |        |                         |
| Address             | 7502 MARINETTE DR |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX        | 77074       |        | Private 0               |
| County              | Harris            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>     | Facility_ID | 103387 |                         |
| Owner_Operator      | VICTORIA Y JOHNSON    |             |        |                         |
| Facility            | VTO PROFESSIONAL CARE |             |        |                         |
| Address             | 8827 DONNYBROOK       |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX             | 75217       |        | Private 0               |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE E      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/26/2017</b>                        | Facility_ID | 104415 |                         |
| Owner_Operator      | CYPRESSGREEN AT HOME ASSISTED LIVING LLC |             |        |                         |
| Facility            | CYPRESSGREEN AT HOME ASSISTED LIVING LLC |             |        |                         |
| Address             | 647 CYPRESSGREEN DR                      |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78245                     |             |        |                         |
| County              | Bexar                                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                          | TYPE B      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/12/2018</b>                  | Facility_ID | 105495 |                         |
| Owner_Operator      | CARING HANDS ASSISTED LIVING LLC   |             |        |                         |
| Facility            | CARING HANDS RESIDENTIAL CARE HOME |             |        |                         |
| Address             | 726 DUNWICK LN                     |             |        | <b>Bed Designations</b> |
|                     | PASADENA TX 77502                  |             |        |                         |
| County              | Harris                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE B      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/05/2013</b>              | Facility_ID | 102273 |                         |
| Owner_Operator      | SPLENDOR HILLS INCORPORATED    |             |        |                         |
| Facility            | SPLENDOR HILLS ASSISTED LIVING |             |        |                         |
| Address             | 2968 VOLTURNO DR               |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE TX 75052         |             |        |                         |
| County              | Tarrant                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE B      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/03/2008</b>     | Facility_ID | 102300 |                         |
| Owner_Operator      | JUDY F BENNETT        |             |        |                         |
| Facility            | FOUNTAIN HOUSE DESOTO |             |        |                         |
| Address             | 1125 THE MEADOWS PKWY |             |        | <b>Bed Designations</b> |
|                     | DESOTO TX 75115       |             |        |                         |
| County              | Dallas                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/04/2003</b>           | Facility_ID | 030290 |                         |
| Owner_Operator      | REGENCY ASSISTED LIVING LTD |             |        |                         |
| Facility            | REGENCY PARK                |             |        |                         |
| Address             | 5160 HIDALGO ST             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                     | TX          | 77056  |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2018</b>                       | Facility_ID | 000516 |                         |
| Owner_Operator      | GOLDEN AGE SENIOR CARE OF PALISADES LLC |             |        |                         |
| Facility            | SUNRIDGE AT PALISADES                   |             |        |                         |
| Address             | 1831 MURCHISON DR                       |             |        | <b>Bed Designations</b> |
|                     | EL PASO                                 | TX          | 79902  |                         |
| County              | El Paso                                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                  |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/18/2013</b>                | Facility_ID | 000644 |                         |
| Owner_Operator      | I H S AQUISITION NO 139 INC      |             |        |                         |
| Facility            | PARKWOOD PLACE HEALTHCARE CENTER |             |        |                         |
| Address             | 300 N BYNUM                      |             |        | <b>Bed Designations</b> |
|                     | LUFKIN                           | TX          | 75904  |                         |
| County              | Angelina                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A           |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/06/2018</b>                            | Facility_ID | 000555 |                         |
| Owner_Operator      |  |             |        |                         |
| Facility            | MISSION ROAD DEVELOPMENT CENTER - HORN BLVD. |             |        |                         |
| Address             | 10602 HORN BLVD                              |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                                  | TX          | 78240  |                         |
| County              | Bexar  |             |        | Private                 |
| Service_Type        | Assisted Living TYPE B                       |             |        | Total Capacity 0        |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/18/2017</b>     | Facility_ID | 106686 |                         |
| Owner_Operator      | NORAH CARE HOME LLC   |             |        |                         |
| Facility            | NORAH CARE HOME LLC   |             |        |                         |
| Address             | 7435 SAN BENITO DRIVE |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77083      |             |        |                         |
| County              | Harris                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE B      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/23/2017</b>     | Facility_ID | 106678 |                         |
| Owner_Operator      | NEDGES NEST LLC       |             |        |                         |
| Facility            | NEDGES NEST CARE HOME |             |        |                         |
| Address             | 1608 WARM SPRINGS DR. |             |        | <b>Bed Designations</b> |
|                     | ALLEN TX 75002        |             |        |                         |
| County              | Collin                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE B      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>            | Facility_ID | 001198 |                         |
| Owner_Operator      | Unknown Owner                |             |        |                         |
| Facility            | SIMS SHARON E                |             |        |                         |
| Address             | 122 THIRD ST                 |             |        | <b>Bed Designations</b> |
|                     | GUN BARREL CITY TX 751479504 |             |        |                         |
| County              | Henderson                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE C      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/14/2017</b>        | Facility_ID | 106206 |                         |
| Owner_Operator      | COTTAGE GROVE LIVING LLC |             |        |                         |
| Facility            | COTTAGE GROVE LIVING LLC |             |        |                         |
| Address             | 7441 COFFEE STREET       |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033         |             |        |                         |
| County              | Harris                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE B      |        |                         |



|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/02/2004</b>      | Facility_ID | 000618 |                         |
| Owner_Operator      | ARKANSAS LANE APTS LTD |             |        |                         |
| Facility            | ARKANSAS HOUSE EAST    |             |        |                         |
| Address             | 1101 W ARKANSAS LN     |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON TX 76013     |             |        |                         |
| County              | Tarrant                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE A      |        |                         |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/13/2015</b>           | Facility_ID | 000623 |                         |
| Owner_Operator      | THERAPEUTIC COMMUNITIES LLC |             |        |                         |
| Facility            | CREEK VIEW                  |             |        |                         |
| Address             | 12251 RUNNING BIRD LN       |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78758             |             |        |                         |
| County              | Travis                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/28/2005</b>            | Facility_ID | 000859 |                         |
| Owner_Operator      | HOLLO BYRNES PARTNERSHIP     |             |        |                         |
| Facility            | HOLLO BYRNES PERSONAL CARE 2 |             |        |                         |
| Address             | 218 NEWMAN ST                |             |        | <b>Bed Designations</b> |
|                     | CENTER TX 75935              |             |        |                         |
| County              | Shelby                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/08/2004</b>   | Facility_ID | 000865 |                         |
| Owner_Operator      | TERRY D WALKER      |             |        |                         |
| Facility            | HOUSE OF HOPE II    |             |        |                         |
| Address             | 6822 KASSARINE PASS |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77033    |             |        |                         |
| County              | Harris              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living     | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/26/2004</b>      | Facility_ID | 000866 |                         |
| Owner_Operator      | ELMIRA MARIE JACKSON   |             |        |                         |
| Facility            | EL CARE CENTER         |             |        |                         |
| Address             | 7622 WEYBURN           |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77028       |             |        |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/31/2014</b>          | Facility_ID | 000868 |                         |
| Owner_Operator      | LORRAINE V FAIRFAX         |             |        |                         |
| Facility            | SUNSET VILLA               |             |        |                         |
| Address             | 5125-5127 BEAVER HOLLOW DR |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77084           |             |        |                         |
| County              | Harris                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B     |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/19/2005</b>        | Facility_ID | 000646 |                         |
| Owner_Operator      | HCRA OF TEXAS INC        |             |        |                         |
| Facility            | HEARTLAND OF SAN ANTONIO |             |        |                         |
| Address             | ONE HEARTLAND DR         |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78247     |             |        |                         |
| County              | Bexar                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A   |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/09/2013</b>                  | Facility_ID | 000656 |                         |
| Owner_Operator      | DUKE AND DUCHESS INC               |             |        |                         |
| Facility            | DUKES AND DUTCHESS PERSONAL CARE 1 |             |        |                         |
| Address             | 755 RINGOLD ST                     |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77088                   |             |        |                         |
| County              | Harris                             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A             |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/02/2004</b>                | Facility_ID | 000878 |                         |
| Owner_Operator      | GOOD LIVING COMMUNITY CARE, INC  |             |        |                         |
| Facility            | GOOD LIVING COMMUNITY CARE INC I |             |        |                         |
| Address             | 5706 WINSOME LN                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 770575728             |             |        |                         |
| County              | Harris                           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                  | TYPE A      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/26/2003</b>                 | Facility_ID | 000879 |                         |
| Owner_Operator      | GOOD LIVING COMMUNITY CARE, INC   |             |        |                         |
| Facility            | GOOD LIVING COMMUNITY CARE INC II |             |        |                         |
| Address             | 5702 WINSOME LN                   |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 770575728              |             |        |                         |
| County              | Harris                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/22/2017</b>                            | Facility_ID | 000430 |                         |
| Owner_Operator      | ELIZABETH I PEREZ & ASSOCIATES INC           |             |        |                         |
| Facility            | V S MORALES PERSONAL CARE HOME FOR THE AGING |             |        |                         |
| Address             | 9508 CIRCLEWOOD DR @ ST ROSALIE              |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75217                              |             |        |                         |
| County              | Dallas                                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                              | TYPE A      |        |                         |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/14/2005</b>                  | Facility_ID | 000888 |                         |
| Owner_Operator      | THOMPSON RESIDENTIAL CARE HOME INC |             |        |                         |
| Facility            | THOMPSON RESIDENTIAL CARE HOME INC |             |        |                         |
| Address             | 4565 HWY 195 RT 2 BOX 193          |             |        | <b>Bed Designations</b> |
|                     | GEORGETOWN TX 78626                |             |        |                         |
| County              | Williamson                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/10/2004</b>         | Facility_ID | 000891 |                         |
| Owner_Operator      | JONA LLC                  |             |        |                         |
| Facility            | WATERFORD ASSISTED LIVING |             |        |                         |
| Address             | 302 E FOURTH ST           |             |        | <b>Bed Designations</b> |
|                     | ARLINGTON                 | TX          | 76010  |                         |
| County              | Tarrant                   |             |        | Private 0               |
| Service_Type        | Assisted Living           | TYPE B      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/12/2003</b>      | Facility_ID | 000894 |                         |
| Owner_Operator      | VAUGHN HOUSE INC       |             |        |                         |
| Facility            | VAUGHN HOUSE RESIDENCE |             |        |                         |
| Address             | 107 LELAND ST          |             |        | <b>Bed Designations</b> |
|                     | AUSTIN                 | TX          | 78704  |                         |
| County              | Travis                 |             |        | Private 0               |
| Service_Type        | Assisted Living        | TYPE A      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/04/2015</b>                   | Facility_ID | 000897 |                         |
| Owner_Operator      | ROSEMONT PERSONAL CARE HOME INC. II |             |        |                         |
| Facility            | ROSEMONT PERSONAL CARE HOME II      |             |        |                         |
| Address             | 10931 MAYFIELD ROAD                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                             | TX          | 77043  |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE A      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/24/2014</b>             | Facility_ID | 000438 |                         |
| Owner_Operator      | NEUROBEHAVIORAL RESOURCES LTD |             |        |                         |
| Facility            | GENESIS                       |             |        |                         |
| Address             | 9297 WAHRENBERGER RD          |             |        | <b>Bed Designations</b> |
|                     | CONROE                        | TX          | 77304  |                         |
| County              | Montgomery                    |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/14/2013</b>      | Facility_ID | 000439 |                         |
| Owner_Operator      | JANA L SAUCEDO         |             |        |                         |
| Facility            | HOME AWAY FROM HOME    |             |        |                         |
| Address             | 718 W COLLEGE ST       |             |        | <b>Bed Designations</b> |
|                     | STEPHENVILLE TX 76401  |             |        |                         |
| County              | Erath                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/25/2003</b>           | Facility_ID | 000441 |                         |
| Owner_Operator      | DAVID L BERRY               |             |        |                         |
| Facility            | BERRY RESIDENTIAL CARE HOME |             |        |                         |
| Address             | 325 ALTUS RD                |             |        | <b>Bed Designations</b> |
|                     | LEROY TX 76654              |             |        |                         |
| County              | McLennan                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/12/2018</b>                                       | Facility_ID | 000905 |                         |
| Owner_Operator      | TANGRAM REHABILITATION NETWORK INC                      |             |        |                         |
| Facility            | RESCARE PREMIER TANGRAM BEHAVIORAL PROGRAM SOUTH CAMPUS |             |        |                         |
| Address             | 201 TANGRAM MESQUITE RD                                 |             |        | <b>Bed Designations</b> |
|                     | SEGUIN TX 78155   |             |        |                         |
| County              | Guadalupe   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                                  |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/12/2004</b>      | Facility_ID | 000475 |                         |
| Owner_Operator      | JUSTICE HOME LLC       |             |        |                         |
| Facility            | JUSTICE HOME LLC       |             |        |                         |
| Address             | 6655 W FUQUA           |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX 77489 |             |        |                         |
| County              | Fort Bend              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/03/2016</b>              | Facility_ID | 000687 |                         |
| Owner_Operator      | Community Homes for Adults Inc |             |        |                         |
| Facility            | COMMUNITY HOMES FOR ADULTS INC |             |        |                         |
| Address             | 7628 VILLAGE TRAIL DR          |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75254                |             |        |                         |
| County              | Dallas                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/25/2015</b>            | Facility_ID | 000692 |                         |
| Owner_Operator      | TEXMAX COVENANT BUSINESS INC |             |        |                         |
| Facility            | TENDER CARE ASSISTED LIVING  |             |        |                         |
| Address             | 15139 GRAN VISTA             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77083             |             |        |                         |
| County              | Harris                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE B      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/07/2018</b>              | Facility_ID | 106409 |                         |
| Owner_Operator      | COME HOME - VICTOR'S HOUSE LLC |             |        |                         |
| Facility            | COME HOME- VICTOR'S HOUSE      |             |        |                         |
| Address             | 2522 HOLLY HILL                |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78222           |             |        |                         |
| County              | Bexar                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE B      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/06/2008</b> | Facility_ID | 000451 |                         |
| Owner_Operator      | J SCARBOROUGH INC |             |        |                         |
| Facility            | SCARBOROUGH II    |             |        |                         |
| Address             | 325 N 15TH        |             |        | <b>Bed Designations</b> |
|                     | WACO TX 76701     |             |        |                         |
| County              | Mclennan          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                           |             |           |                         |
|---------------------|---------------------------|-------------|-----------|-------------------------|
| <b>Closure Date</b> | <b>01/14/2004</b>         | Facility_ID | 000458    |                         |
| Owner_Operator      | EVA HOOD                  |             |           |                         |
| Facility            | HOOD RESIDENTAL CARE HOME |             |           |                         |
| Address             | 7070 W F M 487            |             |           |                         |
|                     | FLORENCE                  | TX          | 765274118 |                         |
| County              | Williamson                |             |           |                         |
| Service_Type        | Assisted Living           | TYPE A      |           |                         |
|                     |                           |             |           | <b>Bed Designations</b> |
|                     |                           |             |           | Private 0               |
|                     |                           |             |           | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/25/2007</b>  | Facility_ID | 000460 |                         |
| Owner_Operator      | ONE - LONDON HOUSE |             |        |                         |
| Facility            | ONE LONDON HOUSE   |             |        |                         |
| Address             | 6610 LONDON        |             |        |                         |
|                     | HOUSTON            | TX          | 77021  |                         |
| County              | Harris             |             |        |                         |
| Service_Type        | Assisted Living    | TYPE A      |        |                         |
|                     |                    |             |        | <b>Bed Designations</b> |
|                     |                    |             |        | Private 0               |
|                     |                    |             |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/21/2008</b>                  | Facility_ID | 000462 |                         |
| Owner_Operator      | SHARAN LANDRUM                     |             |        |                         |
| Facility            | COUNTRY VIEW RETIREMENT APARTMENTS |             |        |                         |
| Address             | 6911 N U S HWY 281                 |             |        |                         |
|                     | PLEASANTON                         | TX          | 78064  |                         |
| County              | Atascosa                           |             |        |                         |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |
|                     |                                    |             |        | <b>Bed Designations</b> |
|                     |                                    |             |        | Private 0               |
|                     |                                    |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/17/2018</b>                 | Facility_ID | 000710 |                         |
| Owner_Operator      | BRAESWOOD PERSONAL CARE HOMES INC |             |        |                         |
| Facility            | BRAESWOOD PERSONAL CARE HOMES INC |             |        |                         |
| Address             | 3519 S BRAESWOOD BLVD             |             |        |                         |
|                     | HOUSTON                           | TX          | 77025  |                         |
| County              | Harris                            |             |        |                         |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |
|                     |                                   |             |        | <b>Bed Designations</b> |
|                     |                                   |             |        | Private 0               |
|                     |                                   |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2008</b>                            | Facility_ID | 000711 |                         |
| Owner_Operator      | HCRA OF TEXAS INC                            |             |        |                         |
| Facility            | HEARTLAND HEALTH CARE CENTER OF WEST HOUSTON |             |        |                         |
| Address             | 2939 WOODLAND PARK DR                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX                                   | 77082       |        |                         |
| County              | Harris                                       |             |        | Private 0               |
| Service_Type        | Assisted Living                              | TYPE B      |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/15/2009</b>             | Facility_ID | 000932 |                         |
| Owner_Operator      | THE DENISON HOUSE OF RUTH INC |             |        |                         |
| Facility            | HOUSE OF RUTH                 |             |        |                         |
| Address             | 1118 S MIRICK AVE             |             |        | <b>Bed Designations</b> |
|                     | DENISON TX                    | 75020       |        |                         |
| County              | Grayson                       |             |        | Private 0               |
| Service_Type        | Assisted Living               | TYPE A      |        | Total Capacity 0        |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/26/2008</b>  | Facility_ID | 000933 |                         |
| Owner_Operator      | RED BIRD MANOR LLC |             |        |                         |
| Facility            | RED BIRD MANOR     |             |        |                         |
| Address             | 956 FM RD 757      |             |        | <b>Bed Designations</b> |
|                     | TYLER TX           | 75705       |        |                         |
| County              | Smith              |             |        | Private 0               |
| Service_Type        | Assisted Living    | TYPE A      |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/08/2017</b>      | Facility_ID | 001243 |                         |
| Owner_Operator      | HERLINDA MOLINA        |             |        |                         |
| Facility            | ONION CREEK PLANTATION |             |        |                         |
| Address             | 7302 LAKE CHARLES DR   |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX              | 78744       |        |                         |
| County              | Travis                 |             |        | Private                 |
| Service_Type        | Assisted Living        | TYPE C      |        | Total Capacity 0        |



|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/04/2013</b>            | Facility_ID | 001260 |                         |
| Owner_Operator      | MARTHA L DELGADO             |             |        |                         |
| Facility            | MARTHA L DELGADO FOSTER HOME |             |        |                         |
| Address             | 8508 FORTUNE CT              |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79907             |             |        | Private 0               |
| County              | El Paso                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE C       |             |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/30/2018</b>            | Facility_ID | 105526 |                         |
| Owner_Operator      | A.K.C. INC                   |             |        |                         |
| Facility            | CHIMNEY HILL ASSISTED LIVING |             |        |                         |
| Address             | 10222 CHIMNEY HILL LANE      |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75243              |             |        | Private 0               |
| County              | Dallas                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A       |             |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/01/2003</b>                | Facility_ID | 000714 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC            |             |        |                         |
| Facility            | WOOD LIVING CENTER OF SAN MARCOS |             |        |                         |
| Address             | 909 INDIANA ST                   |             |        | <b>Bed Designations</b> |
|                     | SAN MARCOS TX 78666              |             |        | Private 0               |
| County              | Hays                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A           |             |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/20/2013</b>      | Facility_ID | 000720 |                         |
| Owner_Operator      | CARING NURSES INC      |             |        |                         |
| Facility            | OUR HOUSE YORKTOWN     |             |        |                         |
| Address             | 805 W MAIN             |             |        | <b>Bed Designations</b> |
|                     | YORKTOWN TX 78164      |             |        | Private 0               |
| County              | DeWitt                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living TYPE A |             |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/10/2009</b>            | Facility_ID | 000723 |                         |
| Owner_Operator      | IRIS J MATCHETT              |             |        |                         |
| Facility            | MATCHETTS PERSONAL CARE HOME |             |        |                         |
| Address             | 9009 FM 339 S                |             |        | <b>Bed Designations</b> |
|                     | KOSSE TX 76653               |             |        |                         |
| County              | Limestone                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A       |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>      | Facility_ID | 001278 |                         |
| Owner_Operator      | NORA MARTIN            |             |        |                         |
| Facility            | NORA MARTIN            |             |        |                         |
| Address             | 6506 SANDIE DR         |             |        | <b>Bed Designations</b> |
|                     | AMARILLO TX 79109      |             |        |                         |
| County              | Randall                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>      | Facility_ID | 001280 |                         |
| Owner_Operator      | TAMERA J BEAN          |             |        |                         |
| Facility            | TAMERA J BEAN          |             |        |                         |
| Address             | 415 YORK ST            |             |        | <b>Bed Designations</b> |
|                     | PARIS TX 75460         |             |        |                         |
| County              | Lamar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE C |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/12/2006</b>           | Facility_ID | 000517 |                         |
| Owner_Operator      | THE H Y W RANCH CORPORATION |             |        |                         |
| Facility            | H Y W RANCH CORPORATION     |             |        |                         |
| Address             | 5909 HOLLY                  |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77074            |             |        |                         |
| County              | Harris                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                                  |             |        |                         |   |
|---------------------|----------------------------------|-------------|--------|-------------------------|---|
| <b>Closure Date</b> | <b>04/07/2003</b>                | Facility_ID | 000518 |                         |   |
| Owner_Operator      | WOOD CARE CENTERS INC            |             |        |                         |   |
| Facility            | WOOD LIVING CENTER OF ROUND ROCK |             |        |                         |   |
| Address             | 604 E PECAN AVE                  |             |        | <b>Bed Designations</b> |   |
|                     | ROUND ROCK                       | TX          | 78664  |                         |   |
| County              | Williamson                       |             |        | Private                 | 0 |
| Service_Type        | Assisted Living                  | TYPE A      |        | Total Capacity          | 0 |

|                     |  |             |        |                         |   |
|---------------------|--|-------------|--------|-------------------------|---|
| <b>Closure Date</b> | <b>07/26/2004</b>                      | Facility_ID | 000526 |                         |   |
| Owner_Operator      | LIVING CENTERS OF TEXAS INC            |             |        |                         |   |
| Facility            | WINCHESTER LODGE NURSING HOME P C UNIT |             |        |                         |   |
| Address             | 1112 SMITH DR                          |             |        | <b>Bed Designations</b> |   |
|                     | ALVIN                                  | TX          | 77511  |                         |   |
| County              | Brazoria                               |             |        | Private                 | 0 |
| Service_Type        | Assisted Living                        | TYPE B      |        | Total Capacity          | 0 |

|                     |   |             |        |                         |   |
|---------------------|---|-------------|--------|-------------------------|---|
| <b>Closure Date</b> | <b>03/23/2018</b>                               | Facility_ID | 000725 |                         |   |
| Owner_Operator      | WILLOWBROOK SNF MANAGEMENT LLC                  |             |        |                         |   |
| Facility            | WILLOWBROOK RESIDENCE AND REHABILITATION CENTER |             |        |                         |   |
| Address             | 13631 ARDFIELD DR                               |             |        | <b>Bed Designations</b> |   |
|                     | HOUSTON   | TX          | 77070  |                         |   |
| County              | Harris  |             |        | Private                 | 0 |
| Service_Type        | Assisted Living                                 | TYPE B      |        | Total Capacity          | 0 |

|                     |                       |             |        |                         |   |
|---------------------|-----------------------|-------------|--------|-------------------------|---|
| <b>Closure Date</b> | <b>06/04/2018</b>     | Facility_ID | 000954 |                         |   |
| Owner_Operator      | TIFFS TENDER CARE INC |             |        |                         |   |
| Facility            | TIFFS TENDER CARE     |             |        |                         |   |
| Address             | 3803 CARLSON LN       |             |        | <b>Bed Designations</b> |   |
|                     | HOUSTON               | TX          | 77047  |                         |   |
| County              | Harris                |             |        | Private                 | 0 |
| Service_Type        | Assisted Living       | TYPE B      |        | Total Capacity          | 0 |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/21/2015</b>              | Facility_ID | 000959 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC          |             |        |                         |
| Facility            | WOOD LIVING CENTER OF PEARSALL |             |        |                         |
| Address             | 419 E SAN MARCOS ST            |             |        | <b>Bed Designations</b> |
|                     | PEARSALL TX 78061              |             |        |                         |
| County              | Frio                           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2018</b> | Facility_ID | 000533 |                         |
| Owner_Operator      | TEIGO INC         |             |        |                         |
| Facility            | TEIGOROC # 1      |             |        |                         |
| Address             | 11184 DAMICO LN   |             |        | <b>Bed Designations</b> |
|                     | CONROE TX 77306   |             |        |                         |
| County              | Montgomery        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/17/2009</b>              | Facility_ID | 000534 |                         |
| Owner_Operator      | Community Homes for Adults Inc |             |        |                         |
| Facility            | COMMUNITY HOMES FOR ADULTS INC |             |        |                         |
| Address             | 3140 ROYAL LN                  |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75230                |             |        |                         |
| County              | Dallas                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/17/2004</b>     | Facility_ID | 000547 |                         |
| Owner_Operator      | ROBERT W ARMSTRONG    |             |        |                         |
| Facility            | ARMSTRONG FOSTER HOME |             |        |                         |
| Address             | 2421 1/2 HOWZE ST     |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79903      |             |        |                         |
| County              | El Paso               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE C      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/10/2018</b>                   | Facility_ID | 000746 |                         |
| Owner_Operator      | GREATER MORNING STAR BAPTIST CHURCH |             |        |                         |
| Facility            | GREATER MORNING STAR PERSONAL CARE  |             |        |                         |
| Address             | 8430 1/2 TIDWELL RD                 |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                             | TX          | 77028  |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A              |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/17/2003</b>           | Facility_ID | 000749 |                         |
| Owner_Operator      | CONNIES COUNTRY COTTAGE INC |             |        |                         |
| Facility            | CONNIES COUNTRY COTTAGE INC |             |        |                         |
| Address             | 503 E AVE G                 |             |        | <b>Bed Designations</b> |
|                     | LAMPASAS                    | TX          | 76550  |                         |
| County              | Lampasas                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A      |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/28/2012</b>              | Facility_ID | 000970 |                         |
| Owner_Operator      | MRC CRESTVIEW                  |             |        |                         |
| Facility            | CRESTVIEW RETIREMENT COMMUNITY |             |        |                         |
| Address             | 2505 E VILLA MARIA RD          |             |        | <b>Bed Designations</b> |
|                     | BRYAN                          | TX          | 77802  |                         |
| County              | Brazos                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/31/2005</b>           | Facility_ID | 102296 |                         |
| Owner_Operator      | Unknown Owner               |             |        |                         |
| Facility            | ENCHANTED COTTAGE HOME CARE |             |        |                         |
| Address             | 2808 ASHLEY DRIVE           |             |        | <b>Bed Designations</b> |
|                     | LA MARQUE                   | TX          | 77568  |                         |
| County              | Galveston                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B      |             |        | Total Capacity 0        |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/11/2018</b>          | Facility_ID | 000549 |                         |
| Owner_Operator      | NANCY LUONGO               |             |        |                         |
| Facility            | OUR HOUSE OF CENTRAL TEXAS |             |        |                         |
| Address             | 1905 S WEST DR             |             |        | <b>Bed Designations</b> |
|                     | LEANDER TX 78641           |             |        |                         |
| County              | Williamson                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A     |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/01/2017</b>        | Facility_ID | 000975 |                         |
| Owner_Operator      | CEDARVIEW AID OPCO LLC   |             |        |                         |
| Facility            | CEDARVIEW PLACE          |             |        |                         |
| Address             | 322 E MAIN ST            |             |        | <b>Bed Designations</b> |
|                     | GUN BARREL CITY TX 75147 |             |        |                         |
| County              | Henderson                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/24/2007</b>      | Facility_ID | 000985 |                         |
| Owner_Operator      | TEXAS OUR HOME INC     |             |        |                         |
| Facility            | TEXAS OUR HOME INC     |             |        |                         |
| Address             | 446 HIGHFALL DR        |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75232        |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/08/2018</b>      | Facility_ID | 105808 |                         |
| Owner_Operator      | BA HOME CARE INC       |             |        |                         |
| Facility            | BA HOME CARE INC       |             |        |                         |
| Address             | 11802 SHARPCVIEW DR    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77072       |             |        |                         |
| County              | Harris                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>               | Facility_ID | 000309 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC           |             |        |                         |
| Facility            | WOOD LIVING CENTER OF LAREDO #2 |             |        |                         |
| Address             | 3001 LYON ST                    |             |        | <b>Bed Designations</b> |
|                     | LAREDO TX 78043                 |             |        |                         |
| County              | Webb                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE E      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/09/2018</b>     | Facility_ID | 000562 |                         |
| Owner_Operator      | RAUL M GUZMAN SR      |             |        |                         |
| Facility            | GUZMANS PERSONAL CARE |             |        |                         |
| Address             | 325 E LOCUST ST       |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78212  |             |        |                         |
| County              | Bexar                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/04/2018</b>     | Facility_ID | 000571 |                         |
| Owner_Operator      | IRMA REDMAN LEE       |             |        |                         |
| Facility            | REDMANS BOARDING HOME |             |        |                         |
| Address             | 850 C R 6612          |             |        | <b>Bed Designations</b> |
|                     | DEVINE TX 78016       |             |        |                         |
| County              | Medina                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/16/2006</b>              | Facility_ID | 000776 |                         |
| Owner_Operator      | HEALTHSOUTH OF SAN ANTONIO INC |             |        |                         |
| Facility            | THE VERBENA HOUSE              |             |        |                         |
| Address             | 5437 VERBENA RD                |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78240           |             |        |                         |
| County              | Bexar                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/21/2017</b>            | Facility_ID | 000993 |                         |
| Owner_Operator      | ROSEBUD SENIOR SERVICES LLC  |             |        |                         |
| Facility            | SERENITY MANOR ROSEBUD HOUSE |             |        |                         |
| Address             | 11120 FM 1485                |             |        | <b>Bed Designations</b> |
|                     | CONROE TX 77306              |             |        |                         |
| County              | Montgomery                   |             |        | Private 0               |
| Service_Type        | Assisted Living              | TYPE B      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/13/2017</b>        | Facility_ID | 000314 |                         |
| Owner_Operator      | MORNINGSIDE MINISTRIES   |             |        |                         |
| Facility            | CHANDLER ASSISTED LIVING |             |        |                         |
| Address             | 1510 HOWARD STREET       |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78212     |             |        |                         |
| County              | Bexar                    |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE B      |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/07/2006</b>        | Facility_ID | 000787 |                         |
| Owner_Operator      | ALTERNATIVE LIFESTYLES   |             |        |                         |
| Facility            | THE GOLDEN YEARS RETREAT |             |        |                         |
| Address             | 108 7TH ST               |             |        | <b>Bed Designations</b> |
|                     | TOLAR TX 76476           |             |        |                         |
| County              | Hood                     |             |        | Private 0               |
| Service_Type        | Assisted Living          | TYPE A      |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/28/2004</b>           | Facility_ID | 000788 |                         |
| Owner_Operator      | JEFFREY A DUVALL            |             |        |                         |
| Facility            | PINEY WOODS ASSISTED LIVING |             |        |                         |
| Address             | 14107 FM 969                |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78724             |             |        |                         |
| County              | Travis                      |             |        | Private 0               |
| Service_Type        | Assisted Living             | TYPE B      |        | Total Capacity 0        |



|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/04/2007</b>                 | Facility_ID | 000791 |                         |
| Owner_Operator      | RHONDA M ADAMS                    |             |        |                         |
| Facility            | FIRST CLASS RESIDENTIAL CARE HOME |             |        |                         |
| Address             | 5410 WILLOW BEND BLVD             |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77096                  |             |        |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE A      |        | Total Capacity 0        |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b> | Facility_ID | 001008 |                         |
| Owner_Operator      | Unknown Owner     |             |        |                         |
| Facility            | RUBIO DELIA       |             |        |                         |
| Address             | 2720 53RD ST      |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK TX 79413  |             |        |                         |
| County              | Lubbock           |             |        | Private 0               |
| Service_Type        | Assisted Living   | TYPE C      |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/29/2018</b>                   | Facility_ID | 001020 |                         |
| Owner_Operator      | FAMILY TIES SENIOR CITIZEN HOME INC |             |        |                         |
| Facility            | FAMILY TIES SENIOR CITIZEN HOME INC |             |        |                         |
| Address             | 2109 BUTTERFIELD TRL                |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE TX 75052              |             |        |                         |
| County              | Dallas                              |             |        | Private 0               |
| Service_Type        | Assisted Living                     | TYPE A      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/06/2017</b>                  | Facility_ID | 001021 |                         |
| Owner_Operator      | LORETTA HARLEN                     |             |        |                         |
| Facility            | THE HOUSE OF HEARTS (HART) MISSION |             |        |                         |
| Address             | 700 CEDAR HILL AVE                 |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75208                    |             |        |                         |
| County              | Dallas                             |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE C      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/05/2018</b>   | Facility_ID | 001055 |                         |
| Owner_Operator      | EDDIE M GLOVER      |             |        |                         |
| Facility            | GLOVERS FOSTER HOME |             |        |                         |
| Address             | 12349 JOHNSON RD    |             |        | <b>Bed Designations</b> |
|                     | MANOR TX 78653      |             |        |                         |
| County              | Travis              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE C      |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/14/2018</b>               | Facility_ID | 106570 |                         |
| Owner_Operator      | SHINES ASSISTED LIVING CARE LLC |             |        |                         |
| Facility            | STARLIGHT HOMES ASSISTED LIVING |             |        |                         |
| Address             | 401 BRYN MAWR                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78209            |             |        |                         |
| County              | Bexar                           |             |        | Private 0               |
| Service_Type        | Assisted Living                 | TYPE B      |        | Total Capacity 0        |

|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/22/2003</b>                  | Facility_ID | 000588 |                         |
| Owner_Operator      | OAK GARDENS PERSONAL CARE HOME INC |             |        |                         |
| Facility            | OAK GARDENS PERSONAL CARE HOME     |             |        |                         |
| Address             | 1725 E MAIN ST                     |             |        | <b>Bed Designations</b> |
|                     | LEAGUE CITY TX 77573               |             |        |                         |
| County              | Galveston                          |             |        | Private 0               |
| Service_Type        | Assisted Living                    | TYPE B      |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/01/2015</b>                 | Facility_ID | 000596 |                         |
| Owner_Operator      | SWEET EMBRACE ASSISTED LIVING INC |             |        |                         |
| Facility            | SWEET EMBRACE ASSISTED LIVING INC |             |        |                         |
| Address             | 602 FM 1294                       |             |        | <b>Bed Designations</b> |
|                     | LUBBOCK TX 79403                  |             |        |                         |
| County              | Lubbock                           |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/02/2018</b>                      | Facility_ID | 000809 |                         |
| Owner_Operator      | LIBERTY ISLAND PERSONAL CARE HOMES INC |             |        |                         |
| Facility            | LIBERTY ISLAND PERSONAL CARE HOMES INC |             |        |                         |
| Address             | 9009 BOONE RD                          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77099                       |             |        |                         |
| County              | Harris                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                        | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/22/2014</b>                   | Facility_ID | 001117 |                         |
| Owner_Operator      | MARGARITA CASTANON                  |             |        |                         |
| Facility            | MARGARITA CASTANON FOSTER HOME CARE |             |        |                         |
| Address             | 8712 MAGNETIC ST                    |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79904                    |             |        |                         |
| County              | El Paso                             |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE C      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/02/2017</b>             | Facility_ID | 106572 |                         |
| Owner_Operator      | MOC WACO LLC                  |             |        |                         |
| Facility            | RAPID RECOVERY CENTER OF WACO |             |        |                         |
| Address             | 5801 CROSSLAKE PARKWAY        |             |        | <b>Bed Designations</b> |
|                     | WACO TX 76712                 |             |        |                         |
| County              | Mclennan                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/13/2018</b>        | Facility_ID | 106577 |                         |
| Owner_Operator      | JOSE A HERNANDEZ         |             |        |                         |
| Facility            | SERENITY ADULT HOME CARE |             |        |                         |
| Address             | 900 N. CLARK DRIVE       |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79905         |             |        |                         |
| County              | El Paso                  |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/29/2006</b>             | Facility_ID | 000368 |                         |
| Owner_Operator      | MELANIE L JONES               |             |        |                         |
| Facility            | ROBY ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 107 W NORTH 2ND ST            |             |        | <b>Bed Designations</b> |
|                     | ROBY TX 79543                 |             |        |                         |
| County              | Fisher                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE B      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/17/2003</b>    | Facility_ID | 000369 |                         |
| Owner_Operator      | ROBERT BAIRD         |             |        |                         |
| Facility            | WILLOW CREEK RANCH   |             |        |                         |
| Address             | 10500 FM 572 E       |             |        | <b>Bed Designations</b> |
|                     | GOLDTHWAITE TX 76844 |             |        |                         |
| County              | Mills                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE A      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/09/2003</b>               | Facility_ID | 000608 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC           |             |        |                         |
| Facility            | WOOD LIVING CENTER OF HARLINGEN |             |        |                         |
| Address             | 801 N FIRST ST                  |             |        | <b>Bed Designations</b> |
|                     | HARLINGEN TX 78550              |             |        |                         |
| County              | Cameron                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                    |             |        |                         |
|---------------------|--------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/06/2009</b>  | Facility_ID | 001141 |                         |
| Owner_Operator      | MARTHA R RUVALCABA |             |        |                         |
| Facility            | MARTHA R RUVALCABA |             |        |                         |
| Address             | 3753 BRECKENRIDGE  |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79936   |             |        |                         |
| County              | El Paso            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living    | TYPE C      |        |                         |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/12/2013</b>              | Facility_ID | 001146 |                         |
| Owner_Operator      | SODELVA VALENZUELA             |             |        |                         |
| Facility            | SODELVA VALENZUELA FOSTER HOME |             |        |                         |
| Address             | 909 WARWICK                    |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79907               |             |        |                         |
| County              | El Paso                        |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE C      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/20/2007</b>        | Facility_ID | 000833 |                         |
| Owner_Operator      | GOLDHENAM INC            |             |        |                         |
| Facility            | HOMECARE FOR THE ELDERLY |             |        |                         |
| Address             | 3343 DARTMOOR DR         |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX 75229          |             |        |                         |
| County              | Dallas                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/24/2003</b>         | Facility_ID | 000845 |                         |
| Owner_Operator      | GOLDHENAM INC             |             |        |                         |
| Facility            | HOME CARE FOR THE ELDERLY |             |        |                         |
| Address             | 1233 DESIREE              |             |        | <b>Bed Designations</b> |
|                     | HURST TX 76053            |             |        |                         |
| County              | Tarrant                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE A      |        |                         |

|                     |                      |             |        |                         |
|---------------------|----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b>    | Facility_ID | 001149 |                         |
| Owner_Operator      | CAROLE A WRIGHT      |             |        |                         |
| Facility            | CAROLE WRIGHT HOME   |             |        |                         |
| Address             | 2324 GENE LITTLER DR |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79936     |             |        |                         |
| County              | El Paso              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living      | TYPE C      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/07/2018</b> | Facility_ID | 001167 |                         |
| Owner_Operator      | MIRIAM L KING     |             |        |                         |
| Facility            | MIRIAM L KING     |             |        |                         |
| Address             | 4660 FM2867       |             |        | <b>Bed Designations</b> |
|                     | HENDERSON         | TX          | 75654  | Private 0               |
| County              | Rusk              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE C      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/15/2007</b>          | Facility_ID | 010220 |                         |
| Owner_Operator      | HERBERT H HARDY            |             |        |                         |
| Facility            | HARDYS LONG TERM CARE HOME |             |        |                         |
| Address             | 3702 SOUTHPORT DR          |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO                | TX          | 78223  | Private 0               |
| County              | Bexar                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living            | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/05/2017</b>            | Facility_ID | 010372 |                         |
| Owner_Operator      | SPRING BRANCH CARE HOMES INC |             |        |                         |
| Facility            | SPRING BRANCH CARE HOME II   |             |        |                         |
| Address             | 3815 APRIL LN                |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                      | TX          | 77092  | Private 0               |
| County              | Harris                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/18/2010</b>        | Facility_ID | 010374 |                         |
| Owner_Operator      | MARIA ROSALES            |             |        |                         |
| Facility            | ROSALES RESIDENTIAL CARE |             |        |                         |
| Address             | 2310 GREENCREST          |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO              | TX          | 78213  | Private 0               |
| County              | Bexar                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living          | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/13/2003</b> | Facility_ID | 010392 |                         |
| Owner_Operator      | JOHNNIE'S MANOR   |             |        |                         |
| Facility            | ROGERS PLACE      |             |        |                         |
| Address             | 6603 LA GRANGE    |             |        | <b>Bed Designations</b> |
|                     | DALLAS TX         | 75241       |        |                         |
| County              | Dallas            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/07/2009</b>                   | Facility_ID | 102956 |                         |
| Owner_Operator      | SERENITY VILLAGE LLC                |             |        |                         |
| Facility            | THE TEXAS HOUSE AT SERENITY VILLAGE |             |        |                         |
| Address             | 417 E CARSON                        |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX                      | 78208       |        |                         |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE A      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/04/2008</b>         | Facility_ID | 030001 |                         |
| Owner_Operator      | ALC OPERATING LLC         |             |        |                         |
| Facility            | CRESTVIEW ASSISTED LIVING |             |        |                         |
| Address             | 6680 WOODWARD AVE         |             |        | <b>Bed Designations</b> |
|                     | AMARILLO TX               | 79106       |        |                         |
| County              | Potter                    |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE B      |        |                         |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/12/2008</b>         | Facility_ID | 010256 |                         |
| Owner_Operator      | GRACELAND SENIOR CARE LLC |             |        |                         |
| Facility            | GRACELAND-COUNTRY ACRES   |             |        |                         |
| Address             | 15705 FRANKLIN DR         |             |        | <b>Bed Designations</b> |
|                     | CONROE TX                 | 77303       |        |                         |
| County              | Montgomery                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living           | TYPE B      |        |                         |

|                     |                                  |             |        |                         |
|---------------------|----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/07/2016</b>                | Facility_ID | 010228 |                         |
| Owner_Operator      | MARGARET M ADEYEMI               |             |        |                         |
| Facility            | MOJICARE RESIDENTIAL CARE CENTER |             |        |                         |
| Address             | 338 HASTINGS DR                  |             |        | <b>Bed Designations</b> |
|                     | CEDAR HILL TX 75104              |             |        |                         |
| County              | Dallas                           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                  | TYPE A      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/02/2010</b>                       | Facility_ID | 010234 |                         |
| Owner_Operator      | Merrill Gardens L.L.C.                  |             |        |                         |
| Facility            | MERRILL GARDENS AT NORTH RICHLAND HILLS |             |        |                         |
| Address             | 8500 EMERALD HILLS WAY                  |             |        | <b>Bed Designations</b> |
|                     | NORTH RICHLAN TX 76180                  |             |        |                         |
| County              | Tarrant                                 |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                         | TYPE B      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/23/2013</b>                    | Facility_ID | 010274 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC                |             |        |                         |
| Facility            | WOOD LIVING CENTER OF SAN ANTONIO 10 |             |        |                         |
| Address             | 829 RITA AVE                         |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78228                 |             |        |                         |
| County              | Bexar                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/15/2003</b>                   | Facility_ID | 010285 |                         |
| Owner_Operator      | WOOD CARE CENTERS INC               |             |        |                         |
| Facility            | WOOD LIVING CENTER OF SAN ANTONIO 5 |             |        |                         |
| Address             | 230 MARBAUCH AVE                    |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78237                |             |        |                         |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE A      |        |                         |



|                     |                                    |             |        |                         |
|---------------------|------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/12/2017</b>                  | Facility_ID | 010286 |                         |
| Owner_Operator      | PARLAND PLACE COMMUNITY LIVING INC |             |        |                         |
| Facility            | PARLAND PLACE COMMUNITY LIVING INC |             |        |                         |
| Address             | 115 PARLAND PLACE                  |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78209               |             |        |                         |
| County              | Bexar                              |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                    | TYPE A      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b> | Facility_ID | 010293 |                         |
| Owner_Operator      | UPLIFT HOUSE      |             |        |                         |
| Facility            | UPLIFT HOMELESS   |             |        |                         |
| Address             | 6550 HOGUE        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77087  |             |        |                         |
| County              | Harris            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE E      |        |                         |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>02/02/2011</b>                    | Facility_ID | 100119 |                         |
| Owner_Operator      | THE AIR FORCE VILLAGE FOUNDATION INC |             |        |                         |
| Facility            | HOMEWOOD AT AIR FORCE VILLAGE        |             |        |                         |
| Address             | 4949 RAVENSWOOD DR                   |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78227                 |             |        |                         |
| County              | Bexar                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                      | TYPE B      |        |                         |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/04/2007</b>                 | Facility_ID | 010311 |                         |
| Owner_Operator      | FIVE STAR PERSONAL CARE HOMES INC |             |        |                         |
| Facility            | A BETTER WAY                      |             |        |                         |
| Address             | 12610 SILVER SPUR                 |             |        | <b>Bed Designations</b> |
|                     | AUSTIN TX 78727                   |             |        |                         |
| County              | Travis                            |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                   | TYPE B      |        |                         |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2005</b>                     | Facility_ID | 004782 |                         |
| Owner_Operator      | Unknown Owner                         |             |        |                         |
| Facility            | SAINT JAMES HOUSE OF BAYTOWN P C UNIT |             |        |                         |
| Address             | 5800 WEST BAKER ROAD                  |             |        |                         |
|                     | BAYTOWN                               | TX          | 77520  |                         |
| County              | Harris                                |             |        |                         |
| Service_Type        | Assisted Living                       | TYPE B      |        |                         |
|                     |                                       |             |        | <b>Bed Designations</b> |
|                     |                                       |             |        | Private 0               |
|                     |                                       |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/18/2004</b>                      | Facility_ID | 010358 |                         |
| Owner_Operator      | BURLESON OAKS INCORPORATED             |             |        |                         |
| Facility            | BURLESON OAKS ASSISTED LIVING FACILITY |             |        |                         |
| Address             | 2828 HWY 36 S                          |             |        |                         |
|                     | CALDWELL                               | TX          | 77836  |                         |
| County              | Burleson                               |             |        |                         |
| Service_Type        | Assisted Living                        | TYPE B      |        |                         |
|                     |  |             |        | <b>Bed Designations</b> |
|                     |  |             |        | Private 0               |
|                     |  |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/11/2009</b>             | Facility_ID | 010359 |                         |
| Owner_Operator      | J B CLARK SERVICES            |             |        |                         |
| Facility            | JENNY BRANCH HOME FOR SENIORS |             |        |                         |
| Address             | RT 1 BOX 682 FM 776           |             |        |                         |
|                     | JASPER                        | TX          | 75951  |                         |
| County              | Jasper                        |             |        |                         |
| Service_Type        | Assisted Living               | TYPE A      |        |                         |
|                     |                               |             |        | <b>Bed Designations</b> |
|                     |                               |             |        | Private 0               |
|                     |                               |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/03/2017</b>           | Facility_ID | 106782 |                         |
| Owner_Operator      | GE & ASSOCIATES LLC         |             |        |                         |
| Facility            | GENERATIONS ASSISTED LIVING |             |        |                         |
| Address             | 4544 MIAMI DR.              |             |        |                         |
|                     | PLANO                       | TX          | 75093  |                         |
| County              | Collin                      |             |        |                         |
| Service_Type        | Assisted Living             | TYPE B      |        |                         |
|                     |                             |             |        | <b>Bed Designations</b> |
|                     |                             |             |        | Private 0               |
|                     |                             |             |        | Total Capacity 0        |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/24/2018</b>                 | Facility_ID | 107106 |                         |
| Owner_Operator      | LAKESHORE PERSONAL CARE HOMES LLC |             |        |                         |
| Facility            | LAKESHORE PERSONAL CARE HOMES LLC |             |        |                         |
| Address             | 13622 STERN CREEK LANE            |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77044                  |             |        |                         |
| County              | Harris                            |             |        | Private 0               |
| Service_Type        | Assisted Living                   | TYPE B      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/19/2004</b>                           | Facility_ID | 030199 |                         |
| Owner_Operator      | AFFECTIONATE CARE LIMITED LIABILITY COMPANY |             |        |                         |
| Facility            | AFFECTIONATE CARE                           |             |        |                         |
| Address             | 5615 HICKORY FOREST                         |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77088                            |             |        |                         |
| County              | Harris                                      |             |        | Private 0               |
| Service_Type        | Assisted Living                             | TYPE A      |        | Total Capacity 0        |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/31/2003</b>                         | Facility_ID | 030213 |                         |
| Owner_Operator      | TRANSITIONAL LEARNING CENTER AT GALVESTON |             |        |                         |
| Facility            | TIDEWAY LODGE PROGRAM                     |             |        |                         |
| Address             | 3415 12 MILES RD                          |             |        | <b>Bed Designations</b> |
|                     | GALVESTON TX 77550                        |             |        |                         |
| County              | Galveston                                 |             |        | Private 0               |
| Service_Type        | Assisted Living                           | TYPE B      |        | Total Capacity 0        |

|                     |                     |             |        |                         |
|---------------------|---------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/16/2009</b>   | Facility_ID | 050276 |                         |
| Owner_Operator      | KENNETH C WRIGHT    |             |        |                         |
| Facility            | COMPASSIONATE CARE  |             |        |                         |
| Address             | 1705 TAWAKONI DRIVE |             |        | <b>Bed Designations</b> |
|                     | PLANO TX 75075      |             |        |                         |
| County              | Collin              |             |        | Private 0               |
| Service_Type        | Assisted Living     | TYPE A      |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>06/02/2004</b>                      | Facility_ID | 050277 |                         |
| Owner_Operator      | ABSOLUTE ASSISTED LIVING               |             |        |                         |
| Facility            | ABSOLUTE ASSISTED LIVING PERSONAL CARE |             |        |                         |
| Address             | 17015 ARTWOOD LANE                     |             |        | <b>Bed Designations</b> |
|                     | MISSOURI CITY TX 77489                 |             |        |                         |
| County              | Harris                                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                 |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/31/2005</b>         | Facility_ID | 100509 |                         |
| Owner_Operator      | EMILY N AGINA             |             |        |                         |
| Facility            | PRECIOUS HEALTHCARE HOMES |             |        |                         |
| Address             | 14502 CROQUET DR          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77085          |             |        |                         |
| County              | Harris                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>04/05/2004</b>      | Facility_ID | 100515 |                         |
| Owner_Operator      | LAKE HAVEN PLACE INC   |             |        |                         |
| Facility            | LAKE HAVEN PLACE INC   |             |        |                         |
| Address             | 8201 LAKE HAVEN DR     |             |        | <b>Bed Designations</b> |
|                     | ROWLETT TX 75088       |             |        |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/21/2016</b>      | Facility_ID | 100990 |                         |
| Owner_Operator      | RANCHO EL EDEN INC     |             |        |                         |
| Facility            | RANCHO EL EDEN INC     |             |        |                         |
| Address             | 9675 FM 1421           |             |        | <b>Bed Designations</b> |
|                     | BROWNSVILLE TX 78520   |             |        |                         |
| County              | Cameron                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/07/2018</b>             | Facility_ID | 101767 |                         |
| Owner_Operator      | LOMA PARK ASSISTED LIVING INC |             |        |                         |
| Facility            | LOMA PARK ASSISTED LIVING     |             |        |                         |
| Address             | 1014 NW 38 ST                 |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78228          |             |        |                         |
| County              | Bexar                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living               | TYPE A      |        |                         |

|                     |                         |             |        |                         |
|---------------------|-------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/23/2010</b>       | Facility_ID | 101769 |                         |
| Owner_Operator      | VICTOR C SOSA           |             |        |                         |
| Facility            | VET-ONE ASSISTED LIVING |             |        |                         |
| Address             | 1115 W. THOMPSON PL     |             |        | <b>Bed Designations</b> |
|                     | SAN ANTONIO TX 78226    |             |        |                         |
| County              | Bexar                   |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living         | TYPE E      |        |                         |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/21/2016</b>               | Facility_ID | 101772 |                         |
| Owner_Operator      | RAYMOND LEWIS                   |             |        |                         |
| Facility            | J & P HOME CARE ASSISTED LIVING |             |        |                         |
| Address             | 6431 GAMMAGE                    |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77087                |             |        |                         |
| County              | Harris                          |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                 | TYPE A      |        |                         |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/09/2009</b>            | Facility_ID | 101781 |                         |
| Owner_Operator      | KATE U. IGBOKWE              |             |        |                         |
| Facility            | DIVINE ASSISTED CENTER (DAC) |             |        |                         |
| Address             | 15502 EMPANADA DR            |             |        | <b>Bed Designations</b> |
|                     | HOUSTON TX 77083             |             |        |                         |
| County              | Harris                       |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living              | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/31/2024</b>      | Facility_ID | 101583 |                         |
| Owner_Operator      | SHENANDOAH VILLA LLC   |             |        |                         |
| Facility            | SHENANDOAH VILLA       |             |        |                         |
| Address             | 1623 SHENANDOAH DR.    |             |        | <b>Bed Designations</b> |
|                     | CEDAR PARK             | TX          | 78613  |                         |
| County              | Williamson             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/29/2024</b>         | Facility_ID | 104869 |                         |
| Owner_Operator      | RENON ASSISTED LIVING LLC |             |        |                         |
| Facility            | RENON ASSISTED LIVING LLC |             |        |                         |
| Address             | 119 MATAMOROS STREET      |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE             | TX          | 75051  |                         |
| County              | Dallas                    |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/19/2024</b>      | Facility_ID | 105825 |                         |
| Owner_Operator      | HOUSE OF VICTORY       |             |        |                         |
| Facility            | HOUSE OF VICTORY       |             |        |                         |
| Address             | 2819 AINWICK CT        |             |        | <b>Bed Designations</b> |
|                     | DALLAS                 | TX          | 75227  |                         |
| County              | Dallas                 |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                                 |             |        |                         |
|---------------------|---------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/20/2021</b>               | Facility_ID | 105586 |                         |
| Owner_Operator      | LOVE ON 'EM ASSISTED LIVING LLC |             |        |                         |
| Facility            | LOVE ON 'EM ASSISTED LIVING     |             |        |                         |
| Address             | 31805 NICHOLS SAWMILL RD        |             |        | <b>Bed Designations</b> |
|                     | MAGNOLIA                        | TX          | 77355  |                         |
| County              | Montgomery                      |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B          |             |        | Total Capacity 0        |

|                     |                             |             |        |                         |
|---------------------|-----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/27/2024</b>           | Facility_ID | 000444 |                         |
| Owner_Operator      | Tranquility Home Care LLC   |             |        |                         |
| Facility            | Tranquility Assisted Living |             |        |                         |
| Address             | 9006 POCO RD                |             |        | <b>Bed Designations</b> |
|                     | Houston                     | TEXAS       | 77080  |                         |
| County              | Harris                      |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living             | TYPE A      |        |                         |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/09/2024</b>                     | Facility_ID | 105925 |                         |
| Owner_Operator      | SENIOR HOUSING CENTERS INC            |             |        |                         |
| Facility            | VERANDA HOUSE ASSISTED LIVING - SEALY |             |        |                         |
| Address             | 526 FIFTH ST                          |             |        | <b>Bed Designations</b> |
|                     | SEALY                                 | TX          | 77474  |                         |
| County              | Austin                                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                       | TYPE A      |        |                         |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/26/2024</b>      | Facility_ID | 106897 |                         |
| Owner_Operator      | MARIA LOURDES HURD     |             |        |                         |
| Facility            | LA PAZ ASSISTED LIVING |             |        |                         |
| Address             | 10336 SUEWOOD CR.      |             |        | <b>Bed Designations</b> |
|                     | EL PASO                | TX          | 79925  |                         |
| County              | El Paso                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living        | TYPE A      |        |                         |

|                     |                       |             |        |                         |
|---------------------|-----------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/30/2024</b>     | Facility_ID | 030403 |                         |
| Owner_Operator      | MOUNTBATTEN HOUSE INC |             |        |                         |
| Facility            | MOUNTBATTEN HOUSE INC |             |        |                         |
| Address             | 213 MAPLE ST          |             |        | <b>Bed Designations</b> |
|                     | HIGHLANDS             | TX          | 77562  |                         |
| County              | Harris                |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living       | TYPE A      |        |                         |

|                     |                            |             |        |                         |
|---------------------|----------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/15/2024</b>          | Facility_ID | 000425 |                         |
| Owner_Operator      | SPILLER PERSONAL CARE HOME |             |        |                         |
| Facility            | SPILLER PERSONAL CARE HOME |             |        |                         |
| Address             | 10323 MAYBERRY ST          |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                    | TX          | 77078  |                         |
| County              | Harris                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A     |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/23/2024</b>              | Facility_ID | 030151 |                         |
| Owner_Operator      | Community Homes for Adults Inc |             |        |                         |
| Facility            | COMMUNITY HOMES FOR ADULTS INC |             |        |                         |
| Address             | 15606 MOONDUST DR              |             |        | <b>Bed Designations</b> |
|                     | DALLAS                         | TX          | 75248  |                         |
| County              | Dallas                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                               |             |        |                         |
|---------------------|-------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/21/2024</b>             | Facility_ID | 111587 |                         |
| Owner_Operator      | Adiee Behavioral Health, Inc. |             |        |                         |
| Facility            | Adiee Kendleton               |             |        |                         |
| Address             | 13530 Emmanuel King Road      |             |        | <b>Bed Designations</b> |
|                     | Beasley                       | Texas       | 77417  |                         |
| County              | Fort Bend                     |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B        |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/23/2017</b>      | Facility_ID | 105944 |                         |
| Owner_Operator      | ABBY'S PLACE LLC       |             |        |                         |
| Facility            | ABBY'S PLACE LLC       |             |        |                         |
| Address             | 5819 SUMMERWOOD DRIVE  |             |        | <b>Bed Designations</b> |
|                     | GRAND PRAIRIE          | TX          | 75052  |                         |
| County              | Tarrant                |             |        | Private 8               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 8        |



|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/08/2024</b>              | Facility_ID | 102090 |                         |
| Owner_Operator      | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Facility            | LOVING CARE PERSONAL CARE HOME |             |        |                         |
| Address             | 20011 FOXWOOD FOREST BLVD      |             |        | <b>Bed Designations</b> |
|                     | HUMBLE TX 77338                |             |        |                         |
| County              | Harris                         |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                | TYPE A      |        |                         |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/09/2022</b>                   | Facility_ID | 030333 |                         |
| Owner_Operator      | PAL Cinnamon Hill LLC               |             |        |                         |
| Facility            | The William - Memory Care Cottage B |             |        |                         |
| Address             | 9303 Cinnamon Hill                  |             |        | <b>Bed Designations</b> |
|                     | San Antonio TX 78240                |             |        |                         |
| County              | Bexar                               |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living                     | TYPE B      |        |                         |

|                     |   |             |        |                         |
|---------------------|---|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/18/2019</b>                                 | Facility_ID | 110287 |                         |
| Owner_Operator      | Sunny Oak Assisted Living & Memory Care Home, LLC |             |        |                         |
| Facility            | Sunny Oak Assisted Living & Memory Care Home, LLC |             |        |                         |
| Address             | 2625 Pin Oak Lane                                 |             |        | <b>Bed Designations</b> |
|                     | Plano TX 75075                                    |             |        |                         |
| County              | Collin  |             |        | Total Capacity 5        |
| Service_Type        | Assisted Living                                   | TYPE B      |        |                         |

|                     |                   |             |        |                         |
|---------------------|-------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/09/2024</b> | Facility_ID | 100626 |                         |
| Owner_Operator      | ELSA ELENA NUNEZ  |             |        |                         |
| Facility            | NUNEZ FOSTER HOME |             |        |                         |
| Address             | 10763 LIMAS       |             |        | <b>Bed Designations</b> |
|                     | EL PASO TX 79935  |             |        |                         |
| County              | El Paso           |             |        | Total Capacity 0        |
| Service_Type        | Assisted Living   | TYPE C      |        |                         |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/28/2021</b>        | Facility_ID | 110115 |                         |
| Owner_Operator      | RH & ST INVESTMENTS LLC  |             |        |                         |
| Facility            | CURA HEALTHCARE SERVICES |             |        |                         |
| Address             | 120 PARKGATE STREET      |             |        | <b>Bed Designations</b> |
|                     | CONROE                   | TX          | 77304  |                         |
| County              | Montgomery               |             |        | Private 10              |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 10       |

|                     |                                   |             |        |                         |
|---------------------|-----------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/01/2023</b>                 | Facility_ID | 030286 |                         |
| Owner_Operator      | SELECT OPERATIONS OF MCKINNEY LLC |             |        |                         |
| Facility            | VILLAGIO OF MCKINNEY              |             |        |                         |
| Address             | 1601 W ELDORADO PKWY              |             |        | <b>Bed Designations</b> |
|                     | MCKINNEY                          | TX          | 75069  |                         |
| County              | Collin                            |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B            |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>12/23/2024</b>      | Facility_ID | 110545 |                         |
| Owner_Operator      | GOLDEN RULE CARE LLC   |             |        |                         |
| Facility            | GOLDEN RULE CARE LLC   |             |        |                         |
| Address             | 19119 GRANDVIEW POINT  |             |        | <b>Bed Designations</b> |
|                     | MONTGOMERY             | TEXAS       | 77356  |                         |
| County              | Montgomery             |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/06/2025</b>              | Facility_ID | 106920 |                         |
| Owner_Operator      | IJNA Home Health Services, LLC |             |        |                         |
| Facility            | IJNA Assisted Facility         |             |        |                         |
| Address             | 8915 New World                 |             |        | <b>Bed Designations</b> |
|                     | San Antonio                    | Texas       | 78239  |                         |
| County              | Bexar                          |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A         |             |        | Total Capacity 0        |

|                     |                           |             |        |                         |
|---------------------|---------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/05/2021</b>         | Facility_ID | 106563 |                         |
| Owner_Operator      | CECILIA JAUREGUI TERRES   |             |        |                         |
| Facility            | THE ETERNAL YOUTH HOME #2 |             |        |                         |
| Address             | 11651 CLEAR LAKE          |             |        |                         |
|                     | EL PASO                   | TX          | 79936  | <b>Bed Designations</b> |
| County              | El Paso                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A    |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>09/19/2024</b>      | Facility_ID | 100902 |                         |
| Owner_Operator      | JUNE SORRELL           |             |        |                         |
| Facility            | AGAPE HOUSE II         |             |        |                         |
| Address             | 3443 WILLOWWOOD ST     |             |        |                         |
|                     | SAN ANTONIO            | TX          | 78219  | <b>Bed Designations</b> |
| County              | Bexar                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A |             |        | Total Capacity 0        |

|                     |                              |             |        |                         |
|---------------------|------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>08/21/2023</b>            | Facility_ID | 103515 |                         |
| Owner_Operator      | MORNING STARR NEW BEGINNINGS |             |        |                         |
| Facility            | MORNING STARR NEW BEGINNINGS |             |        |                         |
| Address             | 814 AMAROSA RD               |             |        |                         |
|                     | DALLAS                       | TX          | 75217  | <b>Bed Designations</b> |
| County              | Dallas                       |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A       |             |        | Total Capacity 0        |

|                     |                                      |             |        |                         |
|---------------------|--------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/31/2024</b>                    | Facility_ID | 106006 |                         |
| Owner_Operator      | TEXAS COMMUNITY CARE INC             |             |        |                         |
| Facility            | TEXAS COMMUNITY CARE COMPARTMENTS #3 |             |        |                         |
| Address             | 7241 S. GESSNER RD.                  |             |        |                         |
|                     | HOUSTON                              | TX          | 77036  | <b>Bed Designations</b> |
| County              | Harris                               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A               |             |        | Total Capacity 0        |

|                     |                                       |             |        |                         |
|---------------------|---------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>07/05/2022</b>                     | Facility_ID | 104616 |                         |
| Owner_Operator      | TEXAS COMMUNITY CARE INC              |             |        |                         |
| Facility            | TEXAS COMMUNITY CARE COMPARTMENTS # 1 |             |        |                         |
| Address             | 7103 S GESSNER                        |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                               | TX          | 77036  |                         |
| County              | Harris                                |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A                |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/31/2024</b>                   | Facility_ID | 110635 |                         |
| Owner_Operator      | TEXAS COMMUNITY CARE INC            |             |        |                         |
| Facility            | TEXAS COMMUNITY CARE COMPARTMENT #4 |             |        |                         |
| Address             | 7107 SOUTH GESSNER RD #4            |             |        | <b>Bed Designations</b> |
|                     | HOUSTON                             | TEXAS       | 77036  |                         |
| County              | Harris                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE A              |             |        | Total Capacity 0        |

|                     |                        |             |        |                         |
|---------------------|------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>01/30/2025</b>      | Facility_ID | 102809 |                         |
| Owner_Operator      | JCO Enterprises, INC   |             |        |                         |
| Facility            | Kozy Korner            |             |        |                         |
| Address             | 1501 Parkway           |             |        | <b>Bed Designations</b> |
|                     | Alvin                  | Texas       | 77511  |                         |
| County              | Brazoria               |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B |             |        | Total Capacity 0        |

|                     |                          |             |        |                         |
|---------------------|--------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/25/2023</b>        | Facility_ID | 000388 |                         |
| Owner_Operator      | Residence at Winters LLC |             |        |                         |
| Facility            | Residence at Winters LLC |             |        |                         |
| Address             | 616 E. Truett            |             |        | <b>Bed Designations</b> |
|                     | Winters                  | TX          | 79567  |                         |
| County              | Runnels                  |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B   |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>11/22/2021</b>                        | Facility_ID | 101766 |                         |
| Owner_Operator      | SHADY HOLLOW ASSISTED LIVING CORPORATION |             |        |                         |
| Facility            | SHADY HOLLOW ASSISTED LIVING             |             |        |                         |
| Address             | 11315 MENODORA DR                        |             |        | <b>Bed Designations</b> |
|                     | AUSTIN                                   | TX          | 78748  |                         |
| County              | Travis                                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                   |             |        | Total Capacity 0        |

|                     |                                |             |        |                         |
|---------------------|--------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>10/20/2024</b>              | Facility_ID | 103322 |                         |
| Owner_Operator      | Eckelberry's Elderly Care, INC |             |        |                         |
| Facility            | ECKELBERRY'S ELDERLY CARE INC  |             |        |                         |
| Address             | 500 WILLOWVIEW DR              |             |        | <b>Bed Designations</b> |
|                     | PROSPER                        | TX          | 75078  |                         |
| County              | Collin                         |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B         |             |        | Total Capacity 0        |

|                     |  |             |        |                         |
|---------------------|--|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>05/25/2024</b>                        | Facility_ID | 102254 |                         |
| Owner_Operator      | SHADY HOLLOW ASSISTED LIVING CORPORATION |             |        |                         |
| Facility            | SHADY HOLLOW II ASSISTED LIVING          |             |        |                         |
| Address             | 11303 ALOYSIA DR                         |             |        | <b>Bed Designations</b> |
|                     | AUSTIN                                   | TX          | 78748  |                         |
| County              | Travis                                   |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B                   |             |        | Total Capacity 0        |

|                     |                                     |             |        |                         |
|---------------------|-------------------------------------|-------------|--------|-------------------------|
| <b>Closure Date</b> | <b>03/20/2023</b>                   | Facility_ID | 050536 |                         |
| Owner_Operator      | a Compassionate Assisted Living LLC |             |        |                         |
| Facility            | A Compassionate Assisted Living 2   |             |        |                         |
| Address             | 870 Magnolia Lan                    |             |        | <b>Bed Designations</b> |
|                     | Lancaster                           | TX          | 75146  |                         |
| County              | Dallas                              |             |        | Private 0               |
| Service_Type        | Assisted Living TYPE B              |             |        | Total Capacity 0        |

Closure Date 01/30/2008 Facility\_ID 100712

Owner\_Operator MAYBERRY GARDENS INC

Facility MAYBERRY GARDENS ASSISTED LIVING HOMES #6

Address 3260 N GARLAND AVE

GARLAND TX 75040

County Dallas

Service\_Type Assisted Living TYPE A

## Bed Designations

Private 0

Total Capacity 0