

CHOATE DEVELOPMENTAL CENTER

1000 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers

Facility ID 8000020
Health Service Area 005
Planning Service Area 181

Administrator

Cheryl Muckley

Contact Person and Telephone

CATHY AKINS
618-833-5161 X2200

Date Completed 4/4/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	166
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	166

Reported Identified Offenders 12

Total Residents Diagnosed as Mentally Ill 111

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	168	
Skilled Under 22	0	0	0	0	0	0	0	0	33	
Intermediate DD	194	175	175	166	166	28		194	35	
Sheltered Care	0	0	0	0	0	0				166
TOTAL BEDS	194	175	175	166	166	28	0	194		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			51462	72.7%	8153	0	365	0	59980	84.7%	93.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	51462	72.7%	8153	0	365	0	59980	84.7%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	73	14	0	0	73	14	87
45 to 59	0	0	0	0	46	14	0	0	46	14	60
60 to 64	0	0	0	0	7	3	0	0	7	3	10
65 to 74	0	0	0	0	8	1	0	0	8	1	9
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	134	32	0	0	134	32	166

CHOATE DEVELOPMENTAL CENTER

1000 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID 8000020

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		136	0	0	0	166
Sheltered Care			0	0	0	0
TOTALS	0	136	0	0	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	706	706
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	46	0	46
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	120	0	120
Race Unknown	0	0	0	0	0
Total	0	0	166	0	166

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	162	0	162
Ethnicity Unknown	0	0	0	0	0
Total	0	0	166	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	6.00
Certified Aides	0.00
Other Health Staff	231.00
Non-Health Staff	97.00
Totals	361.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.0%	66.3%	27.8%	0.0%	3.9%	100.0%		0.0%
413,700	13,723,400	5,758,137	0	817,500	20,712,737	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

SHAPIRO MH & DEV CENTER

100 EAST JEFFERY STREET
KANKAKEE, IL. 60901

Reference Numbers

Facility ID 8000015
Health Service Area 009
Planning Service Area 091

Administrator

Ira L. Collins

Contact Person and Telephone

Ira L. Collins
815-939-8201

Date Completed 4/4/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	537
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	537

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 278

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	Residents on 12/31/2013
Nursing Care	0	0	0	0	0	0	0	0	552	
Skilled Under 22	0	0	0	0	0	0		0	23	
Intermediate DD	800	600	552	600	537	263		0	38	
Sheltered Care	0	0	0	0	0	0		0		537
TOTAL BEDS	800	600	552	600	537	263	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			207479	#Div/0!	0	0	11511	0	218990	75.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	207479	0.0%	0	0	11511	0	218990	75.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	90	40	0	0	90	40	130
45 to 59	0	0	0	0	155	64	0	0	155	64	219
60 to 64	0	0	0	0	41	27	0	0	41	27	68
65 to 74	0	0	0	0	51	40	0	0	51	40	91
75 to 84	0	0	0	0	10	10	0	0	10	10	20
85+	0	0	0	0	4	5	0	0	4	5	9
TOTALS	0	0	0	0	351	186	0	0	351	186	537

SHAPIRO MH & DEV CENTER

100 EAST JEFFERY STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 8000015

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		535	0	0	2	537
Sheltered Care			0	0	0	0
TOTALS	0	535	0	0	2	537

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	613	613
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	4	0	4
Black	0	0	122	0	122
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	383	0	383
Race Unknown	0	0	26	0	26
Total	0	0	537	0	537

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	26	0	26
Non-Hispanic	0	0	511	0	511
Ethnicity Unknown	0	0	0	0	0
Total	0	0	537	0	537

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	6.50
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	42.00
Certified Aides	743.00
Other Health Staff	135.00
Non-Health Staff	167.00
Totals	1141.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	92.2%	0.0%	0.0%	7.8%	100.0%		0.0%
0	54,420,600	0	0	4,573,100	58,993,700	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MURRAY MH & DEV CENTER

1535 WEST MCCORD
CENTRALIA, IL. 62801

Reference Numbers

Facility ID 8000014
Health Service Area 011
Planning Service Area 027

Administrator

RICK STARR

Contact Person and Telephone

RICK STARR
618-532-1811

Date Completed 4/1/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	236
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	236

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	261	
Skilled Under 22	0	0	0	0	0	0		0	0	
Intermediate DD	372	372	261	372	236	136		0	25	
Sheltered Care	0	0	0	0	0	0			236	
TOTAL BEDS	372	372	261	372	236	136	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			87007	#Div/0!	0	0	0	0	87007	64.1%	64.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	87007	0.0%	0	0	0	0	87007	64.1%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	63	22	0	0	63	22	85
45 to 59	0	0	0	0	79	40	0	0	79	40	119
60 to 64	0	0	0	0	13	8	0	0	13	8	21
65 to 74	0	0	0	0	4	6	0	0	4	6	10
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	159	77	0	0	159	77	236

MURRAY MH & DEV CENTER

1535 WEST MCCORD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 8000014

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		236	0	0	0	236
Sheltered Care			0	0	0	0
TOTALS	0	236	0	0	0	236

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	31	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	205	0	205
Race Unknown	0	0	0	0	0
Total	0	0	236	0	236

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	234	0	234
Ethnicity Unknown	0	0	0	0	0
Total	0	0	236	0	236

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	2.10
Director of Nursing	0.00
Registered Nurses	33.00
LPN's	17.00
Certified Aides	308.00
Other Health Staff	24.00
Non-Health Staff	9.70
Totals	402.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	40,996,800	0	0	0	40,996,800	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MABLEY DEVELOPMENTAL CENTER

1120 WASHINGTON AVE
DIXON, IL. 61021

Reference Numbers

Facility ID 8000012
Health Service Area 001
Planning Service Area 103

Administrator

Tiffany Bailey

Contact Person and Telephone

Melissa Shaw
815-288-8337

Date Completed 3/18/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	102
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 85

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	103	
Skilled Under 22	0	0	0	0	0	0		0	5	
Intermediate DD	119	119	102	102	102	17		0	6	
Sheltered Care	0	0	0	0	0	0		0		102
TOTAL BEDS	119	119	102	102	102	17	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			41309	#Div/0!	0	0	0	0	41309	95.1%	95.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41309	0.0%	0	0	0	0	41309	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	24	10	0	0	24	10	34
45 to 59	0	0	0	0	41	17	0	0	41	17	58
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	70	32	0	0	70	32	102

MABLEY DEVELOPMENTAL CENTER

1120 WASHINGTON AVE
DIXON, IL. 61021

Reference Numbers Facility ID 8000012

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		102	0	0	0	102
Sheltered Care			0	0	0	0
TOTALS	0	102	0	0	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	679	679
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	9	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	92	0	92
Race Unknown	0	0	0	0	0
Total	0	0	102	0	102

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	98	0	98
Ethnicity Unknown	0	0	0	0	0
Total	0	0	102	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.50
Director of Nursing	0.00
Registered Nurses	9.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	139.30
Non-Health Staff	11.00
Totals	171.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	99.9%	0.0%	0.0%	0.0%	100.0%		0.0%
12,400	13,214,200	0	0	0	13,226,600	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

LUDEMAN DEVELOPMENTAL CENTER

114 NORTH ORCHARD DRIVE
PARK FOREST, IL. 60466

Reference Numbers

Facility ID 8000010
Health Service Area 007
Planning Service Area 705

Administrator

Glenda Corbett

Contact Person and Telephone

JACKIE AMELSE
708-283-3162

Date Completed 3/30/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	419
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	419

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 277

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	416	
Skilled Under 22	0	0	0	0	0	0		0	22	
Intermediate DD	510	428	420	428	419	91		0	19	
Sheltered Care	0	0	0	0	0	0				419
TOTAL BEDS	510	428	420	428	419	91	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			149194	#Div/0!	2920	0	0	0	152114	81.7%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	149194	0.0%	2920	0	0	0	152114	81.7%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	88	40	0	0	88	40	128
45 to 59	0	0	0	0	172	71	0	0	172	71	243
60 to 64	0	0	0	0	17	12	0	0	17	12	29
65 to 74	0	0	0	0	11	6	0	0	11	6	17
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	290	129	0	0	290	129	419

LUDEMAN DEVELOPMENTAL CENTER

114 NORTH ORCHARD DRIVE
 PARK FOREST, IL. 60466

Reference Numbers Facility ID 8000010

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		411	8	0	0	419
Sheltered Care			0	0	0	0
TOTALS	0	411	8	0	0	419

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	693	693
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	195	0	195
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	222	0	222
Race Unknown	0	0	0	0	0
Total	0	0	419	0	419

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	398	0	398
Ethnicity Unknown	0	0	0	0	0
Total	0	0	419	0	419

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	7.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	20.00
Certified Aides	431.00
Other Health Staff	7.00
Non-Health Staff	188.00
Totals	681.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	92.6%	7.3%	0.0%	0.0%	100.0%		0.0%
29,700	38,192,800	3,021,300	0	0	41,243,800	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

KILEY DEVELOPMENTAL CENTER

1401 WEST DUGDALE
WAUKEGAN, IL. 60085

Reference Numbers

Facility ID 8000008
Health Service Area 008
Planning Service Area 097

Administrator

Waverly Robinson

Contact Person and Telephone

Kimberly Kilpatrick
847-249-0600 ext 602

Date Completed 4/29/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	212
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	212

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	209	
Skilled Under 22	0	0	0	0	0	0		0	17	
Intermediate DD	480	212	212	212	212	268		0	14	
Sheltered Care	0	0	0	0	0	0				212
TOTAL BEDS	480	212	212	212	212	268	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			75685	#Div/0!	0	0	0	0	75685	43.2%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	75685	0.0%	0	0	0	0	75685	43.2%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	32	17	0	0	32	17	49
45 to 59	0	0	0	0	92	25	0	0	92	25	117
60 to 64	0	0	0	0	15	6	0	0	15	6	21
65 to 74	0	0	0	0	10	10	0	0	10	10	20
75 to 84	0	0	0	0	3	1	0	0	3	1	4
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	153	59	0	0	153	59	212

KILEY DEVELOPMENTAL CENTER

1401 WEST DUGDALE
 WAUKEGAN, IL. 60085

Reference Numbers Facility ID 8000008
 Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		212	0	0	0	212
Sheltered Care			0	0	0	0
TOTALS	0	212	0	0	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	355	355
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	24	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	184	0	184
Race Unknown	0	0	1	0	1
Total	0	0	212	0	212

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	18	0	18
Non-Hispanic	0	0	194	0	194
Ethnicity Unknown	0	0	0	0	0
Total	0	0	212	0	212

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	3.20
Director of Nursing	1.00
Registered Nurses	23.50
LPN's	1.00
Certified Aides	244.50
Other Health Staff	6.80
Non-Health Staff	100.00
Totals	394.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.5%	90.8%	0.0%	0.0%	8.7%	100.0%		0.0%
99,000	19,928,300	0	0	1,915,400	21,942,700	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

FOX DEVELOPMENTAL CENTER

134 WEST MAIN STREET
DWIGHT, IL. 60420

Reference Numbers

Facility ID 8000006
Health Service Area 004
Planning Service Area 105

Administrator

Cheryl Winnicki

Contact Person and Telephone

KAREN STAM
815-584-3347 ext 227

Date Completed 3/12/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	113
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	113

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	118	
Skilled Under 22	0	0	0	0	0	0	0	0	3	
Intermediate DD	167	212	212	113	113	54	0	0	8	
Sheltered Care	0	0	0	0	0	0	0	0		113
TOTAL BEDS	167	212	212	113	113	54	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			41193	#Div/0!	38654	0	0	0	79847	131.0%	103.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41193	0.0%	38654	0	0	0	79847	131.0%	103.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	14	0	0	9	14	23
45 to 59	0	0	0	0	46	28	0	0	46	28	74
60 to 64	0	0	0	0	1	5	0	0	1	5	6
65 to 74	0	0	0	0	4	5	0	0	4	5	9
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	60	53	0	0	60	53	113

FOX DEVELOPMENTAL CENTER

134 WEST MAIN STREET
 DWIGHT, IL. 60420

Reference Numbers Facility ID 8000006

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		113	0	0	0	113
Sheltered Care			0	0	0	0
TOTALS	0	113	0	0	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	679	679
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	99	0	99
Race Unknown	0	0	1	0	1
Total	0	0	113	0	113

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	99	0	99
Ethnicity Unknown	0	0	10	0	10
Total	0	0	113	0	113

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	3.00
Director of Nursing	2.00
Registered Nurses	15.00
LPN's	10.40
Certified Aides	109.00
Other Health Staff	7.00
Non-Health Staff	75.60
Totals	231.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	91.6%	0.0%	0.0%	8.3%	100.0%		0.0%
12	12,421	0	0	1,128	13,561	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MADDEN MENTAL HEALTH CENTER

1200 SOUTH FIRST AVENUE
HINES, IL. 60141

Reference Numbers

Facility ID 8000013
Health Service Area 007
Planning Service Area 704

Administrator

Robert Hittmeier

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/7/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	136
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	136

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 136

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	Residents on 12/31/2013
Nursing Care	173	156	156	156	136	37	0	0	138	136
Skilled Under 22	0	0	0	0	0	0		0	3990	
Intermediate DD	0	0	0	0	0	0		0	3992	
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	173	156	156	156	136	37	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	310	0.0%	189	0.0%	52118	0	557	0	53174	84.2%	93.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	310	0.0%	189	0.0%	52118	0	557	0	53174	84.2%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	67	27	0	0	0	0	0	0	67	27	94
45 to 59	31	7	0	0	0	0	0	0	31	7	38
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	100	36	0	0	0	0	0	0	100	36	136

MADDEN MENTAL HEALTH CENTER

1200 SOUTH FIRST AVENUE
HINES, IL. 60141

Reference Numbers Facility ID 8000013
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	121	0	0	136
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	0	15	121	0	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pac. Isl.	63	0	0	0	63
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	21.00
Physicians	24.70
Director of Nursing	1.00
Registered Nurses	64.50
LPN's	10.00
Certified Aides	0.00
Other Health Staff	84.00
Non-Health Staff	95.00
Totals	300.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.0%	0.2%	98.8%	0.0%	0.1%	100.0%		0.0%
311,400	48,700	30,600,553	0	21,700	30,982,353	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MCFARLAND MENTAL HEALTH CENTER

901 SOUTHWIND ROAD
 SPRINGFIELD, IL. 62703

Reference Numbers

Facility ID 8000011
 Health Service Area 003
 Planning Service Area 167

Administrator

Karen Schweighart

Contact Person and Telephone

Pelletier, Michael
 847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	135
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	135

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 135

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	140	135	135	135	135	5	0	0	106	
Skilled Under 22	0	0	0	0	0	0		0	512	
Intermediate DD	0	0	0	0	0	0		0	483	
Sheltered Care	0	0	0	0	0	0		0	135	
TOTAL BEDS	140	135	135	135	135	5	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3339	0.0%	997	0.0%	31744	0	6921	0	43001	84.2%	87.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3339	0.0%	997	0.0%	31744	0	6921	0	43001	84.2%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	48	22	0	0	0	0	0	0	48	22	70
45 to 59	35	17	0	0	0	0	0	0	35	17	52
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	90	45	0	0	0	0	0	0	90	45	135

MCFARLAND MENTAL HEALTH CENTER

901 SOUTHWIND ROAD
 SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 8000011

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	49	20	64	0	2	135
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	49	20	64	0	2	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	4	0	0	0	4
Total	135	0	0	0	135

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	23.00
Physicians	9.40
Director of Nursing	2.00
Registered Nurses	40.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	104.25
Non-Health Staff	48.75
Totals	227.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.5%	1.1%	81.8%	0.0%	0.6%	100.0%		0.0%
3,274,700	222,700	16,182,378	0	112,800	19,792,578	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers

Facility ID 8000005
Health Service Area 008
Planning Service Area 089

Administrator

Paul Brock

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	382
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	382

Reported Identified Offenders 223

Total Residents Diagnosed as Mentally Ill 382

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	390	399	391	399	382	8	0	0	392	
Skilled Under 22	0	0	0	0	0	0		0	1106	
Intermediate DD	0	0	0	0	0	0		0	1116	
Sheltered Care	0	0	0	0	0	0		0	382	
TOTAL BEDS	390	399	391	399	382	8	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	102	0.0%	2507	0.0%	138916	0	0	0	141525	99.4%	97.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	102	0.0%	2507	0.0%	138916	0	0	0	141525	99.4%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	152	35	0	0	0	0	0	0	152	35	187
45 to 59	95	37	0	0	0	0	0	0	95	37	132
60 to 64	22	8	0	0	0	0	0	0	22	8	30
65 to 74	20	5	0	0	0	0	0	0	20	5	25
75 to 84	7	1	0	0	0	0	0	0	7	1	8
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	296	86	0	0	0	0	0	0	296	86	382

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET
 ELGIN, IL. 60123

Reference Numbers Facility ID 8000005

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	382	0	0	382
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	0	0	382	0	0	382

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	9	0	0	0	9
Amer. Indian	1	0	0	0	1
Black	187	0	0	0	187
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	0	0	182
Race Unknown	3	0	0	0	3
Total	382	0	0	0	382

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	36	0	0	0	36
Non-Hispanic	343	0	0	0	343
Ethnicity Unknown	3	0	0	0	3
Total	382	0	0	0	382

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.90
Physicians	27.00
Director of Nursing	3.00
Registered Nurses	113.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	307.60
Non-Health Staff	165.30
Totals	642.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.8%	0.9%	98.2%	0.0%	0.2%	100.0%		0.0%
468,500	530,100	59,373,408	0	102,000	60,474,008	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHOATE MENTAL HEALTH CENTER

1000 MAIN STREET
ANNA, IL. 62906

Reference Numbers

Facility ID 8000004
Health Service Area 005
Planning Service Area 181

Administrator

Bryant Davis

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	54
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	6
TOTALS	60

Reported Identified Offenders 0

Total Residents Diagnosed as Mentally Ill 54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	79	83	83	79	60	19	0	0	79	
Skilled Under 22	0	0	0	0	0	0		0	281	
Intermediate DD	0	0	0	0	0	0		0	300	
Sheltered Care	0	0	0	0	0	0		0	60	
TOTAL BEDS	79	83	83	79	60	19	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	2551	0.0%	4555	0.0%	20300	0	0	0	27406	95.0%	90.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2551	0.0%	4555	0.0%	20300	0	0	0	27406	95.0%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	6	0	0	0	0	0	0	22	6	28
45 to 59	16	10	0	0	0	0	0	0	16	10	26
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	42	18	0	0	0	0	0	0	42	18	60

CHOATE MENTAL HEALTH CENTER

1000 MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID 8000004

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	2	40	0	0	60
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	18	2	40	0	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.00
Physicians	3.10
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	69.00
Non-Health Staff	19.00
Totals	122.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.5%	3.3%	89.2%	0.0%	0.0%	100.0%		0.0%
2,680,000	1,172,100	31,661,958	0	0	35,514,058	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE
CHICAGO, IL. 60634

Reference Numbers

Facility ID 8000003
Health Service Area 006
Planning Service Area 602

Administrator

Meredith Kiss

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	89
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Reported Identified Offenders 6

Total Residents Diagnosed as Mentally Ill 89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	Total Admissions 2013
Nursing Care	130	110	110	110	89	41	0	0	100	898
Skilled Under 22	0	0	0	0	0	0		0		909
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		89
TOTAL BEDS	130	110	110	110	89	41	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	66	0.0%	110	0.0%	32770	0	3201	0	36147	76.2%	90.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	66	0.0%	110	0.0%	32770	0	3201	0	36147	76.2%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	41	9	0	0	0	0	0	0	41	9	50
45 to 59	22	6	0	0	0	0	0	0	22	6	28
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	72	17	0	0	0	0	0	0	72	17	89

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE

CHICAGO, IL. 60634

Reference Numbers Facility ID 8000003

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	6	8	0	62	89
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	13	6	8	0	62	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	1	0	0	0	1
Total	89	0	0	0	89

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	1	0	0	0	1
Total	89	0	0	0	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	11.00
Director of Nursing	1.00
Registered Nurses	60.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	103.00
Non-Health Staff	58.00
Totals	253.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	0.0%	99.5%	0.0%	0.3%	100.0%		0.0%
28,100	4,000	25,046,422	0	86,100	25,164,622	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHESTER MENTAL HEALTH CENTER

POST OFFICE BOX 31
CHESTER, IL. 62233

Reference Numbers

Facility ID 8000002
Health Service Area 005
Planning Service Area 157

Administrator

Leah Hammel

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	238
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	238

Reported Identified Offenders 189

Total Residents Diagnosed as Mentally Ill 238

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	302	245	245	245	238	64	0	0	241	
Skilled Under 22	0	0	0	0	0	0		0	257	
Intermediate DD	0	0	0	0	0	0		0	260	
Sheltered Care	0	0	0	0	0	0		0	238	
TOTAL BEDS	302	245	245	245	238	64	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	2998	0.0%	2998	0.0%	74434	0	9789	0	90219	81.8%	100.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2998	0.0%	2998	0.0%	74434	0	9789	0	90219	81.8%	100.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	151	0	0	0	0	0	0	0	151	0	151
45 to 59	68	0	0	0	0	0	0	0	68	0	68
60 to 64	10	0	0	0	0	0	0	0	10	0	10
65 to 74	7	0	0	0	0	0	0	0	7	0	7
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	238	0	0	0	0	0	0	0	238	0	238

CHESTER MENTAL HEALTH CENTER

POST OFFICE BOX 31
CHESTER, IL. 62233

Reference Numbers Facility ID 8000002

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	13	175	0	30	238
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	20	13	175	0	30	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	679
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	127	0	0	0	127
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	17	0	0	0	17
Total	238	0	0	0	238

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	221	0	0	0	221
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	19.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	308.00
Non-Health Staff	110.00
Totals	485.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.6%	2.0%	96.3%	0.0%	1.1%	100.0%		0.0%
225,100	705,700	34,351,836	0	374,400	35,657,036	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers

Facility ID 8000001
Health Service Area 011
Planning Service Area 119

Administrator

Anita Bazile-Sawyer, PhD

Contact Person and Telephone

Pelletier, Michael
847-894-9877

Date Completed 4/2/2014

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	118
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

Reported Identified Offenders 113

Total Residents Diagnosed as Mentally Ill 118

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2013	
									Residents on 1/1/2013	
Nursing Care	125	121	121	120	118	7	0	0	Residents on 1/1/2013	121
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	160
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	163
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2013	118
TOTAL BEDS	125	121	121	120	118	7	0	0		

FACILITY UTILIZATION - 2013

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	1033	0.0%	73	0.0%	41127	0	846	0	43079	94.4%	97.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1033	0.0%	73	0.0%	41127	0	846	0	43079	94.4%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	56	15	0	0	0	0	0	0	56	15	71
45 to 59	27	10	0	0	0	0	0	0	27	10	37
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	91	27	0	0	0	0	0	0	91	27	118

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE

ALTON, IL. 62002

Reference Numbers Facility ID 8000001

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	118	0	0	118
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	0	0	118	0	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	693	693
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	60	0	0	0	60
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.80
Physicians	6.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	113.00
Non-Health Staff	51.00
Totals	216.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.5%	0.0%	97.5%	0.0%	0.0%	100.0%		0.0%
560,000	8,400	22,253,700	0	9,000	22,831,100	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.